
From: jason stillman
Sent: 1/6/2022 10:25:02 AM
To: DOH WSBOH
Cc:
Subject: January 12th Policy Meeting public comments

External Email

Washingtonians and Americans in general vehemently oppose two items on the current agenda, namely

- 1) Involuntarily Detaining Person(s) in Quarantine Sites
- 2) Including CV-19 Vaccinations in school required vaccinations

No local, state, nor federal government agency has the authority to mandate vaccinations that are not FDA approved or are in clinical trial.

No government or law enforcement agency has the jurisdiction or authority to detain persons without crimes being committed.

Sincerely,

Jason Stillman
1900 Silverton Court
West Richland, WA 99353

From: quarantine@messaging.microsoft.com
Sent: 1/6/2022 5:29:16 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Spam Notification: 2 New Messages

<<https://products.office.com>>
Review These Messages

2 messages are being held for you to review as of 1/7/2022 12:00:00 AM (UTC).

Review them within 30 days of the received date by going to the Quarantine page
<<https://protection.office.com//quarantine>> in the Security & Compliance Center.

Prevented spam messages

Sender: stephanielightle@comcast.net

Subject: oppose child vaccines

Date: 1/6/2022 10:24:19 PM

Block Sender <https://gcc02-quarantine.dataservice.protection.outlook.com/spamdigestesn/spamdigest.svc/modifysender/orgs/11d0e217-264e-400a-8ba0-57dcc127d72d/users/nathaniel.thai@sboh.wa.gov/mail/cc0573e6-46bd-4d76-ed8f-08d9d163481e/sender/%40ENC%40ZdfFtBelf-vWSqJJZEr80-Qy2NmQFsqlkx7UinBdKYBBiGXlJfCwLlgXhRuT4MWCiQwPrIUienLWUFDaGB-n9BroNTF5AejS_Va-ROIcz6A/allowed/False?token=jJ710%2bFd0%2bSYh%2bBjfvRV3YR3MFJFmnVjbFbl9xAlf1U%3d>
Release <<https://gcc02-quarantine.dataservice.protection.outlook.com/spamdigestesn/spamdigest.svc/releasespam/orgs/11d0e217-264e-400a-8ba0-57dcc127d72d/users/nathaniel.thai@sboh.wa.gov/mail/cc0573e6-46bd-4d76-ed8f->

08d9d163481e?token=M%2fdTIM0ckmFT1JIuiAbjrLtq5IcWuakvrSRe0Sxz2jw%3d>
Review <<https://protection.office.com//quarantine?id=cc0573e6-46bd-4d76-ed8f-08d9d163481e\4d658c9b-b1ef-a3d2-2e35-ec59631c40be>>

Sender: monicazone@yahoo.com

Subject: Vaccine Mandates to be voted on

Date: 1/6/2022 10:54:02 PM

Block Sender <https://gcc02-quarantine.dataservice.protection.outlook.com/spamdigestesn/spamdigest.svc/modifysender/orgs/11d0e217-264e-400a-8ba0-57dcc127d72d/users/nathaniel.thai@sboh.wa.gov/mail/b2c02af8-e0fa-424f-db3e-08d9d1676eea/sender/%40ENC%40gB7asFepr32_5iMxUmUHsSRqM1IEfoFaKW1bmF1DIPKbz9A6vmxUP4M>
Release <<https://gcc02-quarantine.dataservice.protection.outlook.com/spamdigestesn/spamdigest.svc/releasespam/orgs/11d0e217-264e-400a-8ba0-57dcc127d72d/users/nathaniel.thai@sboh.wa.gov/mail/b2c02af8-e0fa-424f-db3e-08d9d1676eea?token=%2fqVsqINp81rMZn9PI5rMSBGYeoscQT5CC%2bdMN7RLrOs%3d>>
Review <<https://protection.office.com//quarantine?id=b2c02af8-e0fa-424f-db3e-08d9d1676eea\b41d1bca-9c60-5554-348b-3150b0a2fc26>>

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Acceptable Use Policy <<https://go.microsoft.com/fwlink/p/?LinkID=79398>>

From: teresa@KLEMA155.COM

Sent: 1/7/2022 10:13:58 AM

To: sboh@sboh.wa.gov, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WA code alteration

External Email

I am writing to you to urge you to vote no on changing the Washington state codes for quarantining. It is absolutely ridiculous to give powers to allow them to forcefully quarantine people for something that is no more than a tough flu. I am immuno compromised and have lung disease and had no problem surviving Covid with therapeutics. It has a high survival rate and if it was truly a pandemic, all of the homeless folks in Seattle and Spokane would be dropping dead in droves, given their poor health.

It is time to stop all of this government overreach and draw a line in the sand. We are counting on you to do just that. Let's not have history repeat itself and be smarter than that.

Thank you.

><> ><> ><> ><> ><>

Teresa Marks

teresa@klema155.com

From: Camille Wood
Sent: 1/6/2022 9:19:48 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Aloha!

As a resident of Kitsap County, Washington, I DO NOT support any emergency use authorization or any rules or laws regarding any measures or mandates for Covid 19, including; forced testing, forced masking, forced vaccines, forced quarantine camps, etc. This has gone too far and you as our government and health officials have gone beyond what is reasonable. We are free people and you are not our dictators. We will not stand for this anymore. You must stop all of these Covid 19 measures and stand up for our freedoms, because if you don't, your leadership is over. We as the public have had enough and we want to get on with our lives and live in peace and freedom to make our own choices, we do not want to be dictated to any longer. You pass anymore of this nonsense and the American people are coming after you. Choose what's right, just and free because that's what we put you there to do.

Sincerely,
Camille Wood
Very concerned citizen of Washington State.

Have a blessed day!

From: Linda Wilson
Sent: 1/7/2022 9:58:08 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO to applying WAC codes to the CCP virus!

External Email

Dear Nathaniel:

I am extremely opposed to the Washington State Board of Health applying the current infectious disease WAC codes to include Covid-19.

Sincerely,

Linda Wilson

From: Robert Kuzminsky
Sent: 1/5/2022 4:38:30 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

I am opposed to adding the corona vaccine status to the WAC language in all aspects. I believe this should be a personal choice and should never be included in a child's vaccination requirement for their education either. I do not want anymore emergency orders to be used to coerce and pressure non-vaccinated Americans into compliance. That is complete control and tyranny. There is absolutely no scientific evidence that the "vaccine" works to stop the spread of covid and as I have already stated, it should be a person's choice whether to get it or not. FEMA camps and isolating those who have exercised their freedom of choice is unconstitutional and discrimination per Title VII of the Civil Rights Act of 1964.

Do NOT incorporate this into our Washington Administrative Code.

Lori K.

From: Me Zee

Sent: 1/6/2022 5:55:57 AM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH)

Cc:

Subject: Proposed policies

External Email

As a resident of Washington State I oppose these proposed policies!

Involuntary detainment, examination, testing, treatment, counseling and vaccination has already been determined to be illegal.

Just because additional language has been added to the WAC Codes does not mean that that language has been challenged in the courts and confirmed to be contrary to Washington State Constitution, United States Constitution and various international laws and treaties which is obviously the case!

These proposed policies MUST NOT be adopted and enacted!

Each and everyone of you bear the responsibility to protect these constitutions as well as the rights of the people of Washington State!

Thank you,
Michael Frazee

From: Testify Online Survey
Sent: 1/6/2022 8:05:06 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1-6-3022

2.

Agenda Item or Issue:

Forced Vaccines and Forced Quarantines

3.

Your Name:

John Huber

4.

Do you have a professional title?

1. Yes

Engineer

5.

Are you representing an organization?

2. No

6.

Address:

223 Katie Ct Kennewick WA

7.

Email:

john@nsmail.me

8.

Phone Number (Include Area Code):

509-987-3525

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

To consider using police and sheriff to assist the board in forcing inoculations and or medical treatment and quarantine.

11.

Are you Pro or Con on the proposal?

2. Con

I oppose the use of force of any kind with respect to any kind of medical treatment or quarantine or isolation. I oppose this under any situation including the current declared pandemic.

From: Mike Marshall
Sent: 1/7/2022 6:46:28 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO VACCINE

External Email

We The People Of Washington State Will NOT STAND FOR THIS !!! ITS 100% UNCONSTITUTIONAL. ITS NO ON ALL YOUR PROCEDURES. NO VACCINES OR HEALTH CAMPS.

Sent from my iPhone

From: mary nelson

Sent: 1/6/2022 6:06:30 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposed law enforcement, quarantine facility

External Email

Dear State Board of Health

I am writing to you about the proposed ruling on the use of quarantine facility and use of force to place people there. This is a definite defilement of our civil rights as an American Citizen. This is comparable to the Japanese Camps in the states during the World War or the German Concentration Camps. Because these individuals were thought to be a hazard to society or of inferior quality by a few ruling government individuals they had there life upended or killed. Is this really were the state of Washington is going? A totalitarian governor and governing boards will not make this a better state. Yes Covid is real and people have died, but hundreds also die from the flu on an annual basis. People are dying from suicide due to the isolation, alcohol consumption is up, people are dying from multiple events. Every day at the hospital they call Codes, stroke, heart attack, rapid response in an alarming number from non Covid patients. The insurance industry just released data that non- Covid life insurance claims are up 40% in this last quarter. Maybe we should be looking at a broader picture of why people are suddenly dying at a young ages from clots, cancer and the increase in auto immune disorders. Further isolation camps as seen in Australia are not the answer.

Thank you Mary Nelson

From: Carol Osher
Sent: 1/7/2022 10:27:39 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: covid protocols

External Email

I am writing to express my opposition to giving local health authorities the power to detain people, using law enforcement.

I personally have a severe allergy to vaccines. There is no emergency great enough to require me to take a medication that will harm me! And health officials should never be given enforcement power over the citizens!

Sincerely,

Carol Osher

1390 158thj Pl. NE

Bellevue, WA 98008

Sent from Mail

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

From: Haag, Hannah R (SBOH)
Sent: 1/6/2022 11:21:22 AM
To: DOH WSBOH
Cc:
Subject: FW: NO MORE MANDATES

From: pamela.james1@frontier.com <pamela.james1@frontier.com>
Sent: Thursday, January 6, 2022 11:21 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: NO MORE MANDATES

External Email

Hannah,

You are ripping our state and companies apart. We are a democracy! Not an authoritarian government. Cease and desist this activity.

No Child vaccine mandates

No Employee vaccine mandates

No quarantine facilities

You are ruining our beautiful state and government. This kind of extreme grab for power is only destructive and full of corruption.

Pam James

From: Publius

Sent: 1/6/2022 7:44:24 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO

External Email

NO to covid camps and involuntary detentions.

this is not NAZI germany!!

KMG 365

You are ruining our beautiful state and government. This kind of extreme grab for power is only destructive and full of corruption.

Pam James

From: Susan Purvis
Sent: 1/6/2022 3:00:12 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: What? You want Washington to have quarantine camps?

External Email

Why would you consider adding Covid to an infectious disease WAC to allow law enforcement to take away our liberty? NO. NO to quarantine camps. No to forced medical treatments. No to vaccine requirements. No, no, no. STOP!

Sent from my iPad

From: Candida Doran

Sent: 1/8/2022 11:22:56 AM

To: Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH)

Subject: "Nisqually Active COVID Quarantine Site" WHY?



attachments\FFF5FEA8E63B41BF_IMG_0348.PNG

External Email

Dear Board Members,

If you have no intention of using local law enforcement to involuntarily quarantine WA citizens who don't comply with your COVID requirements, THEN WHY DOES THIS EXIST???

Candida Doran

candilolc92@icloud.com <mailto:candilolc92@icloud.com>

From: Olivia Anderson
Sent: 1/7/2022 6:11:04 AM
To: Davis, Michelle (SBOH)
Subject: NO TO QUARANTINE CAMPS!!!!!!

External Email

Director Davis and colleagues,

I cannot believe I am writing this email in America. I live in North Carolina and am absolutely HORRIFIED that the Washington Department of Health would even begin to think that violating someone's rights and throwing them in a quarantine facility. That it would even be remotely accepted in our country is the most egregious abuse of power we have seen yet during this Covid SCAM (which is a common cold/seasonal flu and everyone knows it).

You are DECLARING WAR on us and we will NOT cower away. I urge you and your colleges to trash this murderous plan and understand there is a line where we the citizens will not allow you, the governing bodies to advance. This is that line.

We as a country are so tired of all the lies regarding covid, the prevention of cheap treatments, and this complete takeover of our life, liberty, and pursuit of happiness.

I don't know who funds you but it must have connections with Bill Gates and his cronies.

I request that you throw out the vote as in, don't even bother voting on this idea because we will NOT COMPLY and you will likely be the people responsible to innocent blood being split.

I demand this corruption leave the office you hold! May God have mercy on your souls.

Olivia Anderson BSN, RN

From: Hunter Bouma
Sent: 1/5/2022 6:32:34 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I want to comment on your January 12th, 2022 meeting concerning school jabs and quarantine camps.

These both infuriate me. The numbers are so skewed there are no true facts about covid or the vaccines anymore. Each person has the right to decide what is or is NOT injected into their body. Our bodies are temples designed and made by God and he gave us the right to do what we want with it. Some people abuse it, some people really don't care about it but some of us live our lives for our God. Our family will leave this State if it comes down to mandatory jabs.

The Flu has been around so much longer and no one ever needed to be quarantined. I believe if your sick, you stay home. Do not send people off to isolation camps. By doing this, you are further dividing our state, counties, city's and most importantly families.

From: Kirsten

Sent: 1/6/2022 6:32:04 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public Comment

External Email

Washington State Board of Health:

I am very concerned about the policies that are going to be discussed at the meeting next Wednesday, in particular, the policy to involuntarily quarantine people who refuse test, examination, or vaccine for COVID-19. I believe that this removes the freedom and choice that the constitution affords us in this country. Everyone should have medical choice. COVID-19, in particular the omicron variant that is most widespread, has been proven to be mild and not cause many deaths, as well as fewer hospitalizations than Delta. To require a vaccine that doesn't prevent spread and to quarantine those who don't comply doesn't make sense when we look at the actual data. There are credible studies that show that vaccinated and unvaccinated people have the same viral load, therefore, they spread the disease the same. The only thing the vaccine does is reduce symptoms, and this only affects the person who received it, not anyone else. It should be everyone's personal choice to evaluate their personal risk and make a decision from there. If we continue to compromise the Constitution, we are going to threaten our democracy and the freedom we have in this great country. Please consider rejecting these new policies, as they don't make sense with the direction things are going, as well as the current science/data.

Thank you for reading!

Kirsten Tallman
Mill Creek, WA

From: Testify Online Survey
Sent: 1/5/2022 8:11:50 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th, 2022

2.

Agenda Item or Issue:

9

3.

Your Name:

Megan Mauch

4.

Do you have a professional title?

1. Yes

Speech Language Pathologist

5.

Are you representing an organization?

2. No

6.

Address:

216 North 90th Ave, Yakima, WA 98908

7.

Email:

megan.mauch76@gmail.com

8.

Phone Number (Include Area Code):

5099859637

9.

Do you have any special expertise relevant to this topic?

1. Yes

Citizen in a free country

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

The Local Health Officer using law enforcement to enforce quarantine of people with regards to COVID19 or vaccination status

11.

Are you Pro or Con on the proposal?

2. Con

Law enforcement should not be used to enforce quarantine. This virus is becoming weaker and the survival rate is 99%. There is no need to be forcing isolation or quarantine on anyone. Please remember we are a free country.

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 11:18:57 AM
To: DOH WSBOH
Cc:
Subject: FW: NO MANDATES

From: pamela.james1@frontier.com <pamela.james1@frontier.com>
Sent: Thursday, January 6, 2022 1:18 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: NO MANDATES

External Email

Caitlin,

You are ripping our state and companies apart. We are a democracy! Not an authoritarian government. Cease and desist this activity.

No Child vaccine mandates

No Employee vaccine mandates

No quarantine facilities

You are ruining our beautiful state and government. This kind of extreme grab for power is only destructive and full of corruption.

Pam James

From: K Kraft
Sent: 1/5/2022 9:06:31 PM
To: DOH WSBOH
Cc:
Subject: Upcoming overreaching Covid laws

External Email

To Whom It May Concern:

The Omicron variant has killed roughly 10 people Worldwide. There is no more emergency! These upcoming laws are unnecessary and infringe on our rights to our bodies to refuse an experimental vaccine. They're no longer necessary and not needed. Facts speak. Yay. Rejoice!!

Thank you for your time.

Sincerely,

Kat Kraft

From: brad smith
Sent: 1/6/2022 8:54:56 AM
To: DOH WSBOH
Cc:
Subject: New Legislation

External Email

To whom it may concern

The proposed legislation allowing health officials police powers to arrest, detain, and/or imprison is blatantly unconstitutional under the state and federal constitutions. When any government uses law as a weapon, it is outright tyranny!!!

Sent from my Verizon, Samsung Galaxy smartphone

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 11:22:51 AM
To: DOH WSBOH
Cc:
Subject: FW: NO MORE MANDATES

From: pamela.james1@frontier.com <pamela.james1@frontier.com>
Sent: Thursday, January 6, 2022 11:22 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: NO MORE MANDATES

External Email

Kelie,

You are ripping our state and companies apart. We are a democracy! Not an authoritarian government. Cease and desist this activity.

No Child vaccine mandates

No Employee vaccine mandates

No quarantine facilities

You are ruining our beautiful state and government. This kind of extreme grab for power is only destructive and full of corruption.

Pam James

From: sample requests
Sent: 1/5/2022 6:21:50 AM
To: L-AMBERREQUEST@LISTS.PSU.EDU
Cc:
Subject: Want to Participate in Citizen Science: The Redbud Project?

External Email

Want to Participate in Citizen Science: The Redbud Project?

When: Wednesday, January 5, 2022, 12 Noon Eastern USA Time

Eastern redbuds are iconic spring bloomers, but mystery remains about the timing of their flowering and fruiting. The Redbud Phenology Project (<https://www.usanpn.org/nn/redbud>) seeks to answer questions such as: 1. Does the timing of redbud flowering vary by location or elevation? 2. Is there a cycle to abundant years of redbud fruiting? 3. Are redbuds flowering and fruiting earlier in the year? By signing up as a Nature's Notebook observer and tracking the seasonal activity of an eastern redbud tree where you live, you will collect important information to help scientists answer these questions!

Want to find out what is involved? Join us for a virtual info session and training on January 5th, 2022, at 12 noon, eastern USA time. We will explain the significance of this project, walk you through the steps of creating a Nature's Notebook account and registering a redbud tree, and describe how to make observations and submit them online.

Register here (<https://arizona.zoom.us/meeting/register/tZAscemupjkqGdH1OxqNXRRqP6YGEUdVjOsF>). We will record the presentation. So, if you are interested, no worries. Just register to that you may receive the link to the recording, listen, and decide whether you want to be part of this effort.

Wishing all of you and your loved ones a happy 2022, sincerely,

Jorge

Jorge A. Santiago-Blay, PhD

Pronouns (pronombres): English (inglés), singular: he/his/him; español (Spanish), singular: él/lo

Adjunct Lecturer in Biology

The Pennsylvania State University - York Campus

<https://naturalhistory.si.edu/staff/jorge-santiago-blay>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fjorge-santiago-blay&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7C9bd49a1385d14373be0108d9d056b479%7C11d>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fjorge-santiago-blay&data=04%7C01%7CW5BOH%40SBOH.WA.GOV%7C9bd49a1385d14373be0108d9d056b479%7C11d>>

blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9bd49a1385d14373be0108d9d056b479%7C11d0

Editor-in-Chief: Life: The Excitement of Biology

<https://blaypublishers.com>

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9bd49a1385d14373be0108d9d056b479%7C11d0)

1. Positive experiences for authors of papers published in LEB:

<http://blaypublishers.com/testimonials/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Ftestimonials/>

2. Free examples of papers published in LEB:

<http://blaypublishers.com/category/previous-issues/>

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Fcategory%2Fprevious-issues%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9bd49a1385d14373be0108d9d056b479%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Fcategory%2Fprevious-issues%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9bd49a1385d14373be0108d9d056b479%7C11d0)

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3. Guidelines for Authors and page charges of LEB: <http://blaypublishers.com/archives/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fblaypublishers.com%2Farchives%2F>

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Research Associate, Department of Paleobiology

National Museum of Natural History, Smithsonian Institution

<https://naturalhistory.si.edu/staff/jorge-santiago-blay>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnaturalhistory.si.edu%2Fstaff%2Fjorge-santiago-blay&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9bd49a1385d14373be0108d9d056b479%7C11d0>

Adjunct Lecturer

Department of Environmental Sciences and Policy

The Johns Hopkins University

<https://advanced.jhu.edu/directory/jorge-a-santiago-blay/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fadvanced.jhu.edu%2Fdirectory%2Fjorge-a-santiago-blay%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C9bd49a1385d14373be0108d9d056b479%7C11d0>

Moderator of Entomo-L: To subscribe, send an email to: listserv@lists.psu.edu . For further questions, please, email me.

From: pamela.james1@frontier.com
Sent: 1/6/2022 11:12:07 AM
To: DOH WSBOH
Cc:
Subject: NO TO MANDATES

External Email

You are ripping our state and companies apart. We are a democracy! Not an authoritarian government. Cease and desist this activity.

No Child vaccine mandates
No Employee vaccine mandates
No quarantine facilities

You are ruining our beautiful state and government. This kind of extreme grab for power is only destructive and full of corruption.

Pam James

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 8:04:52 AM
To: DOH WSOH
Cc:
Subject: FW: Proposed policies

From: Me Zee <mzee636@gmail.com>
Sent: Thursday, January 6, 2022 5:56 AM
To: Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Proposed policies

External Email

As a resident of Washington State I oppose these proposed policies!

Involuntary detainment, examination, testing, treatment, counseling and vaccination has already been determined to be illegal.

Just because additional language has been added to the WAC Codes does not mean that that language has been challenged in the courts and confirmed to be contrary to Washington State Constitution, United States Constitution and various international laws and treaties which is obviously the case!

These proposed policies MUST NOT be adopted and enacted!

Each and everyone of you bear the responsibility to protect these constitutions as well as the rights of the people of Washington State!

Thank you,

Michael Frazee

From: Jackie Babst
Sent: 1/6/2022 4:12:10 AM
To: DOH WSBOH, Jackie Babst
Cc:
Subject: NO MANDATES OR ISOLATION CAMPS

External Email

It did not work out well for Hitler. Our constitutional rights are being violated.

Critical thinkers can see that free states are surviving COVID19 you might consider following their leadership.

Power grab by the state of Washington. Fear mongering at its best. Disgusting and unacceptable!

Gary & Jackie Babst

From: Emily Reyes
Sent: 1/7/2022 10:38:36 AM
To: DOH WSBOH
Subject: Comments re: involuntary quarantine

External Email

Dear Washington State Board of Health,

Our state government should not enact laws to arrest or detain people who do not want to receive COVID-19 testing or vaccinations. These actions are unconstitutional because they withhold legal due process, and with a 99.98% recovery rate, they are unnecessary.

Sincerely,
Emily Reyes, Washington state citizen

From: pamela.james1@frontier.com
Sent: 1/6/2022 11:22:54 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO MORE MANDATES

External Email

Nathanie,

You are ripping our state and companies apart. We are a democracy! Not an authoritarian government. Cease and desist this activity.

No Child vaccine mandates
No Employee vaccine mandates
No quarantine facilities

You are ruining our beautiful state and government. This kind of extreme grab for power is only destructive and full of corruption.

Pam James

From: dani.m.bazan@gmail.com
Sent: 1/5/2022 9:16:49 AM
To: DOH WSBOH
Cc:
Subject: Please respond.

External Email

Is it true that the Wa state board of health meeting where they want to update codes so health officials can put people in isolation camps if they don't get the shot?

Please tell me if this is true or not.

-concerned citizen.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FPortals%2F7%2FDraft-Agenda-2022-01-12-Draft.pdf%3Fver%3D2021-12-29-154409-973%26timestamp%3D1640822828293&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C249d0c69cf>

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 11:16:08 AM
To: DOH WSBOH
Cc:
Subject: FW: NO TO MANDATES

From: pamela.james1@frontier.com <pamela.james1@frontier.com>
Sent: Thursday, January 6, 2022 11:15 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: NO TO MANDATES

External Email

Christy,

You are ripping our state and companies apart. We are a democracy! Not an authoritarian government. Cease and desist this activity.

No Child vaccine mandates

No Employee vaccine mandates

No quarantine facilities

You are ruining our beautiful state and government. This kind of extreme grab for power is only destructive and full of corruption.

Pam James

From: kaescadar

Sent: 1/7/2022 7:40:51 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), DOH WSBOH

Subject: Involuntary detainment

External Email

It makes me sick that you would consider involuntary detainment for covid 19 "compliance". It has been established that the vaccines are only effective for reducing symptoms and that those who have been inoculated still contract and spread the virus. It is a coronavirus- it will continue to mutate because that is what coronaviruses do. Over time herd immunity is being established with or without the shots and this will be like any common cold. If your concern is overwhelming hospitals, then perhaps you should be discussing the current protocol that is ineffective and detrimental to patients' recovery. Maybe try adding some high dose vitamin supplements and preexisting drugs that have actually been shown to greatly improve a patient's condition; you know what I'm talking about, the ones that doctors are losing their jobs for utilizing because having viable, inexpensive cures destroys the crisis narrative. Please stop playing into the disgusting agenda to control the masses under the guise of public safety. If you have any decency you will not even consider separating and relocating families for exercising their right to choose what they put in their bodies. This is a slippery slope to a frightening police state.

Sincerely,
Kaelee Darling
Kennewick, WA

From: Glenn Daniel
Sent: 1/6/2022 7:50:18 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My name is Glenn Daniel and I am apposed to forced vaccine injections of a yet to be proven safe compound. This is in reference to any covid shots. I am apposed to any forced handling of people, by putting them into institution's (concentration camps). Who are you, Nazies, trying to create a gistopo inforcement organization, sending anyone who does not comply to (re-education camps). If you do what is proposed, you are no different than communist China. Maybe that is your goal, if so I am apposed to you. We are not Australia, Germany, China ect.. We are a free country, or at least we where. You are not ready for the opposition this will cause.

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Scott Waxman

Sent: 1/6/2022 9:56:54 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO Concentration Camps



attachments\B349286E35B84460_image1.jpeg

External Email

Hello,

Discussing forced quarantine camps is sick. Adolph Hitler once did this.

From: Charyl Baziak
Sent: 1/7/2022 8:17:34 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: I support Petition 11

External Email

To whom it may concern:

Thank you for having this forum. I am writing in support of Petition #11 which requests that BOH establish a new rule that prohibits requiring that anyone take an EUA product or licensed product that has not yet completed phase 3 clinical trials. I oppose BOH formation of a Technical Advisory Group to review information about Covid-19 shot mandates because each person needs to weigh their medical their medical condition with their medical provider and make an informed, personal decision. This is especially true since the infection fatality rate for Covid-19 is low. For ages 0-7 it is 0.00002 (99.998% survival rate) which is statistically a zero percent death rate. Beyond that, when you consider that most that most hospitalizations for the young are with Covid-19 and not for Covid-19, we can know that they are not in mortal danger from Covid-19. Neither is there a great risk of the young spreading Covid-19 to staff and teachers. The young have a greater risk of the Covid-19 vaccine adverse reactions than of serious Covid-19 illness. We must protect our young before we consider self-protection.

Sincerely,

Charyl Baziak

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 8:07:47 AM
To: DOH WSBOH
Cc:
Subject: FW: Vote no on mandated masks and vaccines

-----Original Message-----

From: Napoleon Photography <napoleonphotography@yahoo.com>
Sent: Thursday, January 6, 2022 8:05 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Vote no on mandated masks and vaccines

External Email

It is a threat to my child's health to continue this mandated mask wearing in school for prolonged periods of time.

Please do NOT support the mandates of both masks and vaccines for public schools.

Most importantly; my family has a medical history of severe vaccine adverse effects.

Please do NOT vote in support of vaccine mandates.

Thank you for your consideration ,

Dana Napoleon
Tacoma wa

Sent from my iPhone

From: Cliff Free
Sent: 1/5/2022 9:46:13 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: I support the Vaccine Mandate for Public School enrollment!!!

External Email

Sent from Mail

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

From: Chris Thosath
Sent: 1/5/2022 1:59:23 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Getting vaccinated should be a personal or family choice, not a government order. I and my family are vaccinated and feel strongly it should be an individual's choice to make. Please do not force or require vaccinations.

Sent from my iPhone

From: Andrey Rzhiskiy
Sent: 1/7/2022 10:42:21 AM
To: Yelp R
Subject: UNCONSTITUTIONAL MANDATORY VACCINATION FOR KIDS

External Email

MANDATORY VACCINATION FOR KIDS IS UNCONSTITUTIONAL!

Sent from my iPhone

From: Molly J Peoples
Sent: 1/6/2022 5:41:40 PM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), stuart.glascoe@sboh.wa.gov, Pskowski, Samantha L (SBOH), kaitlyn.donahue@sboh.wa.gov, Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Changes to WAC Codes proposed

External Email

WSBOH Members:

As a Washington resident of 46 years, I am both appalled and disturbed by the proposed changes in the infectious disease WAC codes to include COVID-19 for all WA residents. This is an egregious overreach of the state government. It is NOT the responsibility of a state government to force an experimental vaccine on it's residents. This decision is based on zero scientific evidence. You cannot justify forcing the state's citizens to take an experimental drug. This is a violation of basic human rights, guaranteed by the constitution of the US. If you want to see proof, look at Massachusetts and their COVID-19 rates. They have the highest vaxxed population, yet their COVID-19 rates have skyrocketed. You have the responsibility to the citizens of WA to reject these proposals. This is a virus with a 99.99% survival rate. Have you forgotten?

You must reject ALL of these proposed WAC changes.

Molly Peoples
Richland, WA

From: Jolene Teeters

Sent: 1/6/2022 2:58:24 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine mandates for schoolchildren

External Email

Good afternoon,

The covid vaccine is obsolete according to recent findings. Why are you still pushing this narrative? Please leave the kids alone.

From: David Day
Sent: 1/7/2022 5:54:34 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine

External Email

This is illegal and will not be tolerated.!

From: Denni Brown
Sent: 1/6/2022 8:03:58 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Pro 'Personal Choice' with Vaccines

External Email

I am opposed to manitory vaccinations. We need to maintain 'Personal Choice'.

From: Suzanne Claflin
Sent: 1/6/2022 11:01:15 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Concerning mandatory covid-19 vac requirement for school , Absolutely not. This is not ok. If parents want to vac their kid with an experimental vac that's fine , but it should not be forced. Following the science there is no need for this extreme mandate.

Daniel and Suzanne Claflin

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 5:01:10 PM
To: DOH WSBOH
Cc:
Subject: FW: No mandatory covid vaccine for kids

-----Original Message-----

From: carriemarty@yahoo.com <carriemarty@yahoo.com>
Sent: Wednesday, January 5, 2022 5:00 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No mandatory covid vaccine for kids

External Email

I am a parent who does not want the covid vaccine for my child. Please do not make the vaccine mandatory to attend school.

Sincerely,
Carrie Rutt

Sent from my iPhone

Sent from my iPhone

From: Wendi Laliberte
Sent: 1/5/2022 7:00:04 PM
To: DOH WSBOH
Cc:
Subject: No vaccine requirement for kids

External Email

Please do not require the vaccine for kids. These vaccines are EUA only. Save our kids and the future generations.

Sent from my Verizon, Samsung Galaxy smartphone

From: Betsy Ezell
Sent: 1/6/2022 8:24:46 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Glasoe, Stuart D (SBOH)
Subject: No Vax Required for Kids Please!!

External Email

Leaders of WA...

Please please please leave our kids free of the vaccinations requirement. We will have to seek education elsewhere.

Sincerely,
A tired citizen

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Lisa Welch
Sent: 1/6/2022 5:48:44 AM
To: DOH WSBOH
Cc:
Subject: Informed choice

External Email

Dear Board of Health,
Please oppose the formation of a technical advisory group to review information about
COVID 19 shots for consideration of mandating the shots
Please establish a new rule that prohibits them from adding any emergency use
authorized product that lacks completed phase 3 trial studies to the required list.
Sincerely
Lisa Welch
5122997285
862 Aberdeen Ave NE
RENTON WA

Sent from my iPhone

From: Phil S
Sent: 1/5/2022 6:19:18 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear Public health board.

Please do not mandate vaccines for kids in Washington state. Instead encourage each local district to take action in their own communities they feel necessary to keep kids healthy.

Thank you for your time.

Philip Stadelman
Ephrata Washington

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 8:02:56 AM
To: DOH WSOH
Cc:
Subject: FW: Vote NO Covid-Vax Mandate



attachments\F449EC7724804840_0b95c464-7f9b-496a-9cab-26c545881c76.jpg

From: Gena Cole <cole.gena@gmail.com>
Sent: Wednesday, January 5, 2022 11:38 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Vote NO Covid-Vax Mandate

External Email

>
> Washington State Board of Health
>
> The government is not responsible for my child's Health, but to uphold parental responsibility.
> School is for education and not inoculation. Health Matters and an experimental jab is a violation of my parental rights as a parent.
> Thank you for supporting medical choice as any forced medicine is liberty lost.
> Freedom of Choice Matters and it is child abuse to experiment on these students.
> Gena
> By the way,
> Both my husband as well as son were deployed this past year fighting for your freedoms, therefore I will be fighting for freedoms in our own back yard.
Freedom Fighter,
Gena Cole
>

>
>

From: Erin Hebeler
Sent: 1/6/2022 10:23:13 AM
To: DOH WSBOH
Cc:
Subject: Listen to all people

External Email

I oppose the formation of TAG. I oppose mandating students, staff, or anyone to get a shot that doesn't want it. Please list to all of WA residents. I support informed choice. I support petition 11 on the January 12th agenda.

From: Samuel Steinmetz
Sent: 1/5/2022 8:25:12 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

It is not your job to mandate an unproven vaccine on kids for a virus that has an almost 100% survival rate. You do not have the authority and you will almost certainly ruin the public school system & countless lives. Please Vote no

Sent from my iPhone

From: pat engberg 2
Sent: 1/7/2022 9:48:40 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Oppose Vaccines for Kids

External Email

This global vaccination agenda is not about health - it is about control. It is tragic to see America crumbling under the medical mafia and the globalist's plans for taking away freedom (go to the World Economic Forum website and read about Cyber Polygon Table Top Exercise). Then see if you want to support this program which begins with requiring kids to be inoculated for a condition that does not threaten their health.

From: Dayna Hersey

Sent: 1/6/2022 8:02:52 PM

To: Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlyn.donohoe@sboh.wa.gov, Lang, Caitlin M (SBOH), Haag, Hannah R (SBOH), traci.schreibner@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Herendeen, Lindsay (SBOH)

Cc:

Subject: Proposed Vaccine Mandates/Overreach

External Email

I would like to let you know that I vehemently oppose any mandates regarding the Covid 19 vaccine. This includes testing, examinations, and forced vaccination. This is an infringement on my civil liberties.

The overreach by the Washington Department of Health is yet another example of this administrations lack of regard for the citizens of Washington State!!!

Sincerely,

Dayna Hersey
(253) 312-7920

Dayna Hersey
(253) 312-7920

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 8:04:40 AM
To: DOH WSBOH
Cc:
Subject: FW: No mandates

From: dutchbaroh <dutchbaroh@comcast.net>
Sent: Thursday, January 6, 2022 5:55 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No mandates

External Email

No mandates.

No covid vaccination.

No more emergency power.

No more government overreach.

Sent from my Verizon, Samsung Galaxy smartphone

From: gary wilson
Sent: 1/7/2022 12:07:39 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Please vote No to adding Covid-19 to the list of infectious diseases for WAC
Codes

External Email

The current strain (Omicron) has been reported as causing 6 deaths in 100,000 cases which is roughly equal to the death rate of those who have had adverse reactions to the vaccine. More people die each year from the Flu than the current strain of Covid-19. This would be a major overreach by this board and do severe harm to the faith that people have in your judgement.

Sincerely,
Gary Wilson
14102 NE 5th Circle
Vancouver, WA 98684

From: Jared
Sent: 1/6/2022 5:34:25 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Please do not mandate COVID vaccines for public schools I pay for. Thank you

From: Kevin Barquest
Sent: 1/5/2022 9:16:38 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: NO Vaccination Mandate

External Email

To Whom It May Concern:

There is absolutely no reason to be considering a vaccine mandate for kids of any age in this state for this ridiculous COVID situation for many reasons starting with it is completely unnecessary. Kids are not causing or part of any outbreaks in the schools in Washington where they are forced to wear a mask or even in states or countries where kids are not and have not been wearing masks. Our state since the beginning of this so-called pandemic has been inept in the handling of this situation. There are states around the country that have had fewer mandates and restrictions with lower infection rates and death rates than ours. With that said, mistreatment of cases with ventilators has been a huge cause of deaths around the world per numerous studies found on NEJM, NIH, Harvard Health

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.health.harvard.edu%2Fdiseases-and-conditions%2Fcoronavirus-outbreak-and-kids&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1552df2adfd545cd62b908d9d06f20e6%7C11d0e217>>, and real studies in countries that actually care about healthcare instead of money.

If kids were transmitting and causing major outbreaks which they are not part of, it would make sense, but not only are they not transmitting or part of major outbreaks, our state is still using PCR tests that the CDC has long been admitting does not even work as a valid source of determining a true positive test nor can it differentiate between Covid19 and the flu. A Yale study states that there are positive tests when no genetic material is even on the swab, FDA states that the test frequently shows false-positive results, I could go on, but that should be adequate.

The point of this email is not actually to point out the inconsistencies and level of incompetence shown in our state but to point out that vaccination for kids is completely unnecessary. Let those who choose to vaccinate their kids do so and those who do not wish to do so to not vaccinate their kids. If this was a plague or something that is actually medically significant, that would be one thing, but this is not the case here. I encourage you to stop and look at the actual data, not what the state is telling you, but the actual medical journals from around the world as well as comprehensive data from all states. What you will find is my argument to be valid. I do not email my representatives just because, I have done a significant amount of research from the beginning of this pandemic, have talked with doctors and experts here and around the country to base my decision on. You owe us at least that before you start mandating things as serious as this.

Thank you for your consideration of my request for you to do the right thing and not approve a vaccine mandate for our youth.

Sincerely,

Kevin Barquest

From: Hisaw, Melanie (SBOH)
Sent: 1/6/2022 4:18:47 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: FW: Voice Message from 5099511680 / "WIRELESS CALLER"



attachments\8BB333E037324650_Audio_Recording_S1-005104_001_compand.wav

Hi Nate,

Please tally 2 for opposition to the mandate (Dave & his wife). I was also able to share other meeting info with him. Thanks, Melanie

-----Original Message-----

From: Voicemail.NOREPLY@doh.wa.gov <Voicemail.NOREPLY@doh.wa.gov>
Sent: Thursday, January 6, 2022 3:31 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: Voice Message from 5099511680 / "WIRELESS CALLER"

Voice message copy

Caller: 5099511680
Duration: 00:36

To hear the voice message, play the attached recording or call your Messaging mailbox.

Messaging access number: 3602364444

From: Crystal Karl
Sent: 1/6/2022 10:20:35 AM
To: DOH WSBOH
Cc:
Subject: Oppose mandating Covid 19 vaccine for kids

External Email

To whom it may concern:

My name is Crystal Karl, Walla Walla Wa.
I OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period.

I SUPPORT Informed Choice Washington's Petition for Rulemaking.

My husband and I recently had Covid (we both are fully vaccinated) and were in isolation with our unvaccinated 8 year old son. HE NEVER DEVELOPED COVID 19. My sister and her boyfriend also had covid and never passed it onto their kids. If you truly follow the real science you will see and know it isn't affecting kids as badly as adults.

Please do not mandate a vaccine that hasn't been studied for 5-10 years before mandating it. The polio vaccine wasn't even required until they had the years of studies behind it to show it was effective.

Thank you for your time,
Crystal Karl

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>>

From: Kirk McGahey
Sent: 1/6/2022 6:04:25 AM
To: DOH WSBOH
Cc:
Subject: No Vaccine Mandates for Kids

External Email

Dear Board of Health,

Per your request for public comment, I strenuously oppose any vaccine mandates for kids. The long term effects are not yet understood, and the chances of adverse impacts on health from the vaccine are higher than Covid itself.

If the vaccines were truly effective, they'd stop transmission of the virus. They have not. Why needlessly jeopardize our kids?

Thank you,

Kirk
~ ~ ~ ~ ~ Kirk McGahey 509-788-5001 kirk.mcgahay@icloud.com
<mailto:kirk.mcgahay@icloud.com>

From: Schreiber, Tracy N (SBOH)
Sent: 1/6/2022 8:19:01 AM
To: DOH WSOH
Cc:
Subject: FW: Opposition to mandate

Tracy Schreiber (she/her/hers)
tracy.schreiber@sboh.wa.gov
360-463-9069

-----Original Message-----

From: meg monahan day <megmonahan@hotmail.com>
Sent: Thursday, January 6, 2022 7:38 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Opposition to mandate

External Email

I am a resident of Olalla, WA, and a veteran, and a mom of 2 little kids, and a Christian woman. I am completely opposed to forced quarantines or allowing health officials to use the power of law enforcement to force people to isolate or quarantine. I am also fully opposed to Covid vaccine requirements for schools, the vaccine needs to be a personal decision made based on personal health concerns, religious beliefs and family values, not enforced by the government.

Thanks,
Margaret Day
Sent from my iPhone

From: Gail Brimhall
Sent: 1/5/2022 9:34:06 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Sent from my iPhone. Please vote No on the public school mandate. Let families decide their health issues. It will only hurt attendance at public school and take away funds. The vaccine is not one size fits all! The state can't guarantee the outcome of the vaccine in future health risks to students. It is not for the state to decide! Thank you

From: clancyccd (null)
Sent: 1/6/2022 12:14:39 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine

External Email

We demand that no Covid vaccine demands be made for kids to attend school. Should a law pass that requires this shot, myself and many other will pull our kids from your indoctrinating grasp.

Erika Clancy

From: allison baxter
Sent: 1/6/2022 1:48:25 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO mandatory vaccination for kids

External Email

The vaccines are only EUA, emergency use authorization, not FDA approved for permanent use

There are no long-term studies to document ANY history of safety

Studies DO now document that vaccinated and unvaccinated can both get and transmit Covid, therefore

The vaccine DOES NOT STOP the spread of the disease

Allison Baxter
Ravensdale, WA

From: Kristine Krueger
Sent: 1/7/2022 9:05:20 AM
To: DOH WSBOH
Cc:
Subject: WA State Board of Health

External Email

Hello Washington State Board,

My name is Kristine and I am emailing to voice my concerns with the upcoming meeting in WA Board Health Meeting.

Please do not enforce a vaccine, or any health mandate on the people. The vaccine does not prevent the spread of the COVID virus, and it should remain an individual choice to be vaccinated or unvaccinated.

Those who do want the vaccine, can easily get it, and spare themselves the greater risk from the virus. It should be a choice for those who do not wish to be vaccinated, to refrain from getting the vaccine, or any health care they wish to decline.

Do NOT impose a mandate for "conditions and principles when isolating or quarantining a person or group of persons in accordance with WAC 246-100-040

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault%2F100-040&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd9271edc2d2e4b71ad0208d9d1ffe1a9%7C11>

Protect our freedom of choice.

Thank you,
Kristine Krueger

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 7:16:47 AM
To: DOH WSBOH
Cc:
Subject: FW: No vaccine mandates!!!

From: gilchristjoanna <gilchristjoanna@yahoo.com>
Sent: Wednesday, January 5, 2022 9:25 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: No vaccine mandates!!!

External Email

Please no vaccine mandates !! Our God given freedom and immune systems are exactly what is needed ; until 2 years ago isn't that mysterious? Please give us the privilege of using our own common sence !

We appreciate your time.

Sent from my T-Mobile 4G LTE Device

From: TJ mains
Sent: 1/6/2022 9:22:59 AM
To: DOH WSBOH
Cc:
Subject: Vaccination requirements

External Email

I am writing to share my strong opposition to adding any Covid 19 shots to the required vaccinations for students in childcare and public school.
The current Covid shots are not proving to stop the spread of Covid (unlike the polio, hepatitis and other long studied vaccines). Nor has the Covid shot had enough time to be monitored for long term health risks.
The Covid 19 shot should be an individuals choice and a parents decision for their child.
Please do not add the Covid 19 shot to the required vaccinations for kids to be able to attend daycare and public schools.

Thank you,
Desiree Mains
18204 S. Quail Run PR SW
Prosser, Wa. 99350
(509)430-5840

Sent from my iPhone

From: Lisa DiStefano
Sent: 1/5/2022 4:50:35 PM
To: Walen, Amy, Kraft, Vicki, DOH WSB OH
Cc:
Subject: I OPPOSE COVID 19 Shots MANDATES!!!!

External Email

1. OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

--

Marc and Lisa DiStefano
marcandlisa1@gmail.com <<mailto:marcandlisa1@gmail.com>>

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 8:23:25 PM
To: DOH WSBOH
Cc:
Subject: FW: no covid shot mandate

From: Linzie walker <LinzieMWalker@hotmail.com>
Sent: Wednesday, January 5, 2022 8:20 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: no covid shot mandate

External Email

I am a parent of a 6 year currently attending public school in Washington. If a Covid-Shot (it is NOT a true vaccine) mandate is enforced for her to go to school she will no longer be going to public school. Her class has not had one positive case since she started in September. Please do not mandate this shot.

Sincerely,

Linzie Lindsey

From: carriemarty@yahoo.com
Sent: 1/5/2022 4:54:05 PM
To: DOH WSBOH
Cc:
Subject: No mandated covid vaccine for kids

External Email

I am a parent who does not want the covid vaccine for my child. Please do not make the vaccine mandatory to attend school.

Sincerely,
Carrie Rutt

Sent from my iPhone

From: Kahler, Kelie (SBOH)
Sent: 1/5/2022 10:21:40 AM
To: DOH WSBOH
Cc:
Subject: FW: No

-----Original Message-----

From: ya' enid <yaenid@hotmail.com>
Sent: Wednesday, January 5, 2022 10:17 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: No

External Email

Good morning. I'm a mother of twins in the district of UP in Washington State. I'm not on favor for the mandate on kids vaccine . We already now this vaccine do not affect kids . Please do not make the same mistake the gobernador make on mandated vaccine on workers and people . Also as parent I will like to know why you mandate something and ask for a sign waiver on the same time without knowing the ingredients of this vaccine . My vote is no to the vaccine mandate.

From: Jennifer Singley

Sent: 1/7/2022 10:04:04 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vote NO on mandatory covid vaccines

External Email

Since you can still get and spread Covid there is no real reason for kids to be forced to vaccinate. Because even if vaccinated they will still get and spread Covid.

Let's stick to the constitution and respect persons individual body choices . And let's respect a parents choice to choose what is best for their child's health and well being.

Thank you, Jennifer Singley WA state resident and voter.

From: Mary Perrollaz
Sent: 1/6/2022 10:01:15 AM
To: DOH WSBOH
Cc:
Subject: January 12th Meeting Comments

External Email

Dear WA Board of Health:

I would ask that you provide a bit more transparency and detail to the public on your agenda items, it creates a lot of confusion during a time when mistrust in our governmental entities is at an all time high.

1.) I am writing in to state that I OPPOSE the board's formation of a technical advisory group to review information about mandating Covid 19 shots for school attendance. An experimental gene therapy has zero place being mandated for schoolchildren or anyone for that matter. Where there is risk there must be choice or we are not a free people.

2.) I SUPPORT petition item 11 filed by Xavier Figueroa, PhD, on behalf of ICWA asking the Board to establish a new rule prohibiting them from adding any Emergency Use Authorized (EUA) product or any licensed product that lacks completed Phase 3 trial studies to the school required list.

Thank you for your time and I thank you for making moral choices for the residents of Washington State.

Mary Perrollaz, Lifelong Washingtonian

From: Kim Berndsen

Sent: 1/7/2022 10:37:09 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),kaitlyn.donshoe@sboh.wa.gov,Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: WA ST Board of Health meeting

External Email

I am writing to you with extreme concern over the Washington State Board of Health meeting\ you are holding next week. I am already sickened by what you have done to our State, Counties and Cities. The crime is out of control because of your policies. People have lost their jobs because of your vaccine mandates (and keeping everyone in masks to cover their destain). There are mountain passes that cannot reopen leading to supply chain issues because you decided it was a good idea to fire DOT workers. And health care workers are being fired.

The meeting with the Washington State Board of Health has nothing to do with keeping us safe but to give you the power to arrest people and put them into camps so you don't have to listen to them. We Washingtonians are sick of your measures taken from us the people for your own Power.

These Authoritarian Policies need to be stopped! We'd like for our kids and grandchildren to live in a free Country. Please say NO

Kim Berndsen

From: Testify Online Survey
Sent: 1/6/2022 5:56:41 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

7 Jan. 2022

2.

Agenda Item or Issue:

Vaccine mandates

3.

Your Name:

William Stratmann

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

P.O.Box 369

7.

Email:

Wfstratmann@hotmail.com

8.

Phone Number (Include Area Code):

8174876987

9.

Do you have any special expertise relevant to this topic?

1. Yes

Part of a larger medical research study group.

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Covid 19 vaccine mandate

11.

Are you Pro or Con on the proposal?

2. Con

As a concern citizen of Washington State I would like to address the Covid Vaccine mandate. This vaccine is not safe. There are no long term studies and the findings so far do not support the risk, actually it notes the opposite. Leave my grandchildren alone.

From: Marisol Mendoza
Sent: 1/5/2022 8:51:11 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

NO ! No ! No ! I do not agree with this ! I refuse to let my kids take this vaccine ! I will not let anyone do this ! Please ! Our kids don't need this vaccine !! They don't need it !!

From: Linzie walker
Sent: 1/5/2022 8:20:21 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: no covid shot mandate

External Email

I am a parent of a 6 year currently attending public school in Washington. If a Covid-Shot (it is NOT a true vaccine) mandate is enforced for her to go to school she will no longer be going to public school. Her class has not had one positive case since she started in September. Please do not mandate this shot.

Sincerely,

Linzie Lindsey

From: Katie White
Sent: 1/7/2022 7:43:11 AM
To: DOH WSBOH
Subject: Help our kids

External Email

Please do not vote to mandate the Covid 19 vaccine for kids. This should be a decision made by caregivers freely and not under pressure. The long term data is not fully established yet and we don't know what this will do to each individual child. We all need to stop making kids shoulder the burden of protecting adults who have tools to protect themselves. This Covid pandemic is tragic but we must draw the line somewhere.

From: Jennifer House
Sent: 1/5/2022 8:42:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please, I beg you, to not allow a mandate for the kids to attend school. This is a stupid idea and shouldn't even be considered. Kids are low risk. And might I add that mandates are not a law. Also, the schools will lose when parents pull their kids out.

Jennifer House

From: dutchbaroh
Sent: 1/6/2022 5:44:29 AM
To: DOH WSBOH
Cc:
Subject: No to mandates

External Email

No to covid mandates, vaccinations

Sent from my Verizon, Samsung Galaxy smartphone

From: meg monahan day
Sent: 1/6/2022 7:33:26 AM
To: DOH WSBOH
Cc:
Subject: Opposition to upcoming issues

External Email

I am a resident of Olalla, WA, and a veteran, and a mom of 2 little kids, and a Christian woman. I am completely opposed to forced quarantines or allowing health officials to use the power of law enforcement to force people to isolate or quarantine. I am also fully opposed to Covid vaccine requirements for schools, the vaccine needs to be a personal decision made based on personal health concerns, religious beliefs and family values, not enforced by the government.

Thanks,
Margaret Day

Sent from my iPhone

From: Miller's Homeschool Time
Sent: 1/5/2022 9:13:49 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

No child should be mandated to take ANY vaccine.

I OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period! I SUPPORT Informed Choice.

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 10:21:02 AM
To: DOH WSBOH
Cc:
Subject: FW: No covid vaccine mandate for kids

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

-----Original Message-----

From: carriemarty@yahoo.com <carriemarty@yahoo.com>
Sent: Wednesday, January 5, 2022 4:56 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: No covid vaccine mandate for kids

External Email

I am a parent who does not want the covid vaccine for my child. Please do not make the vaccine mandatory to attend school.

Sincerely,
Carrie Rutt

Sent from my iPhone

Sent from my iPhone

From: Jessica Ask
Sent: 1/5/2022 8:15:28 PM
To: DOH WSBOH
Cc:
Subject: Recorded Meetings

External Email

Hi,

Where can I find recordings of recent meetings? I am currently looking for the meetings focused on adding the Covid vaccine as a requirement for WA schools. I am very opposed to this idea and want to stay on top of this.

Please provide a link for the most recent meeting recordings.

Thank you!

From: Susan Fox
Sent: 1/6/2022 10:13:36 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO to mandatory covid vaccine!!!

External Email

Parents have been given the RIGHT to make health choices for their kids. The state does not have this right. Please don't allow this atrocity to be continued!!!

Susie Fox
Manson, WA
509-467-8075
Susie Fox

From: Ryan McDonald
Sent: 1/5/2022 9:20:19 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments for January 12th Meeting

External Email

Dear SBOH officers and general public,

My name is Ryan McDonald and I am an Advanced Registered Nurse Practitioner and Certified Registered Nurse Anesthetist practicing in Washington state since 2006. I received my academic degrees from Brigham Young University and Columbia University, and was selected as the Helene Fuld Fellow for National Health Policy at George Mason University for 2001.

As the committee has various agenda items for the January 12th meeting to discuss various elements of rule making in regards to communicable diseases and immunity status for school entry, I will submit this email for public comment.

I bring to your recollection a wide variety of communicable diseases for which vaccinations are proven to be safe and effective. Additionally, there are a variety of contraindications and risks for vaccine administration, and these must be brought to bear when discussing vaccine-preventable diseases. Of particular importance, as has already been codified in WAC 246-105-030, is to always consider acquired immunity as a bona-fide component of one's immunity status. This becomes especially important in the event that immunity for the SARS-COV2-virus is being discussed. Acquired immunity for SARS-COV2-virus is demonstrably durable, inherently safe, economical and ecologically sustainable. I am reasonably concerned with the paucity of discussion on this particular issue. I warmly encourage any rule-changes or policy amendments to contain language recognizing the importance, relative effectiveness, and acceptability of acquired immunity.

Sincere Gratitude,

--

<<https://docs.google.com/uc?export=download&id=1p16vbN5Fn1-QYYVTqNK5UckC0WuXGJWv&revid=0B2Uffqt9oXrHMDRqaFozdStBVVJTOE9yQ2VCMnZzNHR3WHBrPQ>>

Ryan McDonald, ARNP-CRNA
509.823.7756

<<https://docs.google.com/uc?export=download&id=1qcReQJkHmW5Kt7Bub1-xZ-ICcz1Z57EY&revid=0B2Uffqt9oXrHcVRqNU5scHRMVU1TLzFTUGo0c1Z1MnEvN0E0PQ>>

From: Bonnie Lee
Sent: 1/5/2022 5:46:52 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments - NO to vaccine mandates!!!!

External Email

No, no, NO to vaccine mandates! People have the God given right to determine for themselves what goes in to their own bodies!!!!

Respectfully,

Bonnie Lee

From: Tracy Winder
Sent: 1/6/2022 6:31:59 AM
To: DOH WSBOH
Cc:
Subject: Mandates for vaccines!?

External Email

Here is a important question for you all regarding mandating these vaccines!? If anyone were to get sick or injured in results of these vaccines where does the liability fall? You could be putting your organization in lawsuits that we as taxpayers can't afford, nor can a child or adults life be replaced! These vaccines have not been around long enough to know the long term results of them! By law when any drug is out there the side affects should be relinquished and all the advertising you are putting out there at the expense of the taxpayers is not putting that out there! And we the people have rights to make our own health decisions, this isn't Nazi Germany, we have a great Constitution that important to follow! Sincerely, concerned U S Citizen/taxpayer, and Grandmother!
Sent from my iPhone

From: Schreiber, Tracy N (SBOH)
Sent: 1/6/2022 8:21:53 AM
To: DOH WSBOH
Cc:
Subject: FW: Vote NO C-Vax Mandate



attachments\412E668B7D104CD4_0b95c464-7f9b-496a-9cab-26c545881c76.jpg

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: Gena Cole <cole.gena@gmail.com>
Sent: Wednesday, January 5, 2022 11:36 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: Vote NO C-Vax Mandate

External Email

>
> Washington State Board of Health
>
> The government is not responsible for my child's Health, but to uphold parental responsibility.
> School is for education and not inoculation. Health Matters and an experimental jab is a violation of my parental rights as a parent.
> Thank you for supporting medical choice as any forced medicine is liberty lost.
> Freedom of Choice Matters and it is child abuse to experiment on these students.
> Gena
> By the way,
> Both my husband as well as son were deployed this past year fighting for your freedoms, therefore I will be fighting for freedoms in our own back yard.
Freedom Fighter, Gena Cole
>

>
>

From: Sidney Johnson
Sent: 1/6/2022 3:50:48 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vote these mandates down



attachments\43D9C32BE6E94334_IMG_7824.jpeg

External Email

Sent from my iPhone

From: Hoff, Christy Curwick (SBOH)
Sent: 1/5/2022 10:08:25 AM
To: DOH WSBOH
Cc:
Subject: FW: No to the mandate

-----Original Message-----

From: Yariela Poureetezadi <yaenid@icloud.com>
Sent: Wednesday, January 5, 2022 10:02 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: No to the mandate

External Email

Good morning. I'm a mother of twins in the district of UP in Washington State. I'm not on favor for the mandate on kids vaccine . We already now this vaccine do not affect kids . Please do not make the same mistake the gobernador make on mandated vaccine on workers and people . Also as parent I will like to know why you mandate something and ask for a sign waiver on the same time without knowing the ingredients of this vaccine . My vote is no to the vaccine mandate.

From: Vivien Mitchell

Sent: 1/5/2022 7:08:44 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: STOP THE MANDATE FOR COVID-19 INJECTIONS FOR 5-11 YEAR OLDS

External Email

This is an absolute abuse of power to require 5-11 year olds to receive the COVID-19 injections! They do not need these injections and we do not know what long term effects it will have on them and their developing bodies as not enough testing has been done! I will recommend that my great-nephew, great-niece, and my future grandchildren do not attend public school if this becomes a requirement.

PLEASE - STOP THIS MADNESS!!!

Vivien R Mitchell
Renton, WA

From: carriemarty@yahoo.com
Sent: 1/5/2022 4:29:40 PM
To: DOH WSBOH
Cc:
Subject: No masks for kids

External Email

Can you please advocate fir our kids to not wear masks in school next year? It is socially damaging their ability to communicate and learn.

Sincerely,
Carrie Rutt

Sent from my iPhone

From: Winter Foote
Sent: 1/5/2022 3:24:21 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please do not make this shot mandatory. I believe it needs more years of testing done. I will not give my kids this shot at this time. They are not guinea pigs.

From: Jennifer McClendon
Sent: 1/5/2022 7:31:31 PM
To: DOH WSBOH
Cc:
Subject: Covid-19 shot

External Email

As a parent of two students:

I oppose the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates period!

I support I nformed Choice Washington's Petition for Rulemaking.

- Jennifer McClendon

From: Schreiber, Tracy N (SBOH)
Sent: 1/6/2022 8:20:49 AM
To: DOH WSBOH
Cc:
Subject: FW: No mandates

Tracy Schreiber (she/her/hers)

tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>

360-463-9069

From: dutchbaroh <dutchbaroh@comcast.net>
Sent: Thursday, January 6, 2022 5:53 AM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: No mandates

External Email

No mandates.

N9 covid vaccination.

No power overreach.

Done with two year overreach crap.

Sent from my Verizon, Samsung Galaxy smartphone

From: ROBERT HIGLEY
Sent: 1/6/2022 8:56:55 AM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

The proposal to add the ability of Health Officials to enlist law enforcement to require compliance with CIVID mandates is fully outside of the authority of the, Health Department, government officials, or at least should be. Please do NOT add this provision in the Regulations, or the WAC as proposed.

Sincerely, Robert M. Higley, Olympia, Thurston County.

From: Bret & Rozana Knutson

Sent: 1/5/2022 3:13:28 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: Please No Shot Mandates for kids

External Email

All,

I worked everyday as a substitute bus driver for the last 4 years and all thru Covid. Not once was there an issue with a massive amounts of sickness. Kids playing with masks off and on, crammed on a bus, you would think there would be more cases.

2 years of Covid, without kids getting it, why would we now need to give them a shot for it? Ludicrous.

Even the districts' stats showed less then 0.1% cases. Survival rate is over 99%.

The public schools have already bred 3 generations of kids that can't think and are just cookie cutters and too many weak male characters. Some teenage girls told me they like the mask so they can hide behind them. There is some real self-confidence!

I actually homeschooled my kids for 20 years because I grew up in the system that is flawed.

Please provide data that proves all this masking, jabbing is necessary.

Thank you,

Rozana Knutson
Concerned Citizen & Taxpayer
425-445-6995

From: Haag, Hannah R (SBOH)
Sent: 1/6/2022 8:03:49 AM
To: DOH WSBOH
Cc:
Subject: FW: No mandates

From: dutchbaroh <dutchbaroh@comcast.net>
Sent: Thursday, January 6, 2022 5:54 AM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: No mandates

External Email

No mandates.

No covid vaccination.

No more emergency power.

No more government overreach.

Sent from my Verizon, Samsung Galaxy smartphone

From: meg monahan day
Sent: 1/6/2022 7:39:38 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Opposition to mandates

External Email

I am a resident of Olalla, WA, and a veteran, and a mom of 2 little kids, and a Christian woman. I am completely opposed to forced quarantines or allowing health officials to use the power of law enforcement to force people to isolate or quarantine. I am also fully opposed to Covid vaccine requirements for schools, the vaccine needs to be a personal decision made based on personal health concerns, religious beliefs and family values, not enforced by the government.

Thanks,
Margaret Day
Sent from my iPhone

From: Christy B
Sent: 1/5/2022 10:45:28 AM
To: DOH WSBOH
Cc:
Subject: No vaccine requirement!!!!

External Email

Dear Washington State Board of Health,

I beg and plead you to NOT allow this covid vaccine to be added to the list of required school vaccines!!! This "vaccine" is experimental and has had NO long term studies done at all!!! We cannot be requiring kids to be test subjects for an experiment!

Again, as a concerned parent of 3 kids, please do NOT add the Covid vaccine to the required list for schools.

Sincerely,

A very concerned parent!!

Christina Blakeley

From: Hoff, Christy Curwick (SBOH)

Sent: 1/6/2022 7:08:53 AM

To: DOH WSBOH

Cc:

Subject: FW: No to mandates

From: dutchbaroh <dutchbaroh@comcast.net>

Sent: Thursday, January 6, 2022 5:47 AM

To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>

Subject: No to mandates

External Email

No to mandates

No to covid vaccinations

No to emergency power. Two years to long.

Sent from my Verizon, Samsung Galaxy smartphone

From: Glasoe, Stuart D (SBOH)
Sent: 1/5/2022 11:57:39 AM
To: DOH WSBOH
Cc:
Subject: FW: Vaccine for students

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Jeff & Connie Lander <thelanders2019@gmail.com>
Sent: Wednesday, January 5, 2022 9:58 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Vaccine for students

External Email

Hello.

I'm writing as a concerned citizen, parent, and educator. I request that you do not add the COVID-19 vaccine to the list of required immunizations for students. Although I am in support of vaccines, I'm very hesitant and concerned about mandating this one so quickly for our youngest population. It is too early in this vaccine's history and development to require it. There has not been enough time to study the effects of this vaccine, and requiring it for our most vulnerable is a careless and rash decision. We need more time to study and evaluate potential dangers before requiring it.

I'm afraid that mandating it will push even more families and students out of the public school system, as well.

Social distancing and masking is already in place in schools which lessens the risk of contagion, according to many sources. That is enough protection at this point.

Please respond with your individual thoughts, not a cut-and-paste response.

Thank you.

Connie Lander

From: Davis, Michelle (SBOH)
Sent: 1/6/2022 10:42:48 AM
To: DOH WSBOH
Cc:
Subject: FW: Opposition to new mandates

Michelle Davis, MPA (she/her)
Executive Director
Washington State Board of Health
michelle.davis@sboh.wa.gov
360-236-4105
Website| Facebook |Twitter

-----Original Message-----

From: meg monahan day <megmonahan@hotmail.com>
Sent: Thursday, January 6, 2022 7:34 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: Opposition to new mandates

External Email

I am a resident of Olalla, WA, and a veteran, and a mom of 2 little kids, and a Christian woman. I am completely opposed to forced quarantines or allowing health officials to use the power of law enforcement to force people to isolate or quarantine. I am also fully opposed to Covid vaccine requirements for schools, the vaccine needs to be a personal decision made based on personal health concerns, religious beliefs and family values, not enforced by the government.

Thank you,
Margaret Day
Sent from my iPhone

From: Ruby Cacchione

Sent: 1/7/2022 9:53:52 AM

To: Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine Mandate : Vote NO NO NO NO NO NO

External Email

Don't even go down this path, this is pure lunacy!

Ruby Cacchione

425-256-0745

rubyfitness.org

From: Mary Lettau
Sent: 1/5/2022 8:47:57 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

The Covid 19 vaccine should absolutely not be required for our kids to be in child care or for school. This vaccine is still experimental and not necessarily for our kids.

Please look closely at the true stats regarding kids and covid.

Please do not make this a requirement!! This is unconstitutional!!

Sincerely,
Mary Lettau

From: Herendeen, Lindsay (SBOH)
Sent: 1/6/2022 9:54:24 AM
To: DOH WSBOH
Cc:
Subject: FW: No mandates

Lindsay Herendeen, MPH, MCRP (she/her)

Health Policy Analyst

Washington State Board of Health

lindsay.herendeen@sboh.wa.gov <<mailto:lindsay.herendeen@sboh.wa.gov>>

360-628-6823

Website

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2F&data=04%7C01>>
, Facebook

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2FWASBOH8>>
, Twitter

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

From: dutchbaroh <dutchbaroh@comcast.net>
Sent: Thursday, January 6, 2022 5:52 AM
To: Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>
Subject: No mandates

External Email

No mandates

No covid vaccination

No to emergency power.

Done with overreach.

Sent from my Verizon, Samsung Galaxy smartphone

From: Napoleon Photography
Sent: 1/6/2022 7:59:47 AM
To: DOH WSBOH
Cc:
Subject: NO MASKS/ NO VACCINES MANDATES

External Email

It is a threat to my child's health to continue this mandated mask wearing in school for prolonged periods of time.

Please do NOT support the mandates of both masks and vaccines for public schools.

Most importantly; my family has a medical history of severe vaccine adverse effects.

Please do NOT vote in support of vaccine mandates.

Thank you for your consideration ,

Dana Napoleon
Tacoma wa

Sent from my iPhone

From: Jessica Henry

Sent: 1/5/2022 1:14:46 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: School Mandated vaccines

External Email

All,

I don't know what kind of influence one email will make. But as a mother of two I ask that please consider a different perspective before making rash decisions about mandating relatively recently created vaccines. Especially, since politics is blocking even reasonable debate within the medical community itself. Kids are very low risk with this virus, please don't make a decision that you might one day regret as the future unfolds new twists and turns along this bumpy road. We can already see that these vaccines are not stopping the spread or we would be seeing this slow down by now. At this point the vaccine is more of a therapeutic that should be optional, especially with such a low-risk age group.

Thank you for listening,

Jessica

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From: Terri Fisher
Sent: 1/5/2022 9:13:33 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I strongly oppose forced experimental vaccine mRNA style shots ☐☐ mandates for public and private schools and colleges. I strongly oppose any Covid related vaccine mandate of any aged child.

Experimental mRNA shot is not a technology that has been researched enough especially to be used on kids.

From: Renee Buchanan
Sent: 1/5/2022 8:09:09 PM
To: DOH WSBOH
Cc:
Subject: Vaccinations and health meeting

External Email

To whom it may concern,

I oppose the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I also oppose COVID-19 shot mandates, period. I also want to say that I support Informed Choice Washington's Petition for Rulemaking - I would love the Board to establish a new rule that prohibits adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you for taking public input and comment seriously, I would appreciate a reply so I know this was received and read. Thank you,
Renee Buchanan

From: Yariela Poureetezadi
Sent: 1/5/2022 9:56:38 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Good morning. I'm a mother of twins in the district of UP in Washington State. I'm not on favor for the mandate on kids vaccine . We already now this vaccine do not affect kids . Please do not make the same mistake the gobernador make on mandated vaccine on workers and people . Also as parent I will like to know why you mandate something and ask for a sign waiver on the same time without knowing the ingredients of this vaccine . My vote is no to the vaccine mandate

Yariela Poureetezadi

From: Napoleon Photography
Sent: 1/6/2022 8:04:35 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vote NO on mandated masks and vaccines

External Email

It is a threat to my child's health to continue this mandated mask wearing in school for prolonged periods of time.

Please do NOT support the mandates of both masks and vaccines for public schools.

Most importantly; my family has a medical history of severe vaccine adverse effects.

Please do NOT vote in support of vaccine mandates.

Thank you for your consideration ,

Dana Napoleon
Tacoma wa

Sent from my iPhone

From: Serree Oliver

Sent: 1/6/2022 9:43:39 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposed Vaccine Requirement for Students

External Email

Washington State Board of Health Members,

I am writing to ask that you do not impose a Covid vaccine requirement for public school age students. We now know that the vaccine will not prevent the recipients from contracting or spreading Covid. The decision to inject a child with something that will not prevent them from catching the virus, should be made only by parents.

Thank you for your consideration,

Serree Oliver

City of Marysville resident

From: Kay Austin
Sent: 1/7/2022 10:31:42 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),samantha.pskowski@sboh.wa.gov,kaitlyn.donohoe@sboh.wa.gov,Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),kelle.kahler@sboh.wa.gov,Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID RELATED RULES

External Email

I am writing to voice my opposition to the new rule that is being considered by the Washington Board of Health authorizing use of law enforcement to remove people from their homes and relocate them because of resistance to covid mandates, including vaccine mandates and masking mandates. These mandates are neither based on science nor are they in the best interests of the public. Natural immunity should also be considered to be equivalent if not superior to the existing experimental vaccines, which are DNA altering.

Sincerely,
Kathleen Austin
Airway Heights, WA

From: Hisaw, Melanie (SBOH)
Sent: 1/5/2022 5:00:32 PM
To: DOH WSBOH
Cc:
Subject: FW: No covid mandate vaccine for kids

-----Original Message-----

From: carriemarty@yahoo.com <carriemarty@yahoo.com>
Sent: Wednesday, January 5, 2022 4:55 PM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>
Subject: No covid mandate vaccine for kids

External Email

I am a parent who does not want the covid vaccine for my child. Please do not make the vaccine mandatory to attend school.

Sincerely,
Carrie Rutt

Sent from my iPhone

Sent from my iPhone

From: Doris Schick
Sent: 1/5/2022 6:03:41 PM
To: DOH WSBOH
Cc:
Subject: Immunizations for school kids

External Email

Please vote NOT to include any vaccines that are not absolutely necessary, completely effective, and entirely safe. Please consider the alternative (to what you propose), the costs (of what you propose), and the evidence that it (whatever you propose) will do what you hope it will do, before you say yes to any imposed procedures. Aligning yourselves with these values will ensure success in the outcomes of your policies, and will make your choices defensible with the public. Not aligning yourselves with these values will cause more harm than it will do good; will accrue costs borne by who knows how many for who knows how long; and will destroy further whatever faith the public has in your ability to do your job.

Thank you for your consideration, and diligence efforts.

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From: LUIS and SUZANNE LEON
Sent: 1/6/2022 10:27:24 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: I Am Opposed

External Email

To whom it may concern:

I want to publicly say that I 100% support everyone's individual decision on this. I DON'T support the government mandating a vaccine that is still under EUA. Some in my house are vaccinated and some aren't because in our home we support personal decisions when it comes to our own bodies.

Thank you,
Suzanne M Leon
Federal Way

Sent from my T-Mobile 5G Device

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Megan Schorr
Sent: 1/6/2022 3:55:24 PM
To: DOH WSBOH
Cc:
Subject: NO vaccine mandate for kids to go to school

External Email

Dear Washington State Board of Health members,

We are living through controversial times right now, where some people are in fear of losing their personal liberties and the freedom to choose what is best for them and their families.

Some people think that mandating a mRNA shot in order for kids to attend school is the route we should take. This technology, and the speed in which the shot was created by different companies simultaneously, is mind blowing. Science truly is a wonder. However, the science is very one sided right now, and anyone with a sideways view of a Covid 19 shot is canceled, their voice left unheard. Where is the dialogue that belongs to science? Where is the push back to make sure we are right?

There is no data about the long term effects of the Covid shots on kids. People are expected to sign their rights away without knowing their risks? Not a good deal in my opinion.

If families want the Covid 19 shot, then they should get it. If families choose to wait until further research is conducted on the risks involved, then that should be their freedom to choose.

Thanks for your time,

Megan Schorr

"It is impossible to live without failing at something, unless you live so cautiously that you might as well not have lived at all -- in which case, you fail by default." -J.K. Rowling

From: Sarah Holt

Sent: 1/5/2022 4:55:20 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No more mandates!

External Email

Please no more mandates regarding vaccinations!

They are not a "one size fits all" thing. They are not safe for everyone. Please let parents and their pediatrician make these health decisions.

Sent from my iPhone

From: Pskowski, Samantha L (SBOH)
Sent: 1/5/2022 5:36:08 PM
To: DOH WSBOH
Cc:
Subject: FW: No mandate covid vaccine for kids

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

-----Original Message-----

From: carriemarty@yahoo.com <carriemarty@yahoo.com>
Sent: Wednesday, January 5, 2022 4:57 PM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: No mandate covid vaccine for kids

External Email

I am a parent who does not want the covid vaccine for my child. Please do not make the vaccine mandatory to attend school.

Sincerely,
Carrie Rutt

Sent from my iPhone

Sent from my iPhone

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 7:35:24 AM
To: DOH WSBOH
Cc:
Subject: FW: Opposition to mandates

-----Original Message-----

From: meg monahan day <megmonahan@hotmail.com>
Sent: Thursday, January 6, 2022 7:35 AM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Opposition to mandates

External Email

I am a resident of Olalla, WA, and a veteran, and a mom of 2 little kids, and a Christian woman. I am completely opposed to forced quarantines or allowing health officials to use the power of law enforcement to force people to isolate or quarantine. I am also fully opposed to Covid vaccine requirements for schools, the vaccine needs to be a personal decision made based on personal health concerns, religious beliefs and family values, not enforced by the government.

Thanks,
Margaret Day
Sent from my iPhone

From: Vawna Gary
Sent: 1/6/2022 11:12:27 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Mandatory Vaccinations

External Email

Dear Nathaniel,

Thank you for serving in the position of board member for the state health board. I know it's not easy to make decisions for other people's health, especially in this day and age. I also know that there is not enough research to verify the efficacy of the "vaccinations". Even the CDC says that the vaccines cannot prevent Covid-19. Interestingly enough it seems the cases began to increase as more and more people began to obtain the vaccination.

Please do not encourage and enforce the mandate to vaccinate the population of the great state of Washington.

A registered voter in the county of Pierce,

Vawna Gary

vawnagary@live.com

Sent from Mail

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

From: Cynthia Tampien
Sent: 1/6/2022 9:50:57 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID-19 and WAC codes

External Email

Hi Nathaniel,

Won't take much of your time, but I wanted to let you know that I am NOT in favor of including COVID-19 in the WAC codes. Thank you.

Mrs Cynthia Tampien

From: Meghan Betker

Sent: 1/6/2022 9:18:46 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO TO STATE MANDATED COVID VAX FOR OUR KIDS

External Email

What you are doing is a gross abuse of power! What you are trying to push through is no less a violation of our Constitutional Rights. Threatening the American people with "concentration camps".

Don't you remember what you learned in school? Don't you remember being taught about Nazi Germany? This is a modern day Auschwitz!

Shame on you!

From: Dena Andrews
Sent: 1/6/2022 10:01:00 AM
To: DOH WSBOH
Cc:
Subject: VACCINE LISTING

External Email

To whom it may concern,
Please do not include the Covid-19 vaccine on the list of requirements to attend public school. It has a 98% recovery rate for those under the age of 40. With this statistic it should not be concluded as a requirement but as a choice.
Sincerely,
Dena Hafenrichter

Sent from my iPhone; please excuse typos and auto corrected responses

From: Christa Clark
Sent: 1/5/2022 8:00:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I'm writing regarding the vaccine mandate for child care and schools discussion that's happening on the 12th. We are not an anti-vax family. We are a family of 3 and each of us have all standard vaccines.

We are, however, completely opposed to this mandate. We firmly believe that people should have the authority and dignity to make their own medical choices, with their own doctors, that's best for their own bodies.

We are prepared to take our son out of Tacoma Public Schools if this mandate is pushed through. It would be devastating to our family to have to remove him. We beg you'll reject this notion.

Thank you.

Sent from my iPhone

From: Chitmanat Nuntalogawithoon

Sent: 1/7/2022 12:08:04 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid-19 Vaccine requirements

External Email

Dear Washing Health Department

I'm opposing any new Covid-19 relate vaccine that will be implemented as requirements foe students to obtain as condition of enrollment. May I reminded you once again that Covid-19 vaccine is still under EAU and have not fully been approved by FDA with long term study. This experimental treatment can not illegal be implemented and it is unethical to do so.

Respectfully,

Chitmanat Nuntalogawithoon.

From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 7:10:51 AM
To: DOH WSBOH
Cc:
Subject: FW: Vote NO C-Vax Mandate



attachments\A718BCB49EA64C69_0b95c464-7f9b-496a-9cab-26c545881c76.jpg

From: Gena Cole <cole.gena@gmail.com>
Sent: Wednesday, January 5, 2022 11:30 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Vote NO C-Vax Mandate

External Email

Washington State Board of Health

>

> The government is not responsible for my child's Health, but to uphold parental responsibility.

> School is for education and not inoculation. Health Matters and an experimental jab is a violation of my parental rights as a parent.

> Thank you for supporting medical choice as any forced medicine is liberty lost.

> Freedom of Choice Matters and it is child abuse to experiment on these students.

> Gena

> By the way,

> Both my husband as well as son were deployed this past year fighting for your freedoms, therefore I will be fighting for freedoms in our own back yard.

Freedom Fighter,

Gena Cole

>

>

>

From: Gena Cole
Sent: 1/5/2022 11:39:02 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vote No C-Vax Mandate



attachments\E12F1707A5904614_0b95c464-7f9b-496a-9cab-26c545881c76.jpg

External Email

>
> Washington State Board of Health
>
> The government is not responsible for my child's Health, but to uphold parental responsibility.
> School is for education and not inoculation. Health Matters and an experimental jab is a violation of my parental rights as a parent.
> Thank you for supporting medical choice as any forced medicine is liberty lost.
> Freedom of Choice Matters and it is child abuse to experiment on these students.
> Gena
> By the way,
> Both my husband as well as son were deployed this past year fighting for your freedoms, therefore I will be fighting for freedoms in our own back yard.
Freedom Fighter,
Gena Cole
>

>
>

From: Stuart Hersey

Sent: 1/6/2022 8:21:16 PM

To: Dayna Hersey, Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlyn.donohoe@sboh.wa.gov, Lang, Caitlin M (SBOH), Haag, Hannah R (SBOH), traci.schreibner@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Herendeen, Lindsay (SBOH)

Cc:

Subject: Re: Proposed Vaccine Mandates/Overreach

External Email

> I would like to express my opposition to any mandates regarding the Covid 19 vaccine. This includes testing, examinations, any form of incarceration, and forced vaccination. This is an infringement on my civil liberties.

>

> This proposed overreach by the Washington Department of Health is yet another example of this administrations lack of regard for the citizens of Washington State!!!

>

>

> Sincerely,

>

> Stuart Hersey

>

> Dayna Hersey

> (253) 312-7920

From: Kahler, Kelie (SBOH)
Sent: 12/31/2021 10:41:22 AM
To: DOH WSBOH,Thai, Nathaniel J (SBOH)
Cc:
Subject: Please add this individual to the Board's distribution list

Hi Nathan, would you please add this individual to the Board's distribution list? I have already responded to them regarding their other requests. Thank you! --Kelie

-----Original Message-----

From: Madeleine Names <maddienames@icloud.com>
Sent: Wednesday, December 29, 2021 6:54 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: TAG COMMITTEE

External Email

Hello,

I am a school board director. When are you meeting next and how do I receive notification of your next Zoom link?

Maddie Names
253-677-9404

From: Miller, Lauri
Sent: 1/5/2022 5:59:11 PM
To: DOH WSBOH
Cc:
Subject: Out of Office Re: Now Available: January 12 Proposed Final Agenda for State Board of Health Public Meeting

External Email

I am currently out of the office. Please contact the front office with any questions or concerns.

--

Lauri Miller, MSN, BSN
School Nurse
Mount Vernon School District

Nurse Cell - 360-932-5085
Nurse Fax - 855-956-3922
Jefferson Elementary - 360-428-6128
Harriet Rowley Elementary - 360-428-6199
Choice Schools (Skagit Academy/Aspire Academy) - 360-932-5085
SPARC Preschool program - 360-932-5085

CLICK HERE TO VISIT OUR SITE FOR SCHOOL HEALTH INFO!!

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.google.com%2Fmvsd320.org%2Fstudent-health%2Fhome&data=04%7C01%7CWSBOH%40sboh.wa.gov%7C5587bd6ccec41d2ec1b08d9d0b7d06c>>

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From: Caleb Gibson
Sent: 1/5/2022 12:04:20 PM
To: DOH WSBOH
Cc:
Subject: Covid-19

External Email

To whom it may concern,

Please DO NOT add the Covid-19 vaccine to the list of vaccines needed for kids to attend school in Washington State.

Sincerely,

Caleb Gibson

From: Amy Bennett
Sent: 1/6/2022 1:50:07 AM
To: DOH WSBOH
Cc:
Subject: Vaccine

External Email

To Whom it May Concern,

Please consider making the COVID-19 vaccine optional for students. The vaccine does not prevent transmission and is therefore of no benefit to anyone other than the person vaccinated. Whether or not a child is vaccinated should not be the choice of the state board of health, but of the parent, as the vaccine itself is not without risks.

Thank you for your time,
Amy Bennett

From: LUIS and SUZANNE LEON
Sent: 1/6/2022 10:10:56 PM
To: Davis, Michelle (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Public Comment

External Email

To whom it may concern:

I want to publicly say that I 100% support everyone's individual decision on this. I DON'T support the government mandating a vaccine that is still under EUA. Some in my house are vaccinated and some aren't because in our home we support personal decisions when it comes to our own bodies.

Thank you,
Suzanne M Leon
Federal Way

Sent from my T-Mobile 5G Device

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 9:43:47 AM
To: DOH WSBOH
Cc:
Subject: FW: No mandates

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: dutchbaroh <dutchbaroh@comcast.net>
Sent: Thursday, January 6, 2022 5:49 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: No mandates

External Email

No mandates

No covid vaccination

No Emergency power. Two years of this crap. Enough of the abuse.

Sent from my Verizon, Samsung Galaxy smartphone

From: Dana Schrader

Sent: 1/7/2022 11:10:35 PM

To: Davis, Michelle (SBOH),Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH)

Cc:

Subject: Immunizations Technical Advisory Group feedback

External Email

Please do not support required covid vaccines for school. It would harm my son. See #3 below.

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. Covid is transmitted by vaccinated and unvaccinated individuals alike.
2. It does not take natural immunity into consideration.
3. It does not allow for individual health to be considered (like my son who already has heart damage from covid and should be intentionally exposed to the spike protein again via vaccine for concern of repeated myocarditis and further heart damage).

Thank you,
Dana Schrader
425-308-2228

From: scott anderson
Sent: 1/5/2022 3:35:01 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please show the scientific studies with a control group that shows that masking and giving kids experimental shots will help stop the spread. 90 % of countries like Denmark have Covid and vaccinated with the shot and it has done nothing to stop the spread of the virus. Again the shot does not stop the spread. Maybe lessen the effect on the individual but not the spread.

Thank you
Scott

From: Jennifer Mechem
Sent: 1/5/2022 9:43:43 AM
To: DOH WSBOH
Cc:
Subject: Support the Covid vaccine mandates for kids

External Email

Hello WA State Board of Health staff:

I am writing to say that I strongly support adding the covid vaccine to those required for public school attendance. The only way to end this pandemic and public health crisis is to get vaccination rates up, and the vaccine has now been proven safe and effective, and approved for kids. Too many people won't do it unless it's required, and my son has several times been exposed to covid from unvaccinated kids at his school.

As a parent who is immunocompromised due to cancer treatment, this issue is personal for me. We are careful with masking & distancing, and are fully vaxxed/ boosted; my son attending in-person school is the single biggest source of potential exposure for our family. We're lucky enough to live in an area with high voluntary vaccination rates, but I'm very aware of the consequences if we did not. New research is revealing just how vulnerable cancer patients are, even when fully vaccinated. Please see this article for some early and terrifying data: COVID-19 Vaccination and Breakthrough Infections in Patients with Cancer

[https://www.annalsofoncology.org/article/S0923-7534\(21\)04880-8/fulltext](https://www.annalsofoncology.org/article/S0923-7534(21)04880-8/fulltext)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.annalsofoncology.org%2Farticle/S0923-7534\(21\)04880-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.annalsofoncology.org%2Farticle/S0923-7534(21)04880-8%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13c10842246f4280c01c08d9d072b4a0%7C)

[8%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13c10842246f4280c01c08d9d072b4a0%7C](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.annalsofoncology.org%2Farticle/S0923-7534(21)04880-8%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C13c10842246f4280c01c08d9d072b4a0%7C)

Please add the covid vaccine to the list of required vaccines for school attendance! It will protect the kids, families, teachers and staff, and the whole community.

Thank you for considering my input.

Sincerely,
Jennifer Mechem

Jenni Mechem

jenni.mechem@gmail.com <<mailto:jenni.mechem@gmail.com>>

Text: (206) 718-0156

Voice: (206) 714-2164

From: Dennis Smith
Sent: 1/5/2022 7:35:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I would like it to be known that I'm opposed to you imposing any vaccine mandate on ANY person, no matter what age. This vaccine is still operating under a EUA and is a unproven vaccine. You are over stepping our constitutional rights. This needs to stop now.

Sincerely
Dennis Smith

From: alyse russell

Sent: 1/7/2022 7:40:20 AM

To: Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlyn.donohoe@sboh.wa.gov, Lang, Caitlin M (SBOH), Haag, Hannah R (SBOH), traci.schreibner@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Herendeen, Lindsay (SBOH)

Cc:

Subject: Proposed Vaccine Mandates/Overreach

External Email

I would like to let you know that I vehemently oppose any mandates regarding the Covid 19 vaccine. This includes testing, examinations, and forced vaccination. This is an infringement on my civil liberties.

The overreach by the Washington Department of Health is yet another example of this administrations lack of regard for the citizens of Washington State!!!

Respectfully,
Alyse Russell
253-405-5832

From: dutchbaroh
Sent: 1/6/2022 5:57:11 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No mandates.

External Email

No more mandates.
No covid vaccination.
No more emergency power.
No more government overreach.
No more crap.

Sent from my Verizon, Samsung Galaxy smartphone

From: matthew.rourke@yahoo.com

Sent: 1/7/2022 12:00:38 PM

To: DOH WSBOH

Subject: RE: Public Comment RE: Rules Hearing Continuance-Communicable and Other
Certain Communicable Diseases

External Email

No no no to expanding authority to involuntarily quarantine or require medical inspection/treatment to any individual in Washington. Too much potential for abuse. Several instances recently demonstrate more politics than science involved in covid policy, which is triggering your consideration currently. Please, no.

Sincerely,

Matt Rourke

North Bend, King County, WA 98045

425-301-8614

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 9:46:33 AM
To: DOH WSB OH
Cc:
Subject: FW: Vote NO C-Vax Mandate



attachments\F0B3659AF9B444E7_0b95c464-7f9b-496a-9cab-26c545881c76.jpg

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Gena Cole <cole.gena@gmail.com>
Sent: Wednesday, January 5, 2022 11:33 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Vote NO C-Vax Mandate

External Email

Washington State Board of Health

>

> The government is not responsible for my child's Health, but to uphold parental responsibility.

> School is for education and not inoculation. Health Matters and an experimental jab is a violation of my parental rights as a parent.

> Thank you for supporting medical choice as any forced medicine is liberty lost.

> Freedom of Choice Matters and it is child abuse to experiment on these students.

> Gena

> By the way,

> Both my husband as well as son were deployed this past year fighting for your freedoms, therefore I will be fighting for freedoms in our own back yard.

Freedom Fighter,

Gena Cole

>

>

>

From: Jennifer Hires

Sent: 1/5/2022 9:06:01 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No vaccine mandates!!!

External Email

To whom it may concern,

Please do not allow mandates to erode medical freedoms & bodily autonomy, and to subject those with legitimate hesitations to coerced risk.

I will not support anyone who votes these in.

I will not put my kids in a school that allows coercion and propaganda to reign supreme.

Sincerely,
Jenny Hires

From: Glasoe, Stuart D (SBOH)
Sent: 1/5/2022 11:56:58 AM
To: DOH WSBOH
Cc:
Subject: FW: No to the vaccine mandate

Stuart Glasoe
SBOH Health Policy Advisor
360-236-4111

-----Original Message-----

From: Yariela Poureetezadi <yaenid@icloud.com>
Sent: Wednesday, January 5, 2022 10:03 AM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: No to the vaccine mandate

External Email

Good morning. I'm a mother of twins in the district of UP in Washington State. I'm not on favor for the mandate on kids vaccine . We already now this vaccine do not affect kids . Please do not make the same mistake the gobernador make on mandated vaccine on workers and people . Also as parent I will like to know why you mandate something and ask for a sign waiver on the same time without knowing the ingredients of this vaccine . My vote is no to the vaccine mandate.

From: Barbara Willson

Sent: 1/6/2022 10:07:08 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: v requierments

External Email

As a mother, grandmother and great grandmother, I say no more vaccinations WE have all we are going to...leave the choice to the parents...

From: Sara McGrath
Sent: 1/6/2022 8:41:31 AM
To: DOH WSBOH
Cc:
Subject: Jan 12 Board of Health Meeting comment

External Email

Greetings,

I'm writing to share my comment on the following.

I OPPOSE the Board's formation of a Technical Advisory Group to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates.

I SUPPORT Informed Choice Washington's Petition for Rulemaking — the petition is item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you,

Sara McGrath

Monroe, WA

From: Haag, Hannah R (SBOH)
Sent: 1/6/2022 8:05:55 AM
To: DOH WSB OH
Cc:
Subject: FW: Vote NO C-Vax Mandate



attachments\ED9A2B38C42B4FCA_0b95c464-7f9b-496a-9cab-26c545881c76.jpg

From: Gena Cole <cole.gena@gmail.com>
Sent: Wednesday, January 5, 2022 11:37 PM
To: Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>
Subject: Vote NO C-Vax Mandate

External Email

>
> Washington State Board of Health
>
> The government is not responsible for my child's Health, but to uphold parental responsibility.
> School is for education and not inoculation. Health Matters and an experimental jab is a violation of my parental rights as a parent.
> Thank you for supporting medical choice as any forced medicine is liberty lost.
> Freedom of Choice Matters and it is child abuse to experiment on these students.
> Gena
> By the way,
> Both my husband as well as son were deployed this past year fighting for your freedoms, therefore I will be fighting for freedoms in our own back yard.
Freedom Fighter,
Gena Cole
>

>
>

From: Sherry Stansell
Sent: 1/6/2022 8:59:31 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid Vaccines

External Email

As a Washington state resident, voter, and concerned grandparent I vehemently oppose a mandate of Covid vaccinations for the public schools in our state.

Please do not go there.

Thank you,

Sherry Stansell

From: Judy Thornton
Sent: 1/5/2022 9:34:14 AM
To: DOH WSBOH
Cc:
Subject: Vaccinations

External Email

Please require vaccinations so in person school can continue. Those who choose to not vaccinate can attend virtually but it is not fair to those who vaccinate to have to attend that way.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: BeverLi Joi
Sent: 1/7/2022 10:37:12 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Note to mandatory vaccinations

External Email

BeverLi Joi

Sent from my Verizon, Samsung Galaxy smartphone

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Suzanne Ramirez
Sent: 1/8/2022 1:07:48 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Agenda item 9 and 11

External Email

Vote no on agenda item 9 and 11. Ridiculous! Trying to give us all a reason to leave this state???

From: Josh Burton
Sent: 1/6/2022 9:33:02 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

To whom it may concern.

Please do not add a covid vaccine mandate for our kids. I fear that many kids will be pulled from public schools over this vaccine, if a mandate is put in place. Please dont.

Thank you, Josh Burton

Sent via the Samsung Galaxy Note8, an AT&T 5G Evolution capable smartphone

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>

From: Testify Online Survey
Sent: 1/5/2022 6:38:56 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Mandatory Vaccination

3.

Your Name:

Jay Taylor

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

14228 52nd Ave West Edmonds, WA 98020

7.

Email:

taylor080804@yahoo.com

8.

Phone Number (Include Area Code):

2068500651

9.

Do you have any special expertise relevant to this topic?

1. Yes

I'm a parent with medical authority over my child...NOT YOU

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

Mandating vaccines down to school age level is ridiculous especially in light of outcomes, treatments, and less virulent mutations. Please stop encroaching on families personal decisions. You work for us!

From: Amy Sahagian
Sent: 1/6/2022 7:11:50 AM
To: DOH WSBOH
Cc:
Subject: Oppose Covid Vaccine Mandate

External Email

☒ Good Morning-

I'm writing to you today as I understand you're scheduled to meet next week in order to discuss the possibility of adding the COVID-19 vaccine as a requirement in order to attend daycare or public/private schools this coming fall. I attended the TAG meeting that was held at the end of December and plan to attend as many meetings as possible. I am appalled at the thought that this would even be a consideration and vehemently OPPOSE the Board's formation of a Technical Advisory Group to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, full stop!

I fully SUPPORT Informed Choice Washington's Petition for Rulemaking and firmly believe that establishing a new rule that prohibits you from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list is the only thing that should be mandated. There are tens of thousands just like me that feel the same way. I hope you hear from every single one of them.

Kind Regards,
Amy

Sent from my iPhone

From: Jennifer Schwartz
Sent: 1/5/2022 9:29:57 PM
To: DOH WSBOH
Cc:
Subject: Vaccine mandate

External Email

My daughter has an auto immune disorder, and studies have shown mRNA COVID vaccines to cause flares which could be life threatening for her. She cannot safely get the vaccine.

As a teacher, many of our local families have refused to get the vaccine. At this point, almost everyone has had Covid. Science shows a stronger immunity for those who've had covid, whereas a covid vaccine only provides temporary immunity, because the virus continues to evolve.

My fear is that students will drop out of school if our state requires the vaccine. This will cause a massive loss in revenue. Please listen to science, not politicians. Please vote NO on a mandatory vaccine for students.

Sincerely,
Jennifer Schwartz
CTE Teacher-ACH High School

Sent from my iPhone

From: Carolyn Staley
Sent: 1/5/2022 11:13:31 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please YES make the Covid vaccine a mandate for schools. Vaccination is doing the right thing for community health. Those following the vaccines should not have to choose or be forced to stay at home because other people don't want to vaccinate. It is not fair to make vaccinated families choose to stay home because other families are not doing their part for our community safety and health.

Yes parents should have a choice to vaccinate or not, but if you choose not to then it is their child who should stay at home. Not the child who is being socially responsible. It's time to take a stand for science and responsibility!

Sent from my iPhone

From: Lawren
Sent: 1/6/2022 10:04:29 AM
To: DOH WSBOH
Cc:
Subject: Oppose agenda item #8

External Email

1. I oppose mandates shots for schools. Covid especially as it is an experimental drug and does not prevent transmission. Kids have low risk. This is an outrage that you would even consider adding it.
2. Please SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking that appropriately prevents adding EUA products to school mandates.

We are watching you and we are educated. Don't take actions that hurt our kids. You can't say with confidence that these work or do no harm.

Prima no nocere. I'd hate to have the karma you'd have for making a terrible decision that hurts kids. Do you really want that on your hands? What is the rush? Why not wait to see how these pan out before taking such a bold step to forcing it on kids.?

I am happy to provide evidence from thousands tens of thousands of doctors who understand that this is an experimental drug and it is not something that should be mandated in schools.

Lawren Pulse

Sent from my iPhone

From: Davis, Michelle (SBOH)
Sent: 1/5/2022 10:26:59 AM
To: DOH WSBOH
Cc:
Subject: FW: No to the vaccine mandate for kids

Michelle Davis, MPA (she/her)
Executive Director
Washington State Board of Health
michelle.davis@sboh.wa.gov
360-236-4105
Website | Facebook | Twitter

-----Original Message-----

From: Yariela Poureetezadi <yaenid@icloud.com>
Sent: Wednesday, January 5, 2022 9:59 AM
To: Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>
Subject: No to the vaccine mandate for kids

External Email

Good morning. I'm a mother of twins in the district of UP in Washington State. I'm not on favor for the mandate on kids vaccine . We already now this vaccine do not affect kids . Please do not make the same mistake the gobernador make on mandated vaccine on workers and people .

Also as parent I will like to know why you mandate something and ask for a sign waiver on the same time without knowing the ingredients of this vaccine . My vote is no to the vaccine mandate

Yariela Poureetezadi

Yariela Poureetezadi

From: Carley Tipton
Sent: 1/7/2022 9:32:18 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: 3CDFB908-D312-4817-A61D-829C83838E2E



attachments\1460E5D4CBD14590_image1.png

attachments\1E2790FE179D4B4C_image0.jpeg

External Email

Sent from my iPhone

From: Chris Saner
Sent: 1/6/2022 3:42:13 PM
To: DOH WSBOH
Cc:
Subject: Jan 12- 3:00pm Board of Health Mandatory Vaccines for children and forced quarantine□

External Email

My comments as requested:

Dear Board of Health,

My comments regarding:

WAC 246-100-070)

WAC 246-100-045

WAC 246-100-040

WAC 246-100

WAC 246-105

I am adamantly against forced/mandatory vaccines. The government has NO business and NO right to mandate an injection into any person. It is a parental responsibility and right to care for our own children and ourselves. As you can easily find information on; children are extremely low risk for Covid, (way less than 1% mortality) so low, which I'm sure you all know. And the vaccines are still in the experimental stage-EUA (Emergency use authorization). I will not give my GOD given Freedoms – Liberties! over to bureaucrats or the state.

I also adamantly oppose involuntarily detainment of a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) This is unconstitutional and therefore illegal. These are our bodies and our choice. The state cannot illegally kidnap people for detainment based on illegal mandates.

Hundreds of medical staff are testifying that hospitals are near empty - evidence that there is no emergency. The PCR test already proved itself as not accurate, not effective in counting Covid cases and deaths. Covid has been shown, with the right early treatment, to have a recovery rate of 100%. And Omnicron although contagious barely lasts a day. Herd immunity has and is happening.

You may not have heard about the incredible success in Uttar Kadesh, India w/a population of 241 million people! They started all 241 million people on preventative anti-viral therapies and their case rate was minuscule and so were their deaths!

Please! Each one of you! Do your own research! Search for the truth and make ethical decisions, sound / logical discussions and listen to the PEOPLE Of Washington State.

I say NO to mandatory vaccines and NO to illegal detainment (kidnapping).

Thank you for your attention to this.

Very Sincerely,

Mr. Christopher Saner

Father, High School Baseball Umpire, Retired Toolmaker and R&D Machinist

From: DAVID AND MARY GORECZNY

Sent: 1/5/2022 10:27:37 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposed Policies

External Email

Washington State Board of Health,

The upcoming board meeting scheduled for January 12, 2022, has two seriously concerning proposed policies on the agenda:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

and

- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

If the members of this board have not yet made a correlation to the involuntarily detentions during the reign in Nazi Germany, please take time to visit history and what happened as a result of these same policies which were enacted. Listen to the words, "involuntary detention in isolated quarantine facility"! If those words do not concern you, they should.

The vast majority of people have an over 99.7% survival rate to the virus and the variants. Although, the Omicron variant is "highly contagious", the symptoms are "extremely mild". Why would there be a need for law enforcement to involuntarily detain and quarantine someone in isolation for a mild virus that is similar to a cold or mild flu? Have you not looked at the infection rates in other states? If not, please take the time to observe the virus rates in the numerous states which do not have mask and vaccine mandates. Is it not interesting that the infection rate is considerably lower in those states? One should be asking what is it that those states are doing differently, and then rather than enforce harsh involuntary detentions, enact the same policies that are working in those states.

How many people will suffer from mental anguish, which can be considerably worse than the actual effects of the virus they may encounter. The number of people who actually died from vs. with the virus is minimal, compared to the numbers who are dying due to and experiencing serious adverse reactions to the vaccines.

I also implore you to say NO to vaccine mandates for all children as part of school immunization requirements!

Children are known to have over a 99.9% survival rate from the COVID-19 virus and its variants; and unless the child has underlying conditions that make them susceptible, they do not contract the virus.

All of the COVID-19 vaccines available in this country are under Emergency Use Authorization (EUA), and are NOT FDA approved, despite what the media portrays. The only actual FDA Approved vaccine is the Pfizer/BioNTech Comirnaty, which is not even projected to be available in the U.S. until 2023.

Why would the Washington State Board of Health even consider requiring children to take an experimental drug with future results which may not be known for 5 to 10 years or longer? According the Vaccine Adverse Event Reporting System (VAERS), over nine hundred thousand people have experienced serious adverse reactions and death. Children are prone to experiencing myocarditis and pericarditis and the drug is known to potentially affect fertility.

Why would anyone dare to subject children to these experimental drugs? If you are not aware, the Nuremberg Code, Article 6, Section 3 clearly states that no government (which includes your board) can mandate medical treatment without individual consent. Children are our future, and we need to protect them. "Protecting" them with an experimental drug for a virus that nearly all children will not acquire is a dangerous prospect and is criminally insane! Coercion is NOT Consent!

This board needs to make a serious consideration before deciding to pursue this mandate.

Children CANNOT give their legal consent and your participation in requiring these vaccines, will make you yourselves subject to the consequences of the Nuremberg Code! No one will be immune from the legal ramifications.

The following links confirm the data which proves that giving the experimental, non-FDA approved vaccines to not only children, but adults as well have led to devastating adverse reactions.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vaers.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fsafety%2Fvaers.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C551b9349888547cef48508d9d0dd6032>

<https://vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaersanalysis.info%2F2021%2F12%2Fsummary-for-covid-19-vaccines-through-12-17-2021%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C551b9349888547cef48508d9d0dd6032>

<https://childrenshealthdefense.org/defender/vaers-cdc-covid-vaccine-data-injuries-5-year-olds/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/vaers-cdc-covid-vaccine-data-injuries-5-year-olds%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C551b9349888547cef48508d9d0dd60329>

Thank you for taking the time to read my comments and I pray for the sake of the people of Washington State, that you reject both of these proposals.

Regards,
Mary Goreczny

From: ashley
Sent: 1/5/2022 5:49:06 PM
To: DOH WSBOH
Cc:
Subject: Public Comment due 1/7/22 for 1/12/22 Meeting

External Email

I am strongly opposed to any mandatory vaccinations for COVID-19. I am strongly opposed to the addition of COVID-19 to the WAC 246-100 section. COVID-19's death rate is too low to mandate isolation with an officer of the law. The death rate is too low to require an experimental drug to be injected in the bodies of adult and especially children. I truly believe if a person wants to vaccinate it is THEIR CHOICE!!! The vaccination has not shown efficacy from transmission of COVID-19 so the vaccination for COVID-19 is impactful only to the recipient of the drug. Therefore it should be the decision of the individual if they choose to vaccinate. The inclusion of COVID-19 to 246-100 allows there to be too much power, especially when the efficacy of testing is in question.

Allow people to make their own informed choices about their bodies without coercion from governmental entities. Informed consent requires knowledge of what is being injected, without that information there can be no informed consent, and should therefore be NO MANDATES to do so!

Ashley Arcangel
"I'm not anti-vax, I am anti-mandate"

From: Nealah Lee

Sent: 1/6/2022 9:25:22 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments on January 12 State Board of Health Public Meeting

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Nealah Lee

From: Arleta Young
Sent: 1/6/2022 3:17:43 PM
To: DOH WSBOH
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting



attachments\3D7B3DF49C154925_wpsXXXXXX3653.png

External Email

Washington State Board of Health

101 Israel Road NE

Tumwater, Washington 98501

RE: Communicable and Certain Other Diseases Rule/WAC 246 - 100; and
Immunization Criteria, Child Care and School Entry WAC 246 - 105

Dear Board Members:

I write in opposition to including COVID-19 or the COVID-19 inoculations in either of the above rules. The reasons for objection are similar, but there are additional objections specific to WAC 246 - 105.

COVID-19 is a serious viral disease which has caused the deaths of over 854,000 deaths in the United States over the past three years. In order to combat this disease, three experimental vaccines were given emergency use authorization by the U.S. FDA. These are commonly known as "Moderna," "Pfizer," and "Johnson" vaccines [The Vaccines]. The FDA has subsequently given emergency authorization to a children's dose of the vaccines.

Unlike Measles, Mumps, or Small Pox vaccines, The Vaccines do not fully prevent the disease, nor does it protect against transmission. The Vaccines work more like the flu shot, helping the patient's immune system to fight off the virus, preventing serious illness and death.

The CDC has changed its recommendations for quarantine times or necessity of quarantine several times. The recommendation at this date is a five day quarantine after a positive test is warranted, unless the patient tests positive again if tested. It is difficult to determine best practices from their guidance.

There is evidence suggesting some of the variants may be more virulent to persons who have had The Vaccines than to those who haven't. This troubling information needs to be fully explored.

In addition, COVID-19 is now found in wildlife. It is here to stay.

Given all of this information, using police authority to forcibly quarantine a person or persons would be tantamount to forcibly quarantining persons for the flu or common cold and an abuse of authority.

WAC 246 - 105 specific:

In addition to the above information, all indications are The Vaccines are possibly more hazardous to children than Covid. Per the FDA, possible side effects, particularly in males, include heart issues. Out of the 845,000 who died of Covid, 655 were between the ages of 0 - 17.

Given that The Vaccines not only do not wholly prevent illness but may create health hazards, it would be contrary to the public's health to mandate The Vaccines for children. Additionally, the virus continues to mutate and The Vaccines es are unlikely to be of any value against future variants. The Vaccines are only approved for emergency use.

In short, neither the addition of Covid-19 to WAC 246 - 100 or adding The Vaccinations to required immunizations is warranted at this time.

Thank you for your valuable time and consideration.

Respectfully,

Arleta E. Young

Aejy@arletayoung.com

FDA Emergency Use Authorization

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

preparedness-and-response%2Fmcm-legal-regulatory-and-policy-framework%2Femergency-use-authorization&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C82c327b5af4a4402b40d08d9d16a90a1%7C11d0e217

CDC Report Shows Vaccinated Can Spread Covid

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.msn.com%2Fen-us%2Fnews%2Fus%2Fcdc-report-shows-vaccinated-people-can-spread-covid-19%2Far-AAML2bE&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C82c327b5af4a4402b40d08d9d16a90a1%7C11d0e217>

Omicron Favors The Fully Vaccinated

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Falphanews.org%2Fdata-from-around-the-world-suggests-that-omicron-favors-the-fully-vaccinated%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C82c327b5af4a4402b40d08d9d16a90a1%7C11d0e217>

FDA Approves Emergency Use Vaccine For Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Ffda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use-children-5-through-11-years-age&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C82c327b5af4a4402b40d08d9d16a90a1%7C11d0e217>

COVID-19 in Wildlife

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnow.tufts.edu%2Farticles%2Fwhat-happens-if-covid-19-infects-wild-animals&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C82c327b5af4a4402b40d08d9d16a90a1%7C11d0e217>

Sent from my iPhone

From: Marci Magarrell
Sent: 1/6/2022 4:26:14 PM
To: DOH WSBOH
Cc:
Subject: Proposed Covid Policies

External Email

I stand against the proposed Covid policies! These are overreaching and immoral and are a violation of our God given rights. I stand against: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, and WAC 246-105

Sincerely,
Marci Magarrell

From: Testify Online Survey
Sent: 1/5/2022 5:48:40 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

Public Comment on Covid-19

3.

Your Name:

Ashley Arcangel

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

PO Box 275, Cosmopolis, WA 98537

7.

Email:

amrowe1987@gmail.com

8.

Phone Number (Include Area Code):

8087770886

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I am strongly opposed to any mandatory vaccinations for COVID-19. I am strongly opposed to the addition of COVID-19 to the WAC 246-100 section. COVID-19's death rate is too low to mandate isolation with an officer of the law. The death rate is too low to require an experimental drug to be injected in the bodies of adult and especially children. I truly believe if a person wants to vaccinate it is THEIR CHOICE!!! The vaccination has not shown efficacy from transmission so the vaccination for COVID-19 is impactful only the recipient of the drug. Therefore it should be the decision of the individual if they choose to vaccinate. The inclusion of COVID-19 to 246-100 allows there to be too much power, especially when the efficacy of testing is in question. Allow people to make their own informed choices about their bodies without coercion from governmental entities. Informed consent requires knowledge of what is being injected, without that information there can be no informed consent, and should therefore be NO MANDATES to do so!

From: nazha
Sent: 1/7/2022 9:29:27 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Proposed WACs

External Email

Dear Nathaniel,

I am completely against any of the proposed covid policies that are overreaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Thank you

Nazha,
A concerned citizen.

Sent from my iPhone

From: Jason Skeie

Sent: 1/7/2022 9:24:36 AM

To: Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),DOH WSOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH)

Cc:

Subject: oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105I

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105 and you should too.

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Sincerely
Jason Skeie

From: Sharlene Greene
Sent: 1/11/2022 1:26:15 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: WSBOH Meeting Jan 12, 2022 - OPPOSE

External Email

Respectfully, Sir/Madam,

I'm writing to let you know that I am uniting with many people in Washington State to stand against the tyranny we are facing.

This letter is regarding the WSBOH meeting scheduled for Jan. 12, 2022.

According to information I have seen on the web in recent days, it appears that WSBOH will be discussing proposed policies that pertain to -WAC 246-100-070, WAC-246-100-045, and WAC 246-105.

You do not have our permission.

You need our permission.

Our kids are not your property.

Our bodies are a temple of the Holy Spirit and is not owned by the government

We are born with free will and we will retain that until death.

Thank you,

Sharlene A. Greene

From: Brady Fankhauser
Sent: 1/6/2022 2:00:31 PM
To: DOH WSBOH
Cc:
Subject: Newly Proposed Covid Policies

External Email

To whom this may concern,

Hello, my name is Brady Fankhauser. I am emailing in regards to the newly proposed Covid Policies.

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Thank you for hearing my concerns and I hope you take into account, not only our safety, but our rights, as the people.

With Concern,
Brady J. Fankhauser

From: thesettles

Sent: 1/7/2022 10:26:44 AM

To: Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Pskowski, Samantha L (SBOH),kwangett@uw.edu,DOH OS PHIP,DOH PCH OI School Information,DOH PCH Immunization Child Profile,Kcranfield,londeck@nasn.org,Calder, Allegra (DOHi)

Cc:

Subject: WAC 246-100

External Email

I oppose WAC 246-100 rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools. I ask you to oppose and stand against this.

Please let me know I you'd like to discuss this further.

Thank you, Amber Settle

From: Sharon Fulton
Sent: 1/7/2022 10:45:00 AM
To: DOH WSBOH
Subject: Fwd: SUBJECT: Comments on Proposed Inclusion of COVID Vaccination Requirements Within the Washington Administrative Codes for Enforcement Under Revised Codes of Washington (RCW).



attachments\6841BD5678874AAD_WSBOH Comments SYF 1-2022.pdf

External Email

As a resident and registered voter residing within Washington State, I am respectfully providing my comments regarding the discussions being held by WA State Board of Health in consideration of including COVID-19 vaccination requirements within the Washington Administrative Codes for lawful enforcement under the Revised Code of Washington (RCW).

My comments follow in order of personal priority with references provided to proposed topics of discussion by the State Board of Health.

1.0 WAC 24-105-030."Discussions to add Covid-19 to the list of child immunizations required for school attendance should consider the following.

1.1 In principle, mandated treatments including this proposed action represents a substantial over-reach by the State and eliminates parental rights to administer their family's health decisions with full and factual "Informed Consent".

1.2 Further, consideration of any proposed amendments to the WAC for including Covid should provide for "Parental Informed Consent" and reasonable exceptions, (i.e.; religious beliefs, natural immunity, alternate treatments including emerging drugs, medical, and private/home education).

1.3 In my opinion there is a complete lack of evidence of the necessity of inclusion of a COVID vaccination requirement in WAC 246-105. Quoting from 246-105-010:

"The purpose of this rule is to protect children and the public against certain vaccine-preventable diseases. Under the authority of the board of health, this rule describes the immunization requirements of children attending schools and child care centers."

The facts are the current COVID vaccines do not prevent catching the disease or any of its variants, and therefore should not be eligible for inclusion in the list of "vaccine-preventable" diseases. The current COVID "vaccines", as demonstrated by the vast number of "breakthrough" cases, are not able to prevent COVID to a comparable level as actually effective vaccines for the section 030 listed diseases. At most, they merely amount to a pre-treatment for the disease that may generally reduce the severity or death in the most vulnerable population. This vulnerable population does not include the majority of school aged children.

1.3.1 Compare and contrast the number of COVID breakthrough cases (and rates) to breakthroughs for those vaccinated against the diseases listed in 246-105-030. There are essentially no significant records of multiple breakthrough cases associated with currently

listed diseases. Yet the number of COVID cases that breakthrough the current vaccines, including booster shots is significant. Therefore, as a matter of traditional definition, COVID is not a vaccine preventable disease.

1.3.2 The best available evidence and international focus of the COVID vaccine was to treat the vulnerable elder community with comorbidities that increased their risk of hospitalization and potentially death. As of this writing, reported data over the last two years indicates that on average, children suffer no worse from COVID than the normal seasonal flu. Considering the unknown and potential long term side effects of the current COVID vaccines, the risk-reward profile of vaccinating younger people indicates negligible benefit to the children of Washington, while imposing unquantified potential risk upon them.

1.3.3 In your discussions of amending the WAC to include a vaccine mandate please compare the current policy for seasonal flu. Flu is an equal, if not a greater risk to children yet there is no mandate to vaccinate children for the seasonal flu. Yet, this Board is considering mandating a vaccine for a disease, COVID, that is equal or lower risk to children but has a vaccine with an unknown long term risk profile? That seems illogical and would indicate other non-fact-based motivations for such a mandate. I respectfully urge the board to not add COVID to the list of diseases in WAC 24-105-030.

2.0 WAC 246-100-070, WAC 246-100-045, WAC-246-100-040 in regard to detaining, isolating or quarantining a person or group of persons (families) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling and vaccination.

2.1 I object to any amendment or modification of WAC 246-100-070 which would permit law enforcement to detain, isolate, or quarantine a person or group of persons following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling or vaccination for any disease. My objections include persons, or groups of persons who are themselves; or the minor dependent, of a legally registered citizen of the United States of America and I encourage the members of the Washington State of Health to disregard this proposed amendment which I believe is in conflict with the fundamental provisions of the United States Constitution and the rights of legal citizens granted by the Bill of Rights.

Regards;

Sharon Y. Fulton

106206 E Tripple Vista Dr,

Kennewick, WA 99338

Sharon Y. Fulton
106206 E Tripple Vista Dr,
Kennewick, WA 99338

January 7, 2022

To: Washington State Board of Health; wsboh@sboh.wa.gov

CC: WSBOH Members:

Tracy.schreiber@sboh.wa.gov; Michelle.davis@sboh.wa.gov; Melanie.hisaw@sboh.wa.gov;
Christy.hoff@sboh.wa.gov; Stuart.glasoe@sboh.wa.gov; Samantha.pskowski@sboh.wa.gov;
Caitlin.lang@sboh.wa.gov; Lindsay.herendeen@sboh.wa.gov; Tracy.schreiber@sboh.wa.gov;
Hannah.haag@sboh.wa.gov; Kelie.kahler@sboh.wa.gov; Nathaniel.thai@sboh.wa.gov

CC: WSLeg Representatives:

matt.boehnke@leg.wa.gov; brad.klippert@leg.wa.gov; skyler.rude@leg.wa.gov; Perry.Dozier@leg.wa.gov;

SUBJECT: Comments on Proposed Inclusion of COVID Vaccination Requirements Within the Washington Administrative Codes for Enforcement Under Revised Codes of Washington (RCW).

As a resident and registered voter residing within Washington State, I am respectfully providing my comments regarding the discussions being held by WA State Board of Health in consideration of including COVID-19 vaccination requirements within the Washington Administrative Codes for lawful enforcement under the Revised Code of Washington (RCW).

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1.3 In my opinion there is a complete lack of evidence of the necessity of inclusion of a COVID vaccination requirement in WAC 246-105. Quoting from 246-105-010:

"The purpose of this rule is to protect children and the public against certain vaccine-preventable diseases. Under the authority of the board of health, this rule describes the immunization requirements of children attending schools and child care centers."

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effective vaccines for the section 030 listed diseases. At most, they merely amount to a pre-treatment for the disease that may generally reduce the severity or death in the most vulnerable population. This vulnerable population does not include the majority of school aged children.

- 1.3.1 Compare and contrast the number of COVID breakthrough cases (and rates) to breakthroughs for those vaccinated against the diseases listed in 246-105-030. There are essentially no significant records of multiple breakthrough cases associated with currently listed diseases. Yet the number of COVID cases that breakthrough the current vaccines, including booster shots is significant. Therefore, as a matter of traditional definition, COVID is not a vaccine preventable disease.
- 1.3.2 The best available evidence and international focus of the COVID vaccine was to treat the vulnerable elder community with comorbidities that increased their risk of hospitalization and potentially death. As of this writing reported data over the last two years indicates that on average, children suffer no worse from COVID than the normal seasonal flu. Considering the unknown and potential long term side effects of the current COVID vaccines, the risk-reward profile of vaccinating younger people indicates negligible benefit to the children of Washington, while imposing unquantified potential risk upon them.
- 1.3.3 In your discussions of amending the WAC to include a vaccine mandate please compare the current policy for seasonal flu. Flu is an equal, if not a greater risk to children yet there is no mandate to vaccinate children for the seasonal flu. Yet, this Board is considering mandating a vaccine for a disease, COVID, that is equal or lower risk to children but has a vaccine with an unknown long term risk profile? That seems illogical and would indicate other non-fact-based motivations for such a mandate. I respectfully urge the board to not add COVID to the list of diseases in WAC 24-105-030.

2.0 WAC 246-100-070, WAC 246-100-045, WAC-246-100-040 in regard to detaining, isolating or quarantining a person or group of persons (families) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling and vaccination.

- 2.1 I object to any amendment or modification of WAC 246-100-070 which would permit law enforcement to detain, isolate, or quarantine a person or group of persons following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling or vaccination for any disease. My objections include persons, or groups of persons who are themselves; or the minor dependent, of a legally registered citizen of the United States of America and I encourage the members of the Washington State of Health to disregard this proposed amendment which I believe is in conflict with the fundamental provisions of the United States Constitution and the rights of legal citizens granted by the Bill of Rights.

Regards;


Sharon Y. Fulton
106206 E Tripple Vista Dr,
Kennewick, WA 99338

From: Jurene Gee
Sent: 1/7/2022 9:40:36 AM
To: Thai, Nathaniel J (SBOH)
Subject: Jurene Gee Oppose WAC 246-100 & WAC 246-105

External Email

I oppose WAC 246-100 rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19vaccine to the WAC-246-105 schedule of required vaccines for children to attend schools.

I am completely against any of the proposed COVID policies. They are overreaching and immoral.

WAC-246-100
WAC-105
WAC 246-100-070
WAC 246-100-045
WAC 246-100-040

Thank you for your support and listening

From: Nevaeh Thach
Sent: 1/6/2022 3:26:59 PM
To: DOH WSBOH
Cc:
Subject: Policy Objection

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against the proposed: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

From: Lasseson, Angel
Sent: 1/6/2022 9:54:47 PM
To: Thai, Nathaniel J (SBOH), Lang, Caitlin M (SBOH), Hoff, Christy Curwick (SBOH), Haag, Hannah R (SBOH), Donahoe, Kaitlyn N (SBOH), Kahler, Kelie (SBOH), Herendeen, Lindsay (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSBOH
Cc:
Subject: I OPPOSE THE FOLLOWING

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

-Angel Lasseson
--

<https://docs.google.com/uc?export=download&id=1E1Y_ShdjSO7jVD1WDdNJvuyZc_Cpm_sf&revid=0B0n>

ANGEL LASSESON

Real Estate Advisor

Tel: 1 253 508 8476

Email: angel.lasseson@engelvoelkers.com <<mailto:angel.lasseson@engelvoelkers.com>>

ENGEL & VÖLKERS FEDERAL WAY

2012 S. 320th St. Suite A

Federal Way, WA 98003

USA

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intended recipient, you may not use, copy or disclose to anyone this email message or any information contained in this email message or in any attachments. If you have received this email message in error, please advise the sender by return email or telephone and then delete this email message from your system. Unauthorized use and/or disclosure of information contained in this email message or in any attachments is strictly prohibited and may be unlawful. Thank You.

From: Dominique France
Sent: 1/7/2022 9:57:11 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Jan 12 meeting comment submission

External Email

WA State Board of Health members

The upcoming discussion regarding applying the current infection disease WAC codes to include COVID-19 for all WA State residents is of grave concern to me.

Most importantly, this is a massive overreach of government & a human rights violation. It is plainly put: unconstitutional.

To allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040) is egregious! This law should be put in front of a court and eliminated! Now you are discussing extending such lawlessness to an experimental emergency use medication?! Please look at the published death rates by the CDC that are attributed to this & that is under reported! Approving such an infringement on our rights would be a threat to our freedom and a mimicking of the communist China government. I implore you to prevent our State government from excessive power & abuse of authority.

I also would like to cover a critical issue regarding the discussion to include the Covid-19 injections as part of school immunization requirements using WAC 246-105. Again, this is an EUA drug. NOT a fully approved vaccine by the FDA. The known issues, especially for young males, are already incredibly alarming. Approving such a measure is not only irresponsible but another overreach of government on our youngest and most vulnerable that deserve the protection of their parents and healthcare provider. The deaths associated with this vaccine on those being forced to comply with a surging amount of government infringement would be a gross violation of human rights & our Constitution. Medical freedom must be reinstated in this country and especially in our State. Please do the right thing & do not permit these matters to go forward.

Thank you

Dominique France | dfrance2009@gmail.com <<mailto:dfrance2009@gmail.com>>

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 3:09:52 PM
To: DOH WSBOH
Cc:
Subject: FW: Reponse to Upcoming Board of Health Meeting on 12 January 2022



attachments\7650EA3E4C1E4FE9_WA State Board of Health Response.docx

From: FRinehold <frinehold@wavecable.com>
Sent: Thursday, January 6, 2022 2:11 PM
To: chris4wakids@gmail.com; DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>;
wsboh@wa.gov; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>;
melanie.davis@sboh.wa.gov; Hoff, Christy Curwick (SBOH)
<Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>;
samantha.pkowski@sboh.wa.gov; Donahoe, Kaitlyn N (SBOH)
<kaitlyn.donahoe@sboh.wa.gov>; catlin.lang@sboh.wa.gov; Herendeen, Lindsay (SBOH)
<Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH)
<Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH)
<Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>;
Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Reponse to Upcoming Board of Health Meeting on 12 January 2022

External Email

Good Afternoon,

I wanted to send a written response into the Board and address my concerns with the upcoming meeting on 12 January. Attached is my letter and I have posted the contents in this email below.

"The Proposed Policy:

* Allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

* Including the COVID-19 injections as part of the school immunization requirements using WAC 246-105."

1. I am disappointed in the fact that the notification to the public of this meeting/hearing taking place had to be disseminated on Facebook and was not broadcast through mainstream media leads to immediate distrust in the motivations of this board.

Furthermore, the fact that people have not been provided adequate time to review and comment on the decisions being considered is criminal. This "Policy" that you are considering violates basic freedoms granted by God and guaranteed by the US Constitution, Bill of Rights and the WA State Constitution.

Direct violation of the WA State Constitution Article I Section 1 - 3, 7, 8, 11, and 30.

Direct violation of the US Constitution Article VII, 1st and 4th Amendments.

Direct violation of the ADA of 1971.

2. Although I sympathize with the current COVID concerns and situation, "The Science" does not support these types of actions from the Board. To date COVID 19, untreated, has a greater than 99% survival rate among the population. Although death tolls in high-risk categories increase, nearly all cases have had underlying conditions/factors that increased their vulnerabilities. The

3. current hospitalization/infection rates for minors (children), as identified by the NAID Director, Dr Anthony Fauci, on January 4, 2022, "Has increased, but further examination of the data has identified that the hospitalization was primarily due to other factors and not COVID. The minors did test positive after hospitalization, but COVID was not the primary reason for admittance." This has directly resulted in the infection rates being skewed unnaturally high and inducing a false public panic and development of inappropriate policies.

4. On January 6, 2022, the CDC reported that the PCR Test, the test used primarily for COVID 19 identification, was faulty. In a published announcement on its website, the agency stated that, "They will no longer honor the emergency use authorization of the PCR test for COVID testing beginning 01 January 2022." They identified that the PCR Test was unable to differentiate between the Flu and COVID. Based on this information alone, all mandates that have been placed in effect should be removed since the testing that has been used to make these decisions has been proven faulty and therefore the case numbers are inaccurate. With this identified now, does it make any sense that the common FLU took 2021 off? In 2021, there was a decrease of FLU cases by greater than 98% from 2019. We can attempt to credit masking with these reductions but the masks that are authorized for use against COVID is designed for dust (1-100 microns), pollen (10-1000 microns), bacteria (0.3-60 microns), and smoke (1 micron). These masks are ineffective against a virus (20-250 nanometers) since the virus particle is smaller than the smallest bacteria particle by roughly a factor of 1000. The "Science" does not support this theory either.

5. Adding the COVID vaccination to the vaccine requirements for school should not be considered nor approved. Although the FDA has approved a COVID 19 Vaccine (CORMINATY), this vaccine will not be available in the United States until after 2023. The vaccine that is currently being administered is still under EUA and not approved for full dissemination throughout the population. A review of the VAERS data shows that in 2021 alone there were 5,248,369 vaccines administered in the United States. Of those vaccinations 7,245,381 adverse reactions of which 164,858 were specially COVID 19 vaccine reactions with 18,342 reported deaths. These numbers are horrific in themselves, but the CDC admits on their own site that the numbers reported are "likely only

approximately 10% of the actual cases." This vaccine SHOULD NOT be mandated to anyone, let alone forced onto our children for a virus that has greater than a 99% survival rate.

6. Although COVID 19 was declared a "Public Health Emergency" by Secretary of the Department of Health and Human Services (HHS) and this declaration was renewed on 15 October 2021, this declaration does not grant Gov Inslee the ability to hold the State of WA in a continuous "State of Emergency" so that the legislative process can be circumvented. Gov Inslee declared the "State of Emergency" for Washington on 29 February 2020, these emergency powers can stay in effect for 30 days (RCW 43.06.220). These "Powers" are not meant to be granted for extended periods so that abuse of power can be avoided. These powers have been being applied for nearly 2 years and the legislature has not been involved with the law making to address the "Pandemic." These "Mandates" are only suggestions from the "Good idea fairy" and hold no legal stance and should not even be considered for enforcement until the legislature is given the opportunity to deliberate and create laws that support these efforts. On 03 January 2022, President Biden stated, "There is no Federal Response Plan for COVID. These decisions should be pushed down and made at the State level." The issue is that the decisions are being made in a vacuum by the Governor, which is not the way the government is designed to work.

7. As the continued removal of God given and constitutionally guaranteed freedoms occurs based NO factual scientific data there comes a time when common people must stand and speak out against these policies. It is the right of every person to choose what goes into their bodies and it is the responsibility of the parents to determine what vaccinations should be administered to their children. I am not anti-vaccine. However, a vaccine is defined as a substance used to stimulate the production of antibodies and provide immunity against one or several diseases, prepared from the causative agent of a disease, its products, or a synthetic substitute, treated to act as an antigen without inducing the disease. This COVID 19 protocol does not meet the definition unlike the small-pox and polio vaccines do for example. This should absolutely be the choice of the parents and not policy directed by this Board.

I appreciate that you will take the time to review and consider my concerns.

Thank you,

Floyd Rinehold

From: Taylor Aimalfoa

Sent: 1/6/2022 10:42:34 PM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: URGENT

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

--

Taylor Aimalfoa
253-391-5317

From: Jesse Mize

Sent: 1/7/2022 12:01:20 PM

To: Herendeen, Lindsay (SBOH),DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),tracy.schriber@sboh.wa.gov,Pskowski, Samantha L (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Subject: WAC sections 246-100-070, 045, 040

External Email

Regarding these WAC's-

This is the most absurd, anti-science, anti-freedom, anti-common sense policies I've ever seen in my life. Can you honestly say you support these "public health" and "safety" measures? Do you think the population wants this? Do you think this would solve anything? Or make matters worse? Do you want your state to suffer the economic consequences as a result? The people do not want this, obviously. Even writing this email shows how far off this state is from reality. To question whether or not we should allow discrimination, segregation, and government overreach as a common practice is beyond absurdity. What a shameful state we're in. Anyone who supports these policies is living a life of denial, a life of lies, deceit and manipulation. The consequences of these irrational policies will be severe. This is not in the best interest of Washington State, not even close. And the people will not comply. If anything, there will be a mass exodus from this tyrannical state. This state will plummet and be a laughing stock of the country. I encourage you to be courageous and stand for the truth, stand for unity, stand for the freedoms and liberties that have been granted to us through years of turmoil so that we may live in peace. Preserve our freedoms, don't aid in giving them away. Let us not give away our freedom for the illusion of avoiding death.

Respectfully,
Jesse Mize

From: Randy Skelton
Sent: 1/9/2022 7:42:34 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: I Oppose

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Sent from my iPhone

From: bellinghamdwjd@msn.com
Sent: 1/6/2022 12:06:10 PM
To: DOH WSBOH
Cc:
Subject: Government Overreach

External Email

" We are completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. "

This is unconstitutional and takes away our God given rights. Our rights of Life, Liberty, and the Pursuit of Happiness. We are not subjects, we are citizens of a Constitutional Republic, our body does not belong to the state or government.

Matt and Karla Snapper

From: Kristina Linkem
Sent: 1/7/2022 11:29:27 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: OPPOSITION TO MANDATORY COVID VACCINES AND RULE CHANGES

External Email

I am writing to you today to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State, and also extreme opposition to a rule change to include Covid under the Communicable and Certain Other Diseases category.

No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization -- yes still. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49b904731ca2d08d9d2>>
) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID, as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show proof of medical records for even one child who has died OF COVID. The data we've been following for nearly two years proves undeniably that children are not at any high risk of death from this virus, nor are they "super spreaders", nor are they spreading anything asymptomatically. (There are so many sites to share with data, science, doctors, proof that I will assume you've been keeping up to date on your own.)

No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered and grossly manipulated.

Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Famericasfrontlinedoctors.org%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49b904731ca2d08d9d2>>
red-flags-in-the-fdas-risk-benefit-analysis-of-pfizers-eua-application-to-inject-american-children-5-to-11-with-its-mrna-product-commentary%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49b904731ca2d08d9d2

More Kids Dying From Vaccines Than From COVID, Nurse Tells Louisiana Lawmakers • Children's Health Defense (childrenshealthdefense.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49b904731ca2d08d9d2>>

dying-vaccines-colette-martin-nurse-

louisiana%2F%3Fitm_term%3Dhome&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49

Reports of COVID Vaccine Injuries Pass 1 Million Mark, FDA Signs Off on Pfizer Booster for Kids 12 and Up • Children's Health Defense (childrenshealthdefense.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-cdc-covid-vaccine-injuries-fda-pfizer-booster-kids%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49b904731ca2d08d9d21402e49>

(There are countless stories and reports and data proving these are not safe nor effective for children.)

Forced vaccinations upon healthy children for a disease that doesn't affect them to make adults feel safe is the lowest point for humanity, completely following the Mass Formation psychosis happening!

TPC #653: Dr. Mattias Desmet, Dr. Robert Malone, Dr. Peter McCullough (Mass Formation Psychosis) (rumble.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvrxr3n-tpc-653-dr.-mattias-desmet-dr.-robert-malone-dr.-peter-mccullough-mass-formation.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49b904731ca2d08d9d21402e49>

Just yesterday, former White House advisors conferred that this virus will be part of a normal routine of similar viruses. This Covid virus, just like RSV, was in fact man-made and released (whether it was intentional or not has yet to be proven.)

"The 'new normal' requires recognizing that SARS-CoV-2 is but one of several circulating respiratory viruses that include influenza, respiratory syncytial virus (RSV), and more," the authors write. "COVID-19 must now be considered among the risks posed by all respiratory viral illnesses combined."

The virus is waning itself out, as viruses do, and the newest strain of Omicron is proving just that. We need to collectively band together as Americans, to do what is very best for all people, and stop living in such extreme fear as being mandated by our main stream media. Several mandates are literally killing people at extremely high rates: Search Results from the VAERS Database (medalarts.org)

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

COVID Vaccine Data (openvaers.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F covid-vaccine-data&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49b904731ca2d08d9d21402e49%7C>

Indiana life insurance CEO says deaths are up 40% among people ages 18-64 | Indiana | thecentersquare.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thecentersquare.com%2Findiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64%2Farticle_71473b12-6b1e-11ec-8641-5b2c06725e2c.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd544b7d49b904731ca2d08d9d21402e49

I am completely against any of the proposed Covid Policies that are over reaching and immoral, and stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. Forcing anything on free Americans protected by the Constitution is asking for strife and dissension. We will hold

the line against tyrannical mandates and proposed policies that violate our civil liberties and fundamental rights as human beings. And I stand with the Word of God:

"Praise the name of God forever and ever, for he has all wisdom and power. He controls the course of world events; he removes kings and sets up other kings. He gives wisdom to the wise and knowledge to the scholars. He reveals deep and mysterious things and knows what lies hidden in darkness, though he is surrounded by light." Daniel 2:20-23

"Speak up for those who cannot speak for themselves; ensure justice for those being crushed." Proverbs 31:8

Please do the right thing and reject any requirement of these vaccinations for school age children and reject the change of rule to include Covid as a Communicable Disease. I call on you to represent the population of those whom you swore to be a voice for to reject all such aforementioned policies. I stand with the Constitution - will you? I am praying over you as are countless others as you make the right decision.

Thank you,
Kristina Linkem
17115 226th St Ct E
Graham WA 98338
253-405-1844

From: Amber Belanger
Sent: 1/6/2022 12:20:30 PM
To: DOH WSBOH
Cc:
Subject: Upcoming Meeting 1/12/22

External Email

To Whom It May Concern:

I am writing to inform you that I am completely against any of the proposed Covid Policies that are over reaching and immoral. I completely stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Amber Belanger, LMHC, NCC, MHP
Compass Counseling Services, PLLC

2910 S Meridian, Suite 202

Puyallup, WA 98373

Phone: 253-948-4830

Fax: 253-251-0660

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From: Amy White
Sent: 1/6/2022 8:14:57 PM
To: DOH WSOH
Subject: WAC 246 - 100 & 246 - 105



attachments\740CD2DDD49645DE_The-Criminal-Conspiracy-of-Coronavirus.pdf

External Email

Dear Public Servants of The State of Washington,

I would first like to point out that you are employed by a private, for profit corporation who is masquerading as a government agency. Please see the Dun & Bradstreet link provided below showing your corporate overview.

https://www.dnb.com/business-directory/company-profiles.washington_state_board_of_health.e30b640365a4495f559a921684604c27.html#contact-anchor
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dnb.com%2Fbusiness-directory%2Fcompany-profiles.washington_state_board_of_health.e30b640365a4495f559a921684604c27.html%23contact-anchor&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C54acd4cd96ac4095140308d9d194357d%7>

That being said, you are all in a position that requires critical thinking. You must carefully balance the severity of what we are collectively faced with against the liberty you propose you have the authority to revoke. Perhaps it is time that each of you educate yourselves further in what the founding principles of our shared republic spelled out for each of us. You, acting as a public servant, have a duty to ask questions that may give you answers that are uncomfortable. You have to be willing to be wrong, to potentially have been deceived and then to have the courage to do what is right. Infectious courage is what our country needs right now; not infectious fear.

I have attached a proposed Indictment that is currently being sent to Attorney Generals across our country. There is mounting evidence that something is very wrong with the official story. Beginning with research to make corona virus more virulent, spending millions amplifying its toxicity, silencing all legitimate debate then releasing a gene therapy injection that has not had proper trials we are all in a strange new world. I suggest you all read the attached proposal and consider how comfortable you are trampling the rights of your fellow citizens with the threat of internment in light of these details. What if you are wrong?

I, and my domestic partner, private property owners in the state of Washington, both strongly disagree with what is proposed in the WAC 246-100 & 246-105. We are writing to inform you that should you move forward with this quarantine camp agenda and adding the Corona Virus injection to the vaccine list for children, we and many of our fellow citizens will hold each and every one of you publicly as well as personally responsible for any and all harm that comes to the citizens of Washington because of your decision.

Love is of the Essence

Sincerely,

Amy White

In the United States Courts

United States of America
Attorney General with a Conscience

v

Mr. Alex Azar, DEFENDANT
Dr. Anthony Fauci, DEFENDANT
Dr. Peter Daszak, DEFENDANT
Dr. Ralph Baric, DEFENDANT
FDA, DEFENDANT
CDC, DEFENDANT
NIAID, DEFENDANT
MODERNA, DEFENDANT
PFIZER, DEFENDANT

Count 1: 18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Count 2: 18 USC § 2339– Conspiring to Commit Acts of Terrorism

Count 3. 15 U.S.C. §1-3 – conspiring to criminal commercial activity

Count 4. 18 USC § 175 – Funding and Creating a Biological Weapon

Count 5. 15 U.S.C. §8 – market manipulation and allocation

Count 6. 18 U.S.C. § 1001 – lying to Congress

Count 7. 15 U.S.C. § 19 – interlocking directorates

Count 8. 18 U.S. Code § 2384 - Seditious conspiracy

The Proposed Indictment

Throughout the decade of the 90s Pfizer sought to research, develop and patent a coronavirus (CoV) vaccine. Their first patent filing specifically recognizing the S-protein as the immunologic target for vaccines was filed on November 14, 1990 (U.S. Patent 6,372,224). With a focus on swine and canine gastroenteritis, these efforts showed little commercial promise and the patent was abandoned in April of 2000. During the same period, the National Institute for Allergy and Infectious Disease (NIAID) under the vaccine obsession of Dr. Anthony Fauci, funded Professor Ralph Baric at the University of North Carolina Chapel Hill. This program designed to commercially weaponize a naturally occurring toxin is the beginning of the criminal conspiracy and **violates 18 USC § 175, 15 USC § 1-3, and 15 USC § 8**) Dr. Baric's expertise was understanding how to modify components of the coronavirus associated with cardiomyopathy. NIAID Grants AI 23946 and GM63228 (leading to patent U.S. 7,279,327 "Methods for Producing Recombinant Coronavirus") was the NIH's first Gain-of-Function (GOF) project in which Dr. Baric created an "infectious, replication defective" clone of recombinant coronavirus. This work clearly defined a means of making a natural pathogen more harmful to humans by manipulating the Spike Protein and other receptor targets. A year after filing a patent on this GOF CoV, the world experienced the first outbreak of Severe Acute Respiratory Syndrome (SARS).

Under the guise of responding to a public health emergency, the United States Centers for Disease Control and Prevention (CDC) filed a patent application on the genome of SARS CoV on April 25, 2003. Accessing and manipulating the genomic data (which came from China making an “invention” claim by a U.S. entity illegal **violating 35 USC §101, 103**), Dr. Baric, Dr. Fauci, and the CDC **violated 18 USC § 175** (a felony). One year earlier, Dr. Baric and his team had already filed a patent which clearly the pathogen CDC claimed as novel in 2003. Three days after filing a patent on the genome, NIH-funded Sequoia Pharmaceuticals filed a patent for the vaccine on the virus invented a mere three days earlier. At the same time, in **violation of 15 USC § 19** Dr. Fauci was appointed to a board position with the Bill and Melinda Gates Foundation (a competitor in vaccine manufacturing) thereby beginning the interlocking directorate¹ anti-trust crime.

In 2005, the DARPA and MITRE hosted a conference in which the intentions of the U.S. Department of Defense was explicit. In a presentation focused on “Synthetic Coronaviruses Biohacking: Biological Warfare Enabling Technologies”, Dr. Baric presented the malleability of CoV as a biological warfare agent. **Violating 18 USC § 175** and inducing the non-competitive market allocation (**violating 15 USC § 8**) for years to follow, Dr. Baric and the U.S. Department of Defense spent over \$45 million in amplifying the toxicity of CoV and its chimeric derivatives.

From 2011 until the alleged COVID-19 pandemic, Dr. Fauci has routinely lamented about the inadequacy of public funding for his vaccine programs and the public’s general unwillingness to succumb to his insistence that everyone MUST be vaccinated against influenza. Despite repeated appropriations to advance vaccine dependency, his efforts have been largely unsuccessful. NIAID – under Dr. Fauci’s direct authorization – encouraged UNC Chapel Hill and Dr. Baric’s lab to ignore the GoF moratorium in a letter dated October 21, 2014. At that time, Drs. Fauci, Baric and EcoHealthAlliance’s Peter Daszak were in possession of an extremely dangerous Chinese pathogen identified a year earlier in Wuhan.²

While many illegal acts were committed by the conspirators leading up to 2015, the domestic terrorism program (**in violation of 18 USC § 2339**) was announced by NIAID-funded Daszak at the National Academy of Sciences. Here, he announced what was to become the domestic and global terrorism event branded COVID-19.

¹ We note that gain-of-function specialist, Dr. Ralph Baric, was both the recipient of millions of dollars of U.S. research grants from several federal agencies and sat on the World Health Organization’s International Committee on Taxonomy of Viruses (ICTV) and the *Coronaviridae* Study Group (CSG). In this capacity, he was both responsible for determining “novelty” of clades of virus species but directly benefitted from determining declarations of novelty in the form of new research funding authorizations and associated patenting and commercial collaboration. Together with CDC, NIAID, WHO, academic and commercial parties (including Johnson & Johnson; Sanofi and their several coronavirus patent-holding biotech companies; Moderna; Pfizer; Merck; BioNTech; AstraZeneca; Janssen; Ridgeback; Gilead (Dr. Baric’s alter ego); Sherlock Biosciences; and others), a powerful group of interests constituted what are “interlocking directorates” under U.S. anti-trust laws. Further, most of these entities, including the Federal Government ones **violated 35 USC § 200-206** by failing to disclose Federal Government interest in the remedies proposed.

These entities were affiliated with the WHO’s Global Preparedness Monitoring Board (GPMB) whose members were instrumental in the Open Philanthropy-funded global coronavirus pandemic “desk-top” exercise EVENT 201 in October 2019. This event, funded by the principal investor in Sherlock Biosciences (a beneficiary of the SARS CoV-2 EUA for CRISPR technology) and linking interlocking funding partner, the Bill and Melinda Gates Foundation into the GPMB mandated a respiratory disease global preparedness exercise to be completed by September 2020 and alerted us to anticipate an “epidemic” scenario. We expected to see such a scenario emerge from Wuhan or Guangdong China, northern Italy, Seattle, New York or a combination thereof, as Dr. Zhengli Shi and Dr. Baric’s work on zoonotic transmission of coronavirus identified overlapping mutations in coronavirus in bat populations located in these areas.

² By October 2013, the Wuhan Institute of Virology 1 coronavirus S1 spike protein was described in NIAID’s funded work in China. This work involved NIAID, USAID, and Peter Daszak, the head of EcoHealth Alliance. This work, funded under R01AI079231, was pivotal in isolating and manipulating viral fragments selected from sites across China which contained high risk for severe human response. (Ge, XY., Li, JL., Yang, XL. *et al.* Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. *Nature* **503**, 535–538 (2013).) The GoF work NIAID allowed to persist in the face of the moratorium was Dr. Baric’s work with this pathogen

*“...until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. **To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process,** Daszak stated.”³*

It is not surprising that one year later NIAID’s funding paid off with Dr. Baric’s lab announcing that the Wuhan-derived pathogen was “poised for human emergence”.⁴

Knowing that the U.S. Department of Health and Human Services (through CDC, NIH, NIAID, and their funded laboratories and commercial partners) had patents on each proposed element of medical counter measures and their funding, Dr. Fauci, Dr. Gao (China CDC), and Dr. Elias (Bill and Melinda Gates Foundation) conspired to commit acts of terror on the global population – including the citizens of the United States – when, in September 2019, they published the following mandate in **A World At Risk**:

“Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries.

Progress indicator(s) by September 2020

- *Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.*
- *Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.*
- *WHO, the United Nations Children’s Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum.”⁵*

As if to confirm the utility of the September 2019 demand for “financing and development of” vaccine and the fortuitous SARS CoV-2 alleged outbreak in December of 2019, Dr. Fauci began gloating that his fortunes for

³ Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK349040/>

⁴ Menachery VD, Yount BL Jr, Sims AC, Debbink K, Agnihothram SS, Gralinski LE, Graham RL, Scobey T, Plante JA, Royal SR, Swanstrom J, Sheahan TP, Pickles RJ, Corti D, Randell SH, Lanzavecchia A, Marasco WA, **Baric RS**. 2016. SARS-like WIV1-CoV poised for human emergence. **Proc Natl Acad Sci U S A**. 2016 Mar 14. pii: 201517719

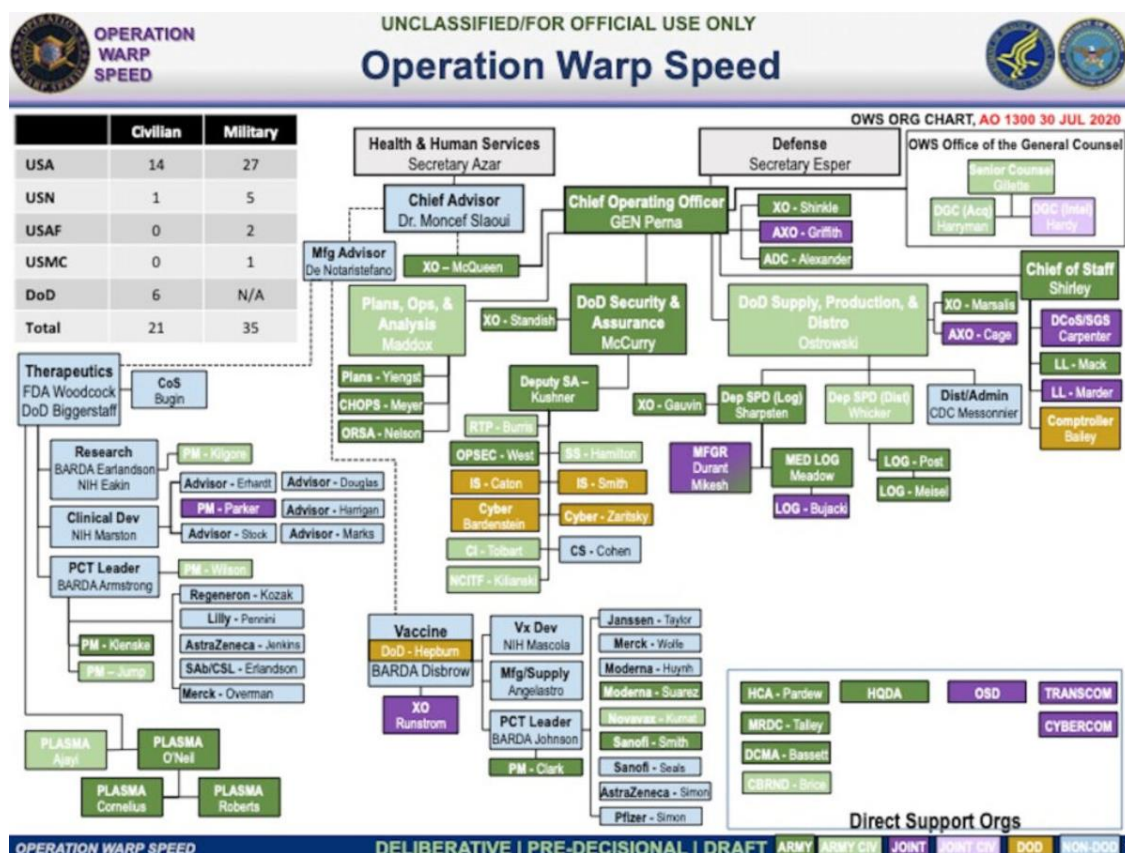
⁵ https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8)

additional funding were likely changing for the better. In a February 2020 interview in **STAT**, he was quoted as follows:

“The emergence of the new virus is going to change that figure, likely considerably, Fauci said. “I don’t know how much it’s going to be. But I think it’s going to generate more sustained interest in coronaviruses because it’s very clear that coronaviruses can do really interesting things.”⁶

In November 2019 – one month before the alleged “outbreak” in Wuhan, Moderna entered into a material transfer agreement – brokered by the Vaccine Research Center at NIAID (at which UNC Chapel Hill alum Dr. Kizzy Corbett worked) – to access Dr. Baric’s Spike Protein data to commence vaccine development. In his own written statement obtained by the **Financial Times**, he refers to this agreement as being the foundation for the mRNA Moderna vaccine.⁷

To finalize the nature of the racketeering and anti-trust criminal conspiracy, when it came time to commercialize the NIH and DARPA owned spike protein and pass it off as a “vaccine” (in conflict with the standard for vaccines in statutory and scientific application), the Operation Warp Speed contract was awarded to DoD contraction ATI, a subsidiary of ANSER. In a graph reminiscent of the anti-trust hearings at the formation of the Clayton Act in the early 20th century, the identity of the interlocking conflicts of interests are presented in graphic relief. It is with no surprise that the result of this price-fixing conspiracy was the enrichment of the conspiring parties and the harm of consumers.



⁶ <https://www.statnews.com/2020/02/10/fluctuating-funding-and-flagging-interest-hurt-coronavirus-research/>

⁷ <https://pubmed.ncbi.nlm.nih.gov/32756549/>

Indeed, *the money followed the hype* and they *used the hype to get to the real issues*. *Investors follow where they see profit at the end of the process*.

And real Americans are dying each day because a criminal organization unleashed terror resulting in the deaths of Americans.

18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Pub. L. No. 107-52 expanded the definition of terrorism to cover "domestic," as opposed to international, terrorism. A person engages in domestic terrorism if they do an act "dangerous to human life" that is a violation of the criminal laws of a state or the United States, if the act appears to be intended to: (i) intimidate or coerce a civilian population; (ii) influence the policy of a government by intimidation or coercion;

Every single Act, the declaration of the State of Emergency, the Emergency Use Authorization, the fraudulent face masks, the business closures, and the OSHA and CMS vaccine mandates are ALL admitted by the conspirators to be acts to coerce the population into taking a vaccine. Further, these acts disrupted the democracy of the United States of American and resulted in the violation of 18 USC § 2384. The conspirators announced it in 2015, then prepared the pathogen in 2016, and laid out the terror campaign in September 2019. And now they profit from the death of Americans.

From: Kate Lowry
Sent: 1/10/2022 12:15:36 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: 32E99B34-185D-40BB-934D-123177384872

External Email

Good morning,

I am writing this morning to voice my opposition of the proposed policies. First and foremost I oppose policy (WAC 246-100-070) which allows local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040) these specifics come from WAC 246-100.

I also would like to voice my opposition to WAC 246-105 that requires Covid-19 injections as part of school immunization. This should not be passed as it should 100% be up to us as parents what newly developed vaccinations should be allowed in our children's bodies. Especially ones with side effects that are still being explored.

Thank you for your time.

Sincerely,

Kathryn Lowry

From: Testify Online Survey
Sent: 1/5/2022 6:52:39 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/2022

2.

Agenda Item or Issue:

. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry —Possible Action

3.

Your Name:

Eric Marvel

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

1. Yes

Wake Up Washington

6.

Address:

1481 N Fairmont AVE

7.

Email:

ericmarvel255@gmail.com

8.

Phone Number (Include Area Code):

5096794054

9.

Do you have any special expertise relevant to this topic?

1. Yes

Personal experience with natural immunity and Covid early treatment

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry —Possible Action In it's entirety

11.

Are you Pro or Con on the proposal?

2. Con

1. The State has failed to do it's job in researching and promoting the effectiveness of preventative and early home treatment measures to the public. Doubling down on the failed tunnel vision approach of vaccine and mask mandates will not resolve the issue of your agencies failing policies. 2. The State has failed to implement the common sense approach of educating the public and local healthcare providers on who is most vulnerable in our population and how to protect them I.E. immune building supplements and isolation with n95 masks for visitors of the most vulnerable or when out in public. But, instead has implemented unscientific, ineffective and unconstitutional measures including cloth masks, vaccine and other mandates. 3.Children are at a statistically insignificant risk of dying from covid, while their chances of dying or suffering long term injuries from the covid vaccine are exponentially higher by at least 100 times. 4. Forcing an experimental treatment such as the covid vaccine through coercion or outright detainment is a direct violation of the Nuremberg Code, the US constitution and the medical ethic of "first do no harm". 5. Covid vaccines have proven to be completely ineffective against preventing the contracting and spread of the virus. They were not designed to do so from the beginning and in fact by their true definition should actually be termed advanced therapeutics. Since the covid "vaccines" do nothing to prevent transmission, your agency has no scientific grounds on which to base this rule. 6. This rule proposal is unenforceable. This proposal would be the last straw for many parents and will force parents to pull children out of the already failing Washington State public education system. Furthermore, it is absurd to assume that local public health and law enforcement agencies would have the means or will to participate in the enforcement of these unconstitutional rules. 7. I urge this agency to start looking at the real science of this now endemic virus rather than the politically and economically skewed science that has taken you on your current trajectory. It is time to put Washington State resident's health and livelihoods back at the top of the priority list and end the political virtue signaling and draconian rules.

From: Taumara Bevins

Sent: 1/5/2022 10:34:17 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 12 Meeting- Current infectious disease WAC codes to include Covid-19 for all WA State residents.

External Email

Hello,

I'm concerned about the WAC's being reviewed to possibly be revised and add to them. You don't have the right to decide if a child gets vaccinated or to decide if you can use law-enforcement to detain me and or my family if you choose to do so. The following proposed policies/WAC's are unconstitutional! .

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC

This blatant abuse of power needs to stop. I am NOT in support and oppose these possible changes. Please don't do this.

Thank you,
Taumara Bevins

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From: Molly Rohde

Sent: 1/7/2022 10:13:22 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Concerned Patriot

External Email

Good afternoon,

I write you to let you know I am completely against any of the overreaching covid-19 policies that are being proposed. Not only are they unethical, immoral, illegal and anti science, but is a blatant over reach of power.

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools. Due to many factors some including:

- Children are at extremely low risk for Covid
- The vaccines are still only EUA (emergency use authorized)
- There are no long-term studies to document any history of safety
- Studies do not document that vaccinated and unvaccinated can both transmit Covid, therefore,
- The vaccine does NOT stop the spread of the disease, even in the vaccinated.

If you agree to any of this malice...consider yourself with blood of innocent children on your hands.

I am against WAC 246-100-070, WAC 246-100-045, WAC 246-100-040.

Concerned patriot,
Molly Rohde

From: Tova Forman
Sent: 1/7/2022 10:47:06 AM
To: tforman33@protonmail.com
Cc:
Subject: state health regarding the shot

External Email

Hello,

In so far as you touch upon the upcoming state health decisions, I am emailing to urge you to resist policies that restrict the rights of un-inoculated people or anyone due to COVID. I refer specifically to the board's scheduled discussion on the 12th, proposing to allow involuntary detention of people who refuse to get the shot (WAC 246-100) and proposing to require the shot for kids going to school. Let me refer you to our state constitution, Article I, Section I, which says that "all political power is inherent in the people, and governments derive their just powers from the consent of the governed, and are established to protect and maintain individual rights." Consequently, an unelected board trying to dismantle the rights of people who do not consent to the shot is in violation of our Constitution, Article I, Section I. Additionally, you would be in violation of other sections, for example 2, 3, 4, 7, 10, and 11. These are in accordance with natural law and morality. The sooner all this overreach from state leaders ends, the better. The power is with the people, and we see what you are doing.

Best,
Tova Forman

From: Lorin Kenfield
Sent: 1/5/2022 4:26:57 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

My husband and I oppose involuntary quarantine and forced vaccinations (especially for children). We oppose WAC 246-100 and WAC 246-105.

From: Kelsey Wentz

Sent: 1/7/2022 6:53:30 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: policy meeting regarding COVID-19 inclusion into existing 045, WAC 246-100 WAC codes

External Email

To whom it may concern:

As a lifelong Washington state resident and U.S. citizen, I am writing to let you know that I am completely against any of the proposed COVID policies. They are overreaching, immoral and infringe upon our liberties as Americans. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100 & WAC 246-105.

This whole thing is ridiculous and has gone on far too long! Let us get back to normal and live our lives.

Thank you for your time,

Kelsey Plughoff
Sent from my iPhone

From: Kari Udlock

Sent: 1/7/2022 4:36:29 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), tracy.schriber@sboh.wa.gov, Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Stop this blatant usurpation of our freedom and basic rights!

External Email

I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105 as I understand they are forcing people to comply with medical testing, treatment, vaccinations, examination against their free will and free choice. This blatant usurpation of our freedom and basic rights needs to STOP NOW! Furthermore, I understand they are giving such tyrannical powers as forcing people into quarantine facilities. This sounds a lot like the National Socialists in Hitler's Germany. #040 alone gives the local health officer authorization to detain Washingtonians in a quarantine facility and force whatever "treatment" they feel is in the state's best interest. This is about whether our state will respect any rights they don't believe are convenient for them. This is a ploy to subject us to slavery. Please browse #040 yourself if you think I am exaggerating! No disease is as dangerous as losing human dignity and subjecting ourselves to an elitist "health officer" or anyone's subjective control. Stop this blatant usurpation of our freedom and basic rights!

Sincerely,

~ Kari Udlock

Subject: Stop this blatant usurpation of our freedom and basic rights!

External Email

Stop this blatant usurpation of our freedom and basic rights! My family and I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105 as I understand they are forcing people to comply with medical testing, treatment, vaccinations, examination against their free will and free choice. Furthermore, I understand they are giving such tyrannical powers as forcing people into quarantine facilities. This sounds a lot like the National Socialists in Hitler's Germany. #040 alone gives the local health officer authorization to detain Washingtonians in a quarantine facility and force whatever "treatment" they feel is in the state's best interest. This is about whether our state will respect any rights they don't believe is convenient for them. This is a ploy to subject us to slavery. Please browse #040 yourself if you think I am exaggerating! No disease is as dangerous as losing human dignity and subjecting ourselves to an elitist "health officer" or anyone's subjective control. Stop this blatant usurpation of our freedom and basic rights!

Thank you!

Jay MacPherson

— —

Pastor Jay MacPherson

libertyremnantchurch.org

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PO Box 580

Mead WA 99021

From: Jurene Gee

Sent: 1/7/2022 9:56:23 AM

To: DOH WSBOH,Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Hisaw, Melanie (SBOH)

Cc:

Subject: Opposing WAC-246-100 & 246-105

External Email

I oppose WAC 246-100 rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19vaccine to the WAC-246-105 schedule of required vaccines for children to attend schools.

I am completely against any of the proposed COVID policies. They are overreaching and immoral.

WAC-246-100

WAC-105

WAC 246-100-070

WAC 246-100-045

WAC 246-100-040

Thank you for your support and listening

Jurene L Gee

Office Manager

<https://docs.google.com/uc?export=download&id=1S79id28PpD9u40SYI8Cjw_Eto95YC6pc&revid=0By3M>

Office 253-267-1765 ext 102 Fax 253-503-0814

Cell 253-377-6483

Love & Kindness are never wasted

They always make a difference. They bless the one who receives them, and they bless you the giver

From: Toni DePoister
Sent: 1/6/2022 1:29:26 PM
To: DOH WSBOH
Cc:
Subject: January 12 Board of Health Meeting

External Email

To whom it may concern at the Washington State Board of Health,

Regarding the upcoming January 12th Board of Health meeting.

I am completely against any of the proposed Covid Policies that are over reaching and immoral. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Let us remain free in Washington State to make autonomous medical decisions for ourselves and our children.

Sincerely,

Toni DePoister

From: Jurene Slick
Sent: 1/7/2022 9:50:12 AM
To: DOH WSBOH
Subject: Jurene Gee Opposing WAC-246-100 & WAC-246-105

External Email

I oppose WAC 246-100 rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19vaccine to the WAC-246-105 schedule of required vaccines for children to attend schools.

I am completely against any of the proposed COVID policies. They are overreaching and immoral.

WAC-246-100
WAC-105
WAC 246-100-070
WAC 246-100-045
WAC 246-100-040

Thank you for your support and listening

From: Tony Pizelo

Sent: 1/7/2022 9:22:40 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Registered Voter Opposition to proposed Washington State Board of Health actions

External Email

We are opposed to the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

We are completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

We are completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Philip A. Pizelo
Bonnie A. Pizelo
15015 E. Judkins Rd
Spokane, WA 99217

From: Clover Ware

Sent: 1/7/2022 9:15:47 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No vaccine mandate!

External Email

To whom it may concern and those that care about our freedom and our children,

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.

Please do your job and stand against this violation of parent, religious, and child rights.

Thank you,
Clover Ware
Sequim, WA 98382

Sent from my Verizon, Samsung Galaxy smartphone

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From: MYRNA PEARSON

Sent: 1/6/2022 3:32:56 PM

To: DOH WSBOH,Crawford, Elisabeth (DOHi),Shah.umair@doh.wa.gov

Subject: Proposed changes to WAC's 246-100-070, 246-100-045, 246-100-, 246-105

External Email

I am completely against any of the proposed Covid Policies to the above WAC's.

These shots are not FDA approved, and should not be pushed onto any individual, especially children, when the future side effects are not known at this time.

Myrna Pearson

From: Inna Tupikov
Sent: 1/7/2022 10:41:48 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Health meeting today

External Email

I want to express how extremely opposed I am to the following proposed laws..

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

This is most definitely overreach of power by the government and takes away a human right to choose what's best for their body and their children. I'm not against vaccines but I am for the right to choose!

Please vote NO on these!

Thank you

Inna Nikolaychuk

Sent from my iPhone

Sent from my iPhone

From: olgee hskib
Sent: 1/8/2022 3:49:24 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID POLICIES

External Email

I'm completely against any of the proposed COVID Policies that are overreaching and immoral.

I stand against these WAC's:

WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Shannon & Ryan Moeck
Sent: 1/6/2022 8:12:18 PM
To: DOH WSBOH
Subject: My Public Comments

External Email

I am writing to express my extreme opposition to the implementation of a COVID 19 vaccine requirement for schools in Washington State AND for adding it to WAC 246-100 as cause to implement emergency measures to the extent of detainment, etc. (Essentially detaining healthy people over the flu. When does it end?)

Requirements for schools/children:

1. NUREMBERG CODE. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>
) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. According to VAERS children are statistically more at risk from adverse events and dying from the COVID-19 Vaccine than from COVID in EVERY ANALYSIS. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. The long term risks of these vaccines are still unknown and ZERO true blind studies have been done as those who received the placebo were given the product right after

phase one!! HOW CAN YOU EVEN THINK TO FORCE THIS ON OUR CHILDREN?? You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM said the studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children or anyone else who's decided it's not in the best interest of their own personal health. We KNOW the vaccine does NOT stop the spread of COVID. We also know we gain herd immunity through a virus' spread through the population--of which omicron is proving to reveal as it is milder and will have traveled through our population soon enough now to create a true shield for the vulnerable instead of a cheap, synthetic, imitation that does nothing of the sort.

This whole fiasco will be over soon due to the natural course of viral infection in spite of the interference and Pharma peddling of Washington State health officials.

The implementation of these two measures are extreme and unnecessary. They will cause more harm than any imaginary good being dreamt up by those desperately trying to hold onto their emergency powers.

We see through you.

Shannon Moeck

From: Yachira Cruz
Sent: 1/8/2022 1:01:06 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: C22BDF33-A605-4326-AEFE-19127A32DCD1

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

From: Sophia Tricoli
Sent: 1/6/2022 12:37:35 PM
To: DOH WSBOH
Cc:
Subject: Proposed Covid Policies

External Email

I am completely against any of the proposed Covid Policies that are a violation of my medical freedom. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

From: Melinda Ihnen
Sent: 1/6/2022 9:08:25 PM
To:
Cc:
Subject: Re: policy meeting regarding COVID-19 inclusion into existing WAC codes

External Email

To Whom It May Concern:

As a lifelong Washington state resident and U.S. citizen, I am writing to let you know that I am completely against any of the proposed COVID policies. They are overreaching, immoral and infringe upon our liberties as Americans. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100 & WAC 246-105.

Please let us residents' voices be heard and considered.

Thank you,
Melinda Ihnen

From: Paige Anderson
Sent: 1/7/2022 10:43:46 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: WAC 246-105 & 246-100

External Email

To whom it may concern,

Regarding WAC 246-105

I want to remind you that children are at an extremely low risk for Covid. The vaccines are still ONLY EUA! There are no long-term studies to document ANY history of safety. Studies do now document that the vaccinated and unvaccinated can both transmit Covid, therefore the vaccine apparently DOES NOT stop the spread of the virus. In which case this would make no common sense to impose.

Regarding WAC 246-100

This is insane and stripping families of our rights. You have no authority to force any of this on us! If this happens my family will leave Washington state along with many others.

Please listen to the community!
Emily Anderson

From: Jaclyn Walker

Sent: 1/7/2022 10:06:01 AM

To: Thai, Nathaniel J (SBOH), Lang, Caitlin M (SBOH), Hoff, Christy Curwick (SBOH), Haag, Hannah R (SBOH), Donahoe, Kaitlyn N (SBOH), Kahler, Kelie (SBOH), Herendeen, Lindsay (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSBOH

Subject: Re: Jan 12 Agenda + Coercion

External Email

I should add, under Federal US Code of Regulations 21 section 50.23 and 24 it is illegal to make anybody participate in an experimental program using coercion. Coercion is illegal.

Under US Code 18 section 2331 subsection 802, inside the definition of domestic terrorism, anytime a US citizen or a government inside the US is forced to do something it would not otherwise do that is coercion and domestic terrorism. It is illegal to coerce a population and this is a felony.

These things need to be considered in our go forward decision making.

Thank you

On Fri, Jan 7, 2022 at 9:41 AM Jaclyn Walker <jaclynwalker@gmail.com>
<mailto:jaclynwalker@gmail.com> > wrote:

Open Letter to WA Health Dept et al,

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105 bring used or amended to include COVID19.

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

This is one of the most reckless, dangerous and overreaching unconstitutional concepts and it's appalling that it's even on an agenda for consideration other than to be abolished.

We have learned by now early intervention is possible and best for infection of covid19.

Overcoming covid since the beginning has been 99% successful.

WA has partnered with what occurs conspiratorially with prohibiting drug distribution through our pharmacies in our state since the spring of 2021.

This is wrong. All the data shows benefit and the STATE showed force in pharmacies and out local hospitals.

Legal departments of our largest health systems have had on record discussions and have acted on behalf of the STATE in prohibiting prescribing known effective early

treatments. Our medical system professionals have yielded to your direction, against better judgement. This is information, I have on factual authority can be legally attested.

Our literal instruction at the patient level upon diagnosis was go home and wait until you can't breathe.

I'm gravely concerned with the Depts instruction as it would occur these systems would have partnered in the demise of the patients and constituents as know we fully know this is radically inappropriate and ill-equipping.

Law enforcement is not medical nor should they be involved with detaining, isolating any person for any reason. If you haven't seen what's happened in Australia, detainment camps, fines, loss of freedom, it would be our almost certain future. Despite their radical concentration style camp, they are still while mostly vaccinated, spreading illness.

By survival rates including my own, this is not the plague.
You can not regulate a cold.

You can NOT prevent a cold from spreading.
At any given time there is 10x31m viral particles in any given space. That's 10x the amount of stars.

It's always been that way.

Its literally insanity to attempt to capture one viral particle or a "strain" call it "something" and create detention camps around it.

This is the absolute wrong course of action and will be met with opposition. My family and many families won't remain in WA if this type of force would be used on anyone.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Personal health decisions are personal.

You are the Health Dept. why have you YET to publish an FLCCC type protocol for prophylactic in early intervention?

<https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Alliance-I-MASKplus-Protocol-ENGLISH.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid19criticalcare.com%2Fwp-content%2Fuploads%2F2020%2F11%2FFLCCC-Alliance-I-MASKplus-Protocol-ENGLISH.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cdbb1a1e0e68a4aed80f708d9d20839>

Our small community lost 14 young people to suicide in the "lockdowns" last year. Why is this not alarming, and clear this course of action is detrimental?

Not one mention has been made of healthy diet, proper vitamins and minerals, movement, mental health. All communication has been the marketing arm for

vaccination which is

- Not effective in preventing illness
- Not effective in preventing transmission
- Causing adverse reaction and death

Not every kid can eat gluten, walk on grass or have a peanut without anaphylaxis, it's fully unreasonable and unscientific to think a one size fits all. It does not. Let alone that many children have antibodies just from exposure to their parents during illness.

7 adults in my family got Covid in the spring. We did not quarantine our kids away from us.

Among our family was a

- 2x cancer survivor on heart medication
- Medicated T2 diabetic with a recent history of heart attack and stroke
- Thyroid/Hashimoto issue, CPAP user
- 4 average healthy adults

All recovered with early aggressive at home treatment.

The cancer survivor recovered first among us.

Of our 6 exposed children to all our (terrible) symptoms, zero contracted covid, got sick or had illness of any kind.

Including my two year old with Down Syndrome.

We used the FLCCC protocol including ivermectin and gave our kids extra vitamins.

As a mother to a child with autoimmune issues I had been hyper vigilant. All on board, always masked. We had been mostly isolated.

It is my belief that we contracted covid from several newly vaccinated family members at Easter who did not wait to be with people post vaccine.

We had nearly no exposure to anyone outside our house in the time frame. We work and school from home.

Vaccination is not the answer, this has become clear.

- it does not prevent infection.
- it does not prevent transmission.
- it does not create immunity whatsoever.
- it is still in the trial phase until Jan 2023.
- the public has not been given informed consent, nearly by suppressing the adverse reactions that have already occurred nor fully disclosing what's in it or the risk to the body.
- Vaccine trials do not mature typically for 10-14 years
- we do not know the long term effects.

To push policy and legislation in this context is grossly negligent.

We lost a child in our community this holiday "suddenly" to a heart episode. Another healthy young adult male to a PE.

There will be little connection to the fact that the vaccines are causing adverse

reaction, until it becomes apparent. And it will.

We have little transparency on adverse reaction but through VAERS, a trusted source of data that we know is 99% underreported per Harvard since the '40s:

- 1,000,227 adverse reports have been submitted through December 24, 2021.
- 21,002 deaths
- 8,673 cases of anaphylaxis
- 12,532 cases of Bells Palsy
- 10,640 heart attacks
- 22,117 myocarditis
- 36,492 severe allergic reaction

<https://openvaers.com/covid-data>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cdbb1a1e0e68a4aed80f708d9d208391b%7C>

We know from the FOIA documents from Pfizer there was 41% adverse reaction in the first two months of 2021 as the injections rolled out. 11,361 unresolved injuries and 1,223 deaths in the first two months should have stopped all of this in its tracks.

This information had to be force requested by court order.

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fphmpt.org%2Fwp-content%2Fuploads%2F2021%2F11%2F5.3.6-postmarketing-experience.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cdbb1a1e0e68a4aed80f708d9d208>

This in not something the state department should be creating legislation, policy, detention, requirement or mandate around.

This is an obvious failure and will continue to come to light.

Do not move forward with this.

This information alone is enough to expose harm.

To proceed with this open available disclosure of information makes the state complicit.

Taking this course of action is knowingly partnering with potentially harming WA state residents and children.

Jaclyn Walker

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Sent from Gmail Mobile

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Sent from Gmail Mobile

From: Jane Valencia

Sent: 1/7/2022 10:14:39 AM

To: Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: Fwd: Mandatory Vax and Forced Quarantine

External Email

Dear Public Servants

Is it really true that you are seriously considering the following?:

"Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040)."

I cannot tell you how deeply alarmed I am that this is even a possibility. I live on property that was previously owned by a Japanese-American family who were essentially 'isolated and quarantined' in an internment camp during World War II. This was done to 110,000 Japanese/Japanese-American families in the name of public safety as well as "for their safety". We all agree today that this should never have happened, and we as a society have vowed it will never happen again.

And here we are considering something similar. Yes, the emergency is different, and no doubt the definitions and details are "milder." But we are talking here about the same kinds of things: Forced isolation and containment for public safety and "for their own good."

***The reason that we have principles and codes is so that we know what lines we don't cross when faced with a challenging situation. ***

Principles and codes keep us grounded. Human beings are creative and clever: We can figure out other ways to solve the problem.

We as a county, state, and federal government have headed in a very wrong direction. Coercing individuals to get vaccinated as a condition to live their everyday lives is absolutely unethical, violating the Nuremberg code established after World War to and Informed Consent practices, which are meant to safeguard a person's right to choose what happens medically to their body. Terrible wrongs have been done in the past, both here in the US and elsewhere -- thus these codes. They are established so that during stressful times (like now) we do not stray from what we know to be the right way to treat one another, individually, organizationally, and governmentally.

COVID is spread by anyone -- vaccinated and unvaxxed. There truly is no good reason to mandate getting the vaccine when the vaccinated can still contract COVID, and can still spread it to others. This is not a pandemic of the

unvaccinated, and to persecute individuals and families for making their own health choices -- especially in relation to this experimental therapy in which people are suffering adverse effects that are far more serious than is being publically acknowledged is appalling to me. I know someone who has lost two family members to vaccine adverse reactions, and a 21 year old young woman of previous excellent health who has suffered catastrophic injury. And I have several friends and family members who are suffering serious health problems after receiving their booster.

Please: do the right thing. Stand for principles and human rights and human dignity. The problem of COVID spread will not be solved by locking persons and families in an "isolation and quarantine" facility to force them to do something they feel is fundamentally wrong for them. Please stand on the right side of history and say no to this emergency order.

Please be courageous.

The kind of action has never ended up being viewed by history as acceptable.

Thank you for reading these words.

Sincerely,
Jane Terese

From: Paul Croteau

Sent: 1/7/2022 11:12:15 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Involuntary Quarantine and Immunization Criteria for Child Care and School Entry

External Email

Dear Washington State Board of Health (WSBOH) Member,

This is in regards to your upcoming meeting January 12, 2022.

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

And, I am completely against COVID-19 injections as part of the school immunization requirements using WAC 246-105, for the following Reasons:

1. Children are at very low risk for catching COVID.
2. The vaccines are still only EUA (emergency use authorized)
3. We have NO long term studies completed to document any history of safety of this vaccine!
4. Studies are now showing that both vaccinated AND unvaccinated can carry and transmit COVID.

This is still America! The Constitution of the United States guarantees citizens the freedoms and rights that you seek to remove!
This is a VAST overreach and misuse of power!

I insist that you oppose these measures!

One of "We the People",

Paul J. Croteau

From: Emily Seaboch
Sent: 1/7/2022 6:58:45 AM
To:
Cc:
Subject: PROPOSED POLICIES

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. Forcing anything on free Americans protected by the Constitution is asking for strife and dissension. We will hold the line against tyrannical mandates and proposed polices that violate our civil liberties and fundamental rights as human beings. I stand with the Constitution - will you? I stand with the Word of God:

"Praise the name of God forever and ever, for he has all wisdom and power. He controls the course of world events; he removes kings and sets up other kings. He gives wisdom to the wise and knowledge to the scholars. He reveals deep and mysterious things and knows what lies hidden in darkness, though he is surrounded by light."

□□Daniel 2:22□□

Whether you stand with the Word or not, It's Everlasting, Unshakable, and pierces the soul with Truth.

I call on you to represent the population of those whom you swore to be a voice for and reject all such aforementioned policies.

"Speak up for those who cannot speak for themselves; ensure justice for those being crushed."

□□Proverbs 31:8□□

"Ensure justice" - isn't that the key to the position you are in?

Kind Regards,

Emily Seaboch
Registered Voter in Washington State

12516 149th Street E
Puyallup, WA 98374

From: Jessica Simenstad
Sent: 1/6/2022 11:08:01 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No to unconstitutional proposed laws

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Jessica Simenstad

From: Lance Montgomery
Sent: 1/6/2022 1:28:56 PM
To: DOH WSBOH
Cc:
Subject: NO to applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

External Email

Washington State Board of Health,

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Your proposals listed below are a tyrannical over-reach of a government violating the Constitutional Rights of individual citizens, including parents and kids.

* Allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100. Law enforcement officers are Not in favor of this, neither are the citizens.

* Including the Covid-19 injections as part of school immunization requirements using WAC 246-105. Parents have the final say on vaccinations for their children, Not the state, Not the Government, and Not some beauracratc Health Board.

You are emulating Nazi German's government of the 1940s with these proposed Covid Polices. Your proposed Covid policies are crossing red lines for many Americans. Do Not push Americans citizens into a corner with your over-reaching unconstitutional proposals, policies, or mandates. I ask that you drop these proposals immediately. The citizens of Washington whole heartedly reject these proposed Covid Policies. Respect and honor the U.S. and WA Constitutional rights of citizens to make their own health decision for themselves and their family.

Sincerely,

Lance

From: Jennifer Miller
Sent: 1/5/2022 10:12:20 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-100-040

External Email

To whom it may concern-

I am shocked and terrified to learn we even have a bill in this state that allows for involuntary quarantining of Washington State Residents but even more shocked that this may get extended to cover Covid-19. The initial and ongoing government attempts to control this virus have done so much harm to the people, children, and small businesses of this state. The vaccine passports in King County don't appear to have worked at all looking at the latest numbers. Medical procedures, tests, vaccines should all require informed consent. I for one have a vaccine injury from the Covid shot. I do not intend therefore to give any of my 4 children the shot as a result. Medical procedures, including vaccines do carry risks and each person should be allowed to make the decisions for their individual circumstances. The vaccines effectiveness against Omicron as well as the diminished symptoms of Omicron make you wonder why in the world is our DOH looking at forcing this now? Governmental policies such as this will not stop the spread of Covid, but they will hurt the communities trust and will allow a legal way for the unvaccinated to be prosecuted not only by the media but now by the very law enforcement charged to protect them. These type of policies will only continue to drive more people from this state. You cannot take away free will and expect good outcomes. This is a terrible idea.

Jennifer Miller

Sent from my iPhone

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

From: paul budnek

Sent: 1/6/2022 1:09:29 PM

To: hallwf1@dshs.wa.gov, DFI MI Consumer Services, Director (DFW), DNR RE FP BOARD, Schmidt, Karen, GMB DL CLD, Markert, Joanne (WaTech), Hurtado, Mystique (GOIA), wga@wagrains.com, Western (ELUHO), Cleary, Michelle (HCA), DOH WSOH, whefa@wshfc.org, info@hcqa.wa.gov, whrc@whrc.state.wa.us, LEG Support, askus@wshfc.org, commissioners@hum.wa.gov, SIB DL Recep, forte.david@leg.wa.gov, cjc@cjc.state.wa.us, tomc@k20wa.org, LNI RE Public Affairs, DNR RE CPL, LEOFF Reception (LEOFF), library.requests@courts.wa.gov, oconnell.mike@leg.wa.gov, leap@leg.wa.gov, ltgov@leg.wa.gov, LCI DL Director's Office Communications Group, LOT Directors_Office, info@nwcouncil.org, DOH HSQA Customer Service Center, nancyk1@atg.wa.gov, jeremy.weber@wsp.wa.gov, legals@ptleader.com, membershipservices@latimes sun.co.uk, kbest@seattletimes.com, SanAntonio@ic.fbi.gov, tips@chicagotribune.com, gsp@gsp.va, fed@cabin office.gsi.gov.uk, jsimon@seattletimes.com, nytnews@nytimes.com, Miami@ic.fbi.gov, Paul Huber, usms.wanted, Mark.Sweitzer@mil.wa.gov, fbijn@leo.gov, anchoragefbi@ak.net, phoenix@ic.fbi.gov, bos

dunford, foiparequest@ic.fbi.gov, info@ejc.org, minneapolis@ic.fbi.gov, communication@nca.x.gsi.gov.uk, london CID. Crime. Tipsmail. Mil, supreme, bamcntyso@oburg.net, Lysandra.Davis@wsp.wa.gov, james.cody.1@us.af.mil, justined@bu.edu Pentagon EM Mailbox ICE User Support, david765@013.net, san francisco@ic.fbi.gov, norfolk_fo@ic.fbi.gov, yedelstein@knesset.gov.il, Ezelle Robert (MIL), knoxville@ic.fbi.gov, zachary.m.white@usmc.mil, jbrowning@aei.org, vincent.brooks@us.army.mil, indiana York, anne.alstott@yale.edu, John Urquhart, jgrech@holyseemission.org, us. marshals, sunmanchester@the-sun.co.uk, help@thesun.co.uk, enquiries@newslicensing.co.uk, letters@the-sun.co.uk, deardeidre@the-sun.co.uk, Paul Budnek, paul budnek, letters@peninsuladailynews.com, brittneyj@peninsulabehavioral.org, charlie.bermant@peninsuladaily Associated Counsel, aramberg@perkinscoie.com, Cantwell, Maria, Benedict, Bill, Scrain, smadison@sequimwa.gov, Kmalone@cityofpa.us, Lbrown@cityofpa.us, abrusseau@cityofpa.us, kcoo

Ken, msanders@cityofpa.us, pafire@cityofpa.us, cdewey@cityofpa.us, sbruch@cityofpa.us, tnevaril@cityofpa.us Keith (DOHi), Ckidd, jthaxton@cityofpa.us, jpowless@cityofpa.us, ssexton@cityofpa.us, hbalderson@cityofpa.us, dara Tamara (DOHi), carola.schmid@co.snohomish.wa.us, brian.austin@co.snohomish.wa.us, scornwell@fbhwa.org, jessica

Cc:

Subject: THE MALO AMINO, THE EVIL INTENT; OF EVERY COURT HEARING WHERE THERE WAS NOT ANY DUE PROCESS. TODAY, I WANT SUED AND PROSECUTED THE MALICIOUS EMPLOYEES OF ALL FORMS OF GOVERNMENT THAT CONCEAL FELONIES!



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External Email

I WENT THROUGH THE DOCUMENTATION OF ALL THE ACCUSATIONS OF CRIMES, AND ME AS A RESPONDENT. THERE IS MALO AMINO; IN THE REFUSAL TO ADMIT BRADY MATERIAL, THE REFUSAL TO EXONERATE THE INNOCENT AND THE EVIL INTENT TO CONCEAL FELONIES.

I WANT MY SONS, IN MY CUSTODY AND I WANT PROSECUTED ALL THE AFORETHOUGHT MALICE OF ALL THOSE THAT HAVE CRIMINAL CONSPIRACY AGAINST THE ENFORCEMENT OF THE REQUIREMENTS OF LAWS! I HAVE NEVER DONE ANYTHING CRIMINAL, AND I WANT SUED AND IMPRISONED EVERY MALICE OF ALL FORMS OF GOVERNMENT!.

I WANT MARILYN, HER KIDS, MY SONS AND MYSELF HAVING THE ENFORCEMENT OF ALL THE BENEFITS OF BEING VICTIMS!

IT IS CONSTRUCTIVE FRAUD TO DISMISS CASES FOR INCOMPETENCE; WHEN YOU HAVE THE EVIDENCE THAT THE ACCUSED WAS NEVER INVOLVED IN ANYTHING CRIMINAL. THE FAKE VICTIM AND HER AFORETHOUGHT MALICE IN THE PLANNING OF HER OWN VICTIMIZATION; REQUIRES THE EXONERATION OF MYSELF AND THE ENFORCEMENT OF THE PARENTING RIGHTS OF THE PARENT THAT NEVER DID ANYTHING CRIMINAL!

TODAY, I WANT THE MALICE OF EVERY EMPLOYEE PROSECUTED; AND I WANT ALL THE BENEFITS OF BEING VICTIMIZED!

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THE 4 STATES OF MIND THAT HAVE THE AFORETHOUGHT MALICE OF CAUSING INJURY, DEATH, PAIN, SUFFERING, DEPRIVATION OF LAWS!

IT IS RELEVANT AS TO WHY THE FAKE VICTIM WAS AT ANY LOCATION DURING THE FAKE VICTIMIZATION. THE ABUSES OF JUDICIAL PROCESS, THE FALSE LIGHT, THE DEFAMATION AND THE CONCEALMENT OF FELONIES REQUIRES COPS AND SHERIFFS TO BE SUED AND PROSECUTED FOR THE DESTRUCTION OF MY LIFE AND THE LIVES OF MY SONS. I WANT THIS STATE AND THE UNITED STATES TO KNOW THE WRATH OF THE WRONGLY ACCUSED, THE EXPUNGEMENT OF THE ACCUSATIONS OF CRIMES, AND THE FRAUDULENT USE OF JUDICIAL PROCESS.

THAT MALICE OF THE FAKE VICTIM THAT PREMEDITATED THE LEAVING OF HER RESIDENCE, TO CAUSE THE FAKE VICTIMIZATION; IS A TREBLE DAMAGES FRAUD. THE DESTRUCTION OF MY LIFE AND THE LIVES OF MY SONS; REQUIRES THE SUING AND PROSECUTION OF EVERY COP AND SHERIFF!

THE WRATH FOR COPS THAT CONCEAL CRIMES, THE WRATH FOR ABUSES OF CHILDREN AND THE WRATH OF MYSELF AND MY SONS BEING VICTIMIZED. I WANT SUED AND PROSECUTED THE CRIMES OF THOSE THAT REFUSED TO ENFORCE THE RIGHTS OF AMERICANS!

IT IS AN OBSTRUCTION OF JUSTICE TO NOT EXONERATE THE INNOCENT, NOT ENFORCE CHILD ABUSE LAWS AND NOT PROSECUTE CRIMINAL CONSPIRACY. MY SONS ARE BEING HELD HOSTAGE, THEY HAVE BEEN ABDUCTED, KIDNAPPED AND ABUSED FOR 10 YEARS AND 6 MONTHS.

I WANT THEM IN MY CUSTODY AND I WANT THE OBSTRUCTION OF JUSTICE LAWS ENFORCED, THE KIDNAPPING LAWS ENFORCED, THE CRIMINAL CONSPIRACY LAWS ENFORCED, AND THE CHILD ABUSE LAWS ENFORCED.

THE TAKING OF MY SONS WITHOUT ANY DUE PROCESS, WITHOUT THE ENFORCEMENT OF THE REQUIREMENTS OF LAW; IS HOLDING THEM HOSTAGE TO OBSTRUCT THE PROSECUTIONS OF FAKE CRIMES, FALSE ACCUSATIONS AND THE FRAUDS OF JUDGES.

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I WANT PROSECUTED THE OBSTRUCTIONS OF JUSTICE, THE REFUSAL TO ADMIT BRADY MATERIAL AND THE REFUSAL TO ENFORCE THE PARENTING RIGHTS OF MYSELF. TODAY, I WANT THEM IN MY CUSTODY AND I WANT SUED AND IMPRISONED THOSE OATHS THAT HOLD CHILDREN HOSTAGE TO OBSTRUCT THEIR PROSECUTION!

IT IS NOT A DEFENSE TO INTERNATIONAL KIDNAPPING TO REFUSE TO ENFORCE THE EXPUNGEMENT OF GUAM SUPERIOR COURT, TO REQUIRE THE DUE PROCESS OF COURT ORDERS, AND REQUIRE THE PROOF OF SERVICE OF ANY COURT ORDER. IT IS INTERNATIONAL KIDNAPPING, FOR ISSUING A PROTECTION ORDER IN WASHINGTON STATE ON JUNE 8TH OF 2011; WITHOUT THERE BEING ANY NEED FOR A PROTECTION ORDER, WITHOUT ANY NOTICE OR OPPORTUNITY TO BE HEARD REQUIRED FOR THE RESPONDENT, AND THE NEED TO REISSUE A PROTECTION ORDER IN 2012; FOR THE FABRICATED EVIDENCE OF THE ACCUSATION OF VIOLATING A PROTECTION ORDER.

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NONE OF THE PROTECTION ORDERS, THE DECREE OF DISSOLUTION OF MARRIAGE AND THE ACCUSATIONS OF CRIMES ARE LEGITIMATE VALID COURT ORDERS!

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I HAVE A GOAL TO IMPRISON, SUE AND REQUIRE RESTITUTION OF ALL THOSE THAT ARE ENFORCING ANY OF THE COURT ORDERS OF THE STATE OF WASHINGTON. IT IS NOT A DEFENSE TO INTERNATIONAL KIDNAPPING WHEN YOU USE FORGERIES, PERJURY, IMPERSONATIONS, BRIBERY AND FAKE CRIMES TO ISSUE COURT ORDERS!

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THIS IS A PICTURE OF SUSAN BAUERS, IT IS NOT MARILYN VANPROYEN, I WANT TO SPEAK TO MARILYN!

I WANT MY SONS IN MY CUSTODY, I WANT MARILYN AND HER KIDS LIVING WITH US; I WANT SUED AND PROSECUTED ALL OBSTRUCTIONS OF JUSTICE, RETALIATION, HOLDING HOSTAGE, KIDNAPPING AND CRIMINAL CONSPIRACY OF EVERY EMPLOYEE OF ALL FORMS OF GOVERNMENT, ALL EMPLOYEES OF EVERY CORPORATION AND EVERY EMPLOYEE OF EVERY CHARITY THAT IS LEGALLY AND PROFESSIONALLY ANSWERABLE; FOR THE KNOWLEDGE OF ANY DOCUMENTED CRIME!

Malfeasance in office

Malfeasance in office is often grounds for a [just cause](#) removal of an elected official by [statute](#) or [recall election](#).^[1] Malfeasance in office contrasts with "misfeasance in office", which is the commission of a *lawful* act, done in an official capacity, that improperly causes harm; and "nonfeasance in office," which is the failure to perform an official duty.

An exact definition of [malfeasance](#) in office is difficult: many highly regarded [secondary sources](#) (such as books and commentaries) compete over its established elements based on reported cases. This confusion has arisen from the [courts](#) where no single consensus definition has arisen from the relatively few [reported](#) appeal-level cases involving malfeasance in office.

England and Wales

Under [English law](#), **misconduct in public office** is a criminal offence at [common law](#) which dates back to the 13th century.^{[2][3]}

The offence carries a maximum penalty of [life imprisonment](#). It is confined to those who are [public office](#) holders, and is committed when the office holder acts (or neglects to act) in a way that constitutes a breach of the duties of that office.^[4]

The [Crown Prosecution Service](#) guidelines on this offence^[2] say that the elements of the offence are when:

1. A public officer acting as such.
2. Wilfully neglects to perform one's duty and/or wilfully misconducts oneself.
3. To such a degree as to amount to an abuse of the public's trust in the office holder.^[5]
4. Without reasonable excuse or justification.

The similarly-named misfeasance in public office is a [tort](#). In the [House of Lords](#) judgement on the [BCCI](#) case, it was held that this had three essential elements:^[6]

1. The defendant must be a public officer
2. The defendant must have been exercising his power as a public officer
3. The defendant is either exercising targeted malice or exceeding his powers

"Misconduct in public office" is often but inaccurately rendered as "misconduct in a public office", which has a different meaning.

United States

The [West Virginia Supreme Court of Appeals](#) summarized a number of the definitions of malfeasance in office applied by various appellate courts in the [United States](#).

Malfeasance has been defined by [appellate courts](#) in other jurisdictions as a [wrongful](#) act which the actor has no legal right to do; as any wrongful conduct which affects, interrupts or interferes with the performance of official duty; as an act for which there is no authority or warrant of [law](#); as an act which a person ought not to do; as an act which is wholly wrongful and unlawful; as that which an officer has no authority to do and is positively wrong or unlawful; and as the unjust performance of some act which the party performing it has no right, or has contracted not, to do.

— *Daugherty v. Ellis*, 142 W. Va. 340, 357-8, 97 S.E.2d 33, 42-3 (W. Va. 1956) (internal citations omitted).

The court then went on to use yet another definition, "malfeasance is the doing of an act which an officer had no legal right to do at all and that when an officer, through [ignorance](#), inattention, or [malice](#), does that which they have no legal right to do at all, or acts without any authority whatsoever, or exceeds, ignores, or abuses their [powers](#), they are guilty of malfeasance."

Nevertheless, a few "elements" can be distilled from those cases. First, malfeasance in office requires an affirmative act or omission. Second, the act must have been done in an official capacity—under the [color of office](#). Finally, that that act somehow interferes with the performance of official duties—though some debate remains about "whose official" duties.

In addition, jurisdictions differ greatly over whether [intent](#) or [knowledge](#) is necessary. As noted above, many courts will find malfeasance in office where there is "ignorance, inattention, or malice", which implies no intent or knowledge is required.

See also

- [Abuse of power](#)
- [F. O. "Potch" Didier](#)
- [Graft](#)
- [Misfeasance](#)

Notes and references

1. ["2011 Louisiana Laws :: Revised Statutes :: TITLE 14 – Criminal law :: RS 14:134 – Malfeasance in office"](https://law.justia.com/codes/louisiana/2011/rs/title14/rs14-134/) (<https://law.justia.com/codes/louisiana/2011/rs/title14/rs14-134/>) . Justia Law. Retrieved 2020-05-25.
2. [Crown Prosecution Service - Guidelines on Misconduct In Public Office](http://www.cps.gov.uk/legal/l_to_o/misconduct_in_public_office/) (http://www.cps.gov.uk/legal/l_to_o/misconduct_in_public_office/)

3. *"Nick Clegg says journalists tried for paying public officials should have clearer public interest defence in law"* (<http://www.pressgazette.co.uk/nick-clegg-says-journalists-tried-paying-public-officials-should-have-clearer-public-interest>) .
PressGazette. 30 March 2015. Retrieved 31 March 2015.
4. *"Misconduct in Public Office"* (http://www.cps.gov.uk/legal/l_to_o/misconduct_in_public_office/) . cps.gov.uk.
5. *In the decision not to prosecute* (http://www.cps.gov.uk/news/articles/decision_on_prosecution_-_mr_christopher_galley_and_mr_damian_green_mp/) Archived (https://web.archive.org/web/20160303172613/http://www.cps.gov.uk/news/articles/decision_on_prosecution_-_mr_christopher_galley_and_mr_damian_green_mp/) 2016-03-03 at the [Wayback Machine](#) *Damian Green the Director of Public Prosecutions* formulated this as "the breach must have been such a serious departure from acceptable standards as to constitute a criminal offence; and to such a degree as to amount to an abuse of the public's trust in the public official;" citing the [Court of Appeal](#) in the case of Attorney General's Reference No.3 of 2003 [2004] EWCA Crim 868
6. *House of Lords judgements* (<http://www.parliament.the-stationery-office.co.uk/pa/ld199900/ldjudgmt/jd000518/rivers-1.htm>) Archived (<https://web.archive.org/web/20060313092450/http://www.parliament.the-stationery-office.co.uk/pa/ld199900/ldjudgmt/jd000518/rivers-1.htm>) 2006-03-13 at the [Wayback Machine](#) on *Three Rivers District Council and Others v. The Governor and Company of The Bank of England*

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APPENDIX V

LEGAL LATIN PHRASES AND MAXIMS

A **Legal Maxim** is an established principle or proposition. The Latin term, apparently a variant on *maxima*, is not to be found in Roman law with any meaning exactly analogous to that of a legal maxim in the Medieval or modern sense of the word, but the treatises of many of the Roman jurists on *Regular definitiones*, and *Sententiae juris* are, in some measure, collections of maxims. Most of the Latin maxims developed in the Medieval era in European countries that used Latin as their language for law and courts.

Legal Latin Phrases and Maxims¹

- **A mensa et thoro** - From bed and board.
- **A vinculo matrimonii** - From the bond of matrimony.
- **Ab extra** - From outside.
- **Ab initio** - From the beginning.
- **Absoluta sententia expositore non indiget** - An absolute judgment needs no expositor.
- **Abundans cautela non nocet** - Abundant caution does no harm.
- **Accessorium non ducit sed sequitur suum principale** - An accessory does not draw, but follows its principal.
- **Accessorius sequitur** - One who is an accessory to the crime cannot be guilty of a more serious crime than the principal offender.
- **Acta exteriora iudicant interiora secreta** - Outward acts indicate the inward intent.
- **Actio non accrevit infra sex annos** - The action has not accrued within six years.
- **Actio non datur non damnificato** - An action is not given to one who is not injured.

1. http://www.inrebus.com/legalmaxims_a.php

- **Actio personalis moritur cum persona** - A personal action dies with the person.
- **Actiones legis** - Law suits.
- **Actori incumbit onus probandi** - The burden of proof lies on the plaintiff.
- **Actus nemini facit injuriam** - The act of the law does no one wrong.
- **Actus non facit reum nisi mens sit rea** - The act does not make one guilty unless there be a criminal intent.
- **Actus reus** - A guilty deed or act.
- **Ad ea quae frequentius accidunt jura adaptantur** - The laws are adapted to those cases which occur more frequently.
- **Ad hoc** - For this purpose.
- **Ad infinitum** - Forever, without limit, to infinity.
- **Ad perpetuam rei memoriam** - For a perpetual memorial of the matter.
- **Ad quaestionem facti non respondent iudices; ad quaestionem legis non respondent juratores** - The judges do not answer to a question of fact; the jury do not answer to a question of Law.
- **Aedificare in tuo proprio solo non licet quod alteri noceat** - It is not lawful to build on one's own land what may be injurious to another.
- **Aequitas legem sequitur** - Equity follows the law.
- **Aequitas nunquam contravenit legem** - Equity never contradicts the law.
- **Alibi** - At another place, elsewhere.
- **Alienatio rei praefertur juri accrescendi** - Alienation is preferred by law rather than accumulation.
- **Aliunde** - From elsewhere, or, from a different source
- **Allegans contraria non est audiendus** - One making contradictory statements is not to be heard.
- **Allegans suam turpitudinem non est audiendus** - One alleging his own infamy is not to be heard.
- **Allegatio contra factum non est admittenda** - An allegation contrary to a deed is not to be heard.
- **Ambiguitas contra stipulatorem est** - An ambiguity is most strongly construed against the party using it.
- **Ambiguitas verborum patens nulla verificatione excluditur** - A patent ambiguity is never helped by averment.
- **Amicus curiae** - A friend of the Court.
- **Angliae jura in omni casu libertati dant favorem** - The laws of England are favorable in every case to liberty.

- **Animo furandi** - With an intention of stealing.
- **Animo testandi** - With an intention of making a will.
- **Annus luctus** - The year of mourning.
- **Ante** - Before.
- **Aqua currit et debet currere, ut currere solebat** - Water runs and ought to run.
- **Arbitrium est iudicium** - An award is a judgment.
- **Arbor dum crescit; lignum cum crescere nescit** - A tree while it grows, wood when it cannot grow.
- **Argumentum ab auctoritate fortissimum est in lege** - An argument drawn from authority is the strongest in law.
- **Argumentum ab impossibili plurimum valet in lege** - An argument from impossibility is very strong in law.
- **Argumentum ad hominem** - An argument directed at the person.
- **Argumentum ad ignorantiam** - An argument based upon ignorance (i.e. of one's adversary).
- **Arma in armatos sumere jura sinunt** - The laws permit the taking up of arms against the armed.
- **Assentio mentium** - The meeting of minds, i.e. mutual assent.
- **Assignatus utitur jure auctoris** - An assignee is clothed with rights of his assignor.
- **Audi alteram partem** - Hear the other side.
- **Aula regis** - The King's Court.
- **Benignior sententia in verbis generalibus seu dubiis est preferenda** - The more favorable construction is to be placed on general or doubtful words.
- **Bis dat qui cito dat** - He gives (pays) twice who pays promptly.
- **Bona fide** - Sincere, in good faith
- **Bona vacantia** - Goods without an owner
- **Boni judicis est ampliare jurisdictionem** - It is the part of a good judge to enlarge his jurisdiction, i.e. remedial authority.
- **Boni judicis est iudicium sine dilatione mandare executioni** - It is the duty of a good judge to cause execution to issue on a judgment without delay.
- **Boni judicis lites dirimere est** - It is the duty of a good judge to prevent litigation.
- **Bonus judex secundum aequum et bonum iudicat et aequitatem stricto juri praefert** - A good judge decides according to justice and right and prefers equity to strict law.

- **Breve judiciale non cadit pro defectu formae** - A judicial writing does not fail through defect of form.
- **Cadit quaestio** - The matter admits of no further argument.
- **Cassetur billa (breve)** - Let the writ be quashed.
- **Casus fortuitus non est spectandus; et nemo tenetur divinare** - A fortuitous event is not to be foreseen and no person is bound to divine it.
- **Catalla reputantur inter minima in lege** - Chattels are considered in law among the minor things.
- **Causa proxima, non remota spectatur** - The immediate, and not the remote cause is to be considered.
- **Caveat emptor** - Let the purchaser beware.
- **Caveat venditor** - Let the seller beware.
- **Cepi corpus et est languidum** - I have taken the body and the prisoner is sick.
- **Cepi corpus et paratum habeo** - I have taken the body and have it ready.
- **Ceteris paribus** - Other things being equal.
- **Consensu** - Unanimously or, by general consent.
- **Consensus ad idem** - Agreement as to the same things.
- **Consuetudo loci observanda est** - The custom of the place is to be observed.
- **Contemporanea expositio est optima et fortissima in lege** - A contemporaneous exposition is best and most powerful in law.
- **Contra** - To the contrary.
- **Contra bonos mores** - Against good morals.
- **Contra non valentem agere nulla currit praescriptio** - No prescription runs against a person not able to act.
- **Contractus est quasi actus contra actum** - A contract is an act as it were against an act.
- **Conventio et modus vincunt legem** - A contract and agreement overcome the law.
- **Conventio privatorum non potest publico juri derogare** - An agreement of private persons cannot derogate from public right.
- **Coram Domino Rege** - In the presence of our Lord the King.
- **Coram non iudice** - Before one who is not a judge.
- **Corpus** - Body.
- **Corpus delicti** - The body, i.e. the gist of crime.

- **Corpus humanum non recipit aestimationem** - A human body is not susceptible of appraisal.
- **Crescente malitia crescere debet et poena** - Vice increasing, punishment ought also to increase.
- **Crimen omnia ex se nata vitiat** - Crime vitiates every thing, which springs from it.
- **Crimen trahit personam** - The crime carries the person.
- **Cujus est dare, ejus est disponere** - He who has a right to give has the right to dispose of the gift.
- **Cujus est solum, ejus est usque ad coelam; et ad inferos** - He who owns the soil owns it up to the sky; and to its depth.
- **Cum duo inter se pugnantia reperiuntur in testamentis ultimum ratum est** - When two things repugnant to each other are found in a will, the last is to be confirmed.
- **Cursus curiae est lex curiae** - The practice of the court is the law of the court.
- **Custos morum** - A guardian of morals.
- **Damnum sine injuria** - damage without legal injury.
- **De bonis asportatis** - Of goods carried away.
- **De bonis non administratis** - Of goods not administered.
- **De die in diem** - From day to day.
- **De facto** - In fact.
- **De futuro** - In the future.
- **De integro** - As regards the whole.
- **De jure** - Rightful, by right.
- **De minimis lex non curat** - The law does not notice trifling matters.
- **De novo** - Starting afresh.
- **Debile fundamentum fallit opus** - Where there is a weak foundation, the work fails.
- **Debita sequuntur personam debitoria** - Debts follow the person of the debtor.
- **Debitor non praesumitur donare** - A debtor is not presumed to make a gift.
- **Debitum et contractus sunt nullius loci** - Debt and contract are of no particular place.
- **Debitum in praesenti, solvendum in futuro** - A present debt is to be discharged in the future.

- **Delegata potestas non potest delegari** - A delegated authority cannot be again delegated.
- **Derivativa potestas non potest esse major primitiva** - The power which is derived cannot be greater than that from which it is derived.
- **Deus solus haeredem facere potest, non homo** - God alone, not man, can make an heir.
- **Dies Dominicus non est juridicus** - Sunday is not a day in law.
- **Discretio est discernere per legem quid sit justum** - Discretion is to discern through law what is just.
- **Doli incapax** - Incapable of crime.
- **Dominium** - Ownership.
- **Domus sua cuique est tutissimum refugium** - Every mans house is his safest refuge.
- **Dona clandestina sunt semper suspiciosa** - Clandestine gifts are always suspicious.
- **Dormiunt leges aliquando, nunquam moriuntur** - The laws sometimes sleep, but never die.
- **Doti lex favet; praemium pudoris est; ideo parcatur** - The law favors dower; it is the reward of chastity, therefore let it be preserved.
- **Dubitante** - Doubting the correctness of the decision.
- **Duo non possunt in solido unam rem possidere** - Two cannot possess one thing each in entirety.
- **Ei incumbit probatio qui** - The onus of proving a fact rests upon the man.
- **Ei incumbit probatio qui dicit, non qui negat** - The burden of the proof lies upon him who affirms, not he who denies.
- **Error, qui non resistitur approbatur** - An error not resisted is approved.
- **Et cetera** - Other things of that type.
- **Ex cathedra** - With official authority.
- **Ex concessis** - In view of what has already been accepted/
- **Ex dolo malo actio non oritur** - A right of action cannot arise out of fraud.
- **Ex facie** - On the fact of it.
- **Ex gratia** - Out of kindness, voluntary.
- **Ex nihilo nil fit** - From nothing nothing comes.
- **Ex nudo pacto actio non oritur** - No action arises on a contract without a consideration.
- **Ex parte** - Proceeding brought by one person in the absence of another.
- **Ex post facto** - By reason of a subsequent act.

- **Ex praecedentibus et consequentibus optima fit interpretatio** - The best interpretation is made from things preceding and following.
- **Ex turpi causa non oritur actio** - No action arises on an immoral contract.
- **Exceptio probat regulam** - An exception proves the rule.
- **Executio est executio juris secundum iudicium** - Execution is the fulfillment of the law in accordance with the judgment.
- **Executio est finis et fructus legis** - An execution is the end and the fruit of the law.
- **Executio legis non habet injuriam** - Execution of the law does no injury.
- **Extra legem positus est civiliter mortuus** - One out of the pale of the law (i.e. an outlaw) is civilly dead.
- **Faciendum** - Something which is to be done.
- **Factum** - An act or deed.
- **Facultas probationum non est angustanda** - The right of offering proof is not to be narrowed.
- **Falsa demonstratio non nocet** - A false description does not vitiate.
- **Fatetur facinus qui iudicium fugit** - He who flees judgment confesses his guilt.
- **Felix qui potuit rerum cognoscere causas** - Happy is he who has been able to understand the causes of things.
- **Felonia implicatur in qualibet proditione** - Felony is implied in every treason.
- **Festinatio justitiae est noverca infortunii** - The hurrying of justice is the stepmother of misfortune.
- **Fictio cedit veritati; fictio juris non est, ubi veritas** - Fiction yields to truth. Where truth is, fiction of law does not exist.
- **Fides servanda est** - Good faith is to be preserved.
- **Fieri facias (abbreviated fi. fa.)** - That you cause to be made.
- **Filiatio non potest probari** - Filiation cannot be proved.
- **Firmior et potentior est operatio legis quam dispositio hominis** - The operation of law is firmer and more powerful than the will of man.
- **Forma legalis forma essentialis est** - Legal form is essential form.
- **Fortior est custodia legis quam hominis** - The custody of the law is stronger than that of man.
- **Fractionem diei non recipit lex** - The law does not regard a fraction of a day.
- **Fraus est celare fraudem** - It is a fraud to conceal a fraud.

- **Fraus est odiosa et non praesumenda** - Fraud is odious and is not to be presumed.
- **Fraus et jus nunquam cohabitant** - Fraud and justice never dwell together.
- **Fructus naturales** - Vegetation which grows naturally without cultivation.
- **Frustra probatur quod probatum non relevat** - That is proved in vain which when proved is not relevant.
- **Furor contrahi matrimonium non sinit, quia consensus opus est** - Insanity prevents marriage from being contracted because consent is needed.
- **Generale nihil certum implicat** - A general expression implies nothing certain.
- **Generalia praecedunt, specialia sequuntur** - Things general precede, things special follow.
- **Generalia specialibus non derogant** - Things general do not derogate from things special.
- **Generalis regula generaliter est intelligenda** - A general rule is to be generally understood.
- **Gravius est divinam quam temporalem laedere majestatem** - It is more serious to hurt divine than temporal majesty.
- **Habeas corpus** - That you have the body.
- **Habemus optimum testem confitentem reum** - We have the best witness, a confessing defendant.
- **Haereditas est nomen collectivum** - Heir is a collective name.
- **Haeres est nomen juris, filius est nomen naturae** - Heir is a term of law, son, one of nature.
- **Haeres legitimus est quem nuptiae demonstrant** - He is the lawful heir whom the marriage indicates.
- **Homo vocabulum est naturae; persona juris civilis** - Man is a term of nature, person of the civil law.
- **Id est (i.e.)** - That is.
- **Id quod commune est, nostrum esse dicitur** - That which is common is said to be ours.
- **Idem** - The same person or thing.
- **Idem nihil dicere et insufficienter dicere est** - It is the same to say nothing as not to say enough.
- **Ignorantia facti excusat, ignorantia juris non excusat** - Ignorance of fact excuses, ignorance of law does not excuse.
- **Imperium in imperio** - A sovereignty within a sovereignty.
- **Impotentia excusat legem** - Impossibility is an excuse in the law.

- **Impunitas semper ad deteriora invitat** - Impunity always leads to greater crimes.
- **In aequali jure melior est conditio possidentis** - When the parties have equal rights, the condition of the possessor is better.
- **In alta prodicione nullus potest esse accessorius; sed principalis solum modo** - In high treason no one can be an accessory; but a principal only.
- **In Anglia non est interregnum** - In England there is no interregnum.
- **In camera** - In private.
- **In casu extremae necessitatis omnia sunt communia** - In a case of extreme necessity everything is common.
- **In criminalibus probationes debent esse luce clariores** - In criminal cases the proofs ought to be cleared than the light.
- **In curia domini regis, ipse in propria persona jura discernit** - In the Kings Court, the King himself in his own person dispenses justice.
- **In delicto** - At fault.
- **In esse** - In existence.
- **In extenso** - At full length.
- **In fictione legis aequitas existit** - A legal fiction is consistent with equity.
- **In foro conscientiae** - In the forum of conscience.
- **In futuro** - In the future.
- **In jure non remota causa sed proxima spectatur** - In law not the remote but the proximate cause is looked at.
- **In limine** - At the outset, on the threshold.
- **In loco parentis** - In place of the parent.
- **In mortua manu** - In a dead hand.
- **In novo casu novum remedium apponendum est** - In a new case a new remedy is to be applied.
- **In omni re nascitur res quae ipsam rem exterminat** - In everything is born that which destroys the thing itself.
- **In omnibus** - In every respect.
- **In pari delicto potior est conditio possidentis** - When the parties are equally in the wrong the condition of the possessor is better.
- **In personam** - Against the person.
- **In pleno** - In full.
- **In quo quis delinquit in eo de jure est puniendus** - In whatever thing one offends in that he is to be punished according to law.

- **In re dubia magis inficiatio quam affirmatio intelligenda** - In a doubtful matter the negative is to be understood rather than the affirmative.
- **In republica maxime conservanda sunt jura belli** - In a State the laws of war are to be especially observed.
- **In situ** - In its place.
- **In terrorem** - As a warning or deterrent.
- **In testamentis plenius testatoris intentionem scrutamur** - In wills we seek diligently the intention of the testator.
- **In traditionibus scriptorum non quod dictum est, sed quod gestum est, inspicitur** - In the delivery of writings (deeds), not what is said but what is done is to be considered.
- **In verbis, non verba sed res et ratio quaerenda est** - In words, not words, but the thing and the meaning are to be inquired into.
- **Indicia** - Marks, signs.
- **Injuria non excusat injuriam** - A wrong does not excuse a wrong.
- **Intentio inservire debet legibus, non leges intentioni** - Intention ought to be subservient to the laws, not the laws to the intention.
- **Inter alia** - Amongst other things.
- **Interest reipublicae res judicatas non rescindi** - It is in the interest of the State that things adjudged be not rescinded.
- **Interest reipublicae suprema hominum testamenta rata haberi** - It is in the interest of the State that mens last wills be sustained.
- **Interest reipublicae ut quilibet re sua bene utatur** - It is in the interest of the State that every one use properly his own property.
- **Interest reipublicae ut sit finis litium** - It is in the interest of the State that there be an end to litigation.
- **Interim** - Temporary, in the meanwhile.
- **Interpretare et concordare leges legibus est optimus interpretandi modus** - To interpret and harmonize laws is the best method of interpretation.
- **Interpretatio fienda est ut res magis valeat quam pereat** - Such a construction is to be made that the thing may have effect rather than it should fail.
- **Interruptio multiplex non tollit praescriptionem semel obtentam** - Repeated interruption does not defeat a prescription once obtained.
- **Invito beneficium non datur** - A benefit is not conferred upon one against his consent.
- **Ipsissima verba** - The very words of a speaker.
- **Ipsso facto** - By that very fact.

- **Ira furor brevis est** - Anger is brief insanity.
- **Iter arma leges silent** - In war the laws are silent.
- **Judex est lex loquens** - A judge is the law speaking.
- **Judex non potest esse testis in propira causa** - A judge cannot be witness in his own cause.
- **Judex non potest injuriam sibi datam punire** - A judge cannot punish a wrong done to himself.
- **Judex non reddit plus quam quod petens ipse requirit** - A judge does not give more than the plaintiff himself demands.
- **Judiciis posterioribus fides est adhibenda** - Faith must be given to later decisions.
- **Judicis est judicare secundum allegata et probata** - It is the duty of a judge to decide according to the allegations and the proofs.
- **Judicium non debet esse illusorium, suum effectum habere debet** - A judgment ought not to be illusory; it ought to have its proper effect.
- **Judices non tenentur exprimere causam sententiae suae** - Judges are not bound to explain the reason of their judgment.
- **Jura naturae sunt immutabilia** - The laws of nature are immutable.
- **Jura publica anteferenda privatis juribus** - Public rights are to be preferred to private rights.
- **Juramentum est indivisibile et non est admittendum in parte verum et in parte falsum** - An oath is indivisible and it is not to be held partly true and partly false.
- **Jurare est Deum in testem vocare, et est actus divini cultus** - To swear is to call God to witness and is an act of divine worship.
- **Jus** - A right that is recognised in law.
- **Jus accrescendi praefertur oneribus** - The right of survivorship is preferred to incumbrances.
- **Jus ad rem; jus in re** - A right to a thing; a right in a thing.
- **Jus dicere, non jus dare** - To declare the law, not to make the law.
- **Jus est norma recti; et quicquid est contra normam recti est injuria** - The law is a rule of right; and whatever is contrary to a rule of right is an injury.
- **Jus naturale** - Natural justice.
- **Jus naturale est quod apud omnes homines eandem habet potentiam** - Natural right is that which has the same force among all men.
- **Jus scriptum aut non scriptum** - The written law or the unwritten law.

- **Jusjurandum inter alios factum nec nocere nec prodesse debet** - An oath made between third parties ought neither to hurt nor profit.
- **Justitia est duplex; severe puniens et vere praeveniens** - Justice is two-fold; severely punishing and in reality prohibiting (offences).
- **Justitia firmatur solium** - The throne is established by justice.
- **Justitia nemini neganda est** - Justice is to be denied to no one
- **Leges posteriores priores contrarias abrogant** - Subsequent laws repeal prior conflicting ones.
- **Legibus sumptis desinentibus legibus naturae utendum est** - When laws imposed by the State fail, we must use the laws of nature.
- **Lex aliquando sequitur aequitatem** - The law sometimes follows equity.
- **Lex citius tolerare vult privatum damnum quam publicum malum** - The law would rather tolerate a private injury than a public evil.
- **Lex dabit remedium** - The law will give a remedy.
- **Lex dilationes abhorret** - The law abhors delays.
- **Lex est judicum tutissimus ductor** - The law is the safest guide for judges.
- **Lex est sanctio sancta jubens honesta et prohibens contraria** - The law is a sacred sanction, commanding what is right and prohibiting the contrary.
- **Lex indendit vicinum vicini facta scire** - The law presumes that one neighbor knows the acts of another.
- **Lex necessitatis est lex temporis i.e. instantis** - The law of necessity is the law of time, that is time present.
- **Lex neminem cogit ad vana seu impossibilia** - The law compels no one to do vain or impossible things.
- **Lex nil frustra facit** - The law does nothing in vain.
- **Lex non a rege est violanda** - The law must not be violated even by the King.
- **Lex non deficere potest in justitia exhibenda** - The law cannot fail in dispensing justice.
- **Lex non novit patrem, nec matrem; solam veritatem** - The law does not know neither father nor mother, only the truth.
- **Lex non oritur ex injuria** - The law does not arise from a mere injury.
- **Lex non requirit verificari quod apparet curiae** - The law does not require that to be proved which is apparent to the Court.
- **Lex non favet delicatorum votis** - The law does not favor the wishes of the dainty.
- **Lex plus laudatur quando ratione probatur** - The law is the more praised when it is supported by reason.

- **Lex prospicit not respicit** - The law looks forward, not backward.
- **Lex punit mendaciam** - The law punishes falsehood.
- **Lex rejicit superflua, pugnatia, incongrua** - The law rejects superfluous, contradictory and incongruous things.
- **Lex spectat naturae ordinem** - The law regards the order of nature.
- **Lex succurrit ignoranti** - The law succors the ignorant.
- **Lex tutissima cassis, sub clypeo legis nemo decipitur** - Law is the safest helmet; under the shield of the law no one is deceived.
- **Lex uno ore omnes alloquitur** - The law speaks to all through one mouth.
- **Longa possessio est pacis jus** - Long possession is the law of peace.
- **Longa possessio parit jus possidendi et tollit actionem vero domino** - Long possession produces the right of possession and takes away from the true owner his action
- **Magister rerum usus; magistra rerum experientia** - Use is the master of things; experience is the mistress of things.
- **Major continet in se minus** - The greater contains the less.
- **Majus est delictum se ipsum occidere quam alium** - It is a greater crime to kill ones self than another.
- **Mala fide** - In bad faith.
- **Mala grammatica non vitiat chartam** - Bad grammar does not vitiate a deed.
- **Mala in se** - Bad in themselves.
- **Mala prohibita** - Crimes prohibited.
- **Malitia supplet aetatem** - Malice supplies age.
- **Malo animo** - With evil intent.
- **Mandamus** - We command.
- **Maximus magister erroris populus est** - The people are the greatest master of error.
- **Melior est conditio possidentis, ubi neuter jus habet** - Better is the condition of the possessor where neither of the two has the right.
- **Melior testatoris in testamentis spectanda est** - In wills the intention of a testator is to be regarded.
- **Meliores conditiones suam facere potest minor deteriores nequaquam** - A minor can make his position better, never worse.
- **Mens rea** - Guilty state of mind.
- **Mentiri est contra mentem ire** - To lie is to act against the mind.

- **Merito beneficium legis amittit, qui legem ipsam subvertere intendit** - He justly loses the benefit of the law who seeks to infringe the law.
- **Minatur innocentibus qui parcit nocentibus** - He threatens the innocent who spares the guilty.
- **Misera est servitus, ubi jus est vagum aut incertum** - It is a miserable slavery where the law is vague or uncertain.
- **Mors dicitur ultimum supplicium** - Death is called the extreme penalty.
- **Multa exercitatione facilius quam regulis percipies** - You will perceive many things more easily by experience than by rules
- **Nam nemo haeres viventis** - For no one is an heir of a living person.
- **Naturae vis maxima est** - The force of nature is the greatest.
- **Necessitas inducit privilegium quoad jura privata** - With respect to private rights necessity induces privilege.
- **Necessitas non habet legem** - Necessity has no law.
- **Necessitas publica est major quam privata** - Public necessity is greater than private necessity.
- **Negligentia semper habet infortuniam comitem** - Negligence always has misfortune for a companion.
- **Nemo admittendus est inhabilitare se ipsum** - No one is allowed to incapacitate himself.
- **Nemo bis punitur pro eodem delicto** - No one can be twice punished for the same offence.
- **Nemo cogitur suam rem vendere, etiam justo pretio** - No one is bound to sell his own property, even for a just price.
- **Nemo contra factum suum venire potest** - No man can contradict his own deed.
- **Nemo debet esse iudex in propria causa** - No one can be judge in his own case.
- **Nemo plus juris transferre ad alium potest quam ipse habet** - No one can transfer to another a larger right than he himself has.
- **Nemo potest contra recordum verificare per patriam** - No one can verify by the country, that is, through a jury, against the record.
- **Nemo potest esse tenens et dominus** - No one can at the same time be a tenant and a landlord (of the same tenement).
- **Nemo potest facere per alium, quod per se non potest** - No one can do through another what he cannot do himself.
- **Nemo potest mutare consilium suum in alterius injuriam** - No one can change his purpose to the injury of another.

- **Nemo praesumitur esse immemor suae aeternae salutis et maxime in articulo mortis** - No one is presumed to be forgetful of his eternal welfare, and particularly in the hour of death.
- **Nemo prohibetur pluribus defensionibus uti** - No one is forbidden to make use of several defences.
- **Nemo punitur pro alieno delicto** - No one is punished for the crime of another.
- **Nemo se accusare debet, nisi coram Deo** - No one should accuse himself except in the presence of God.
- **Nemo tenetur accusare se ipsum nisi coram Deo** - No one is bound to accuse himself except in the presence of God.
- **Nemo tenetur armare adversarium contra se** - No one is bound to arm his adversary against himself.
- **Nexus** - Connection
- **Nihil quod est inconveniens est licitum** - Nothing inconvenient is lawful.
- **Nil facit error nominis cum de corpore constat** - An error of name makes not difference when it appears from the body of the instrument.
- **Nisi** - Unless
- **Non compus mentis** - Not of sound mind and understanding
- **Non constat** - It is not certain
- **Non decipitur qui scit se decipi** - He is not deceived who knows that he is deceived.
- **Non definitur in jure quid sit conatus** - What an attempt is, is not defined in law.
- **Non est arctius vinculum inter homines quam jusjurandum** - There is no stronger link among men than an oath.
- **Non est factum** - It is not his deed
- **Non est informatus** - He is not informed.
- **Non facias malum ut inde veniat bonum** - You shall not do evil that good may come of it.
- **Non jus, sed seisin, facit stipitem** - Not right, but seisin makes a stock (from which the inheritance must descend).
- **Non refert quid notum sit judici si notum non sit in forma judicii** - It matters not what is known to the judge if it is not known judicially.
- **Non sequitur** - An inconsistent statement, it does not follow
- **Nullus commodum capere potest ex sua injuria propria** - No one can derive an advantage from his own wrong.

- **Nullus recedat e curia cancellaria sine remedio** - No one should depart from a Court of Chancery without a remedy.
- **Omne sacramentum debet esse de certa scientia** - Every oath ought to be of certain knowledge.
- **Omnia delicta in aperto leviora sunt** - All crimes (committed) in the open are (considered) lighter.
- **Omnia praesumuntur contra spoliatores** - All things are presumed against a wrongdoer.
- **Omnis innovatio plus novitate perturbat quam utilitate prodeat** - Every innovation disturbs more by its novelty than it benefits by its utility.
- **Optima legum interpretis est consuetudo** - The best interpreter of laws is custom.
- **Optimus interpretis rerum est usus** - The best interpreter of things is usage.
- **Pacta privata juri publico non derogare possunt** - Private contracts cannot derogate from public law.
- **Par delictum** - Equal fault.
- **Pari passu** - On an equal footing.
- **Partus sequitur ventrem** - The offspring follows the mother.
- **Pater est quem nuptiae demonstrant** - The father is he whom the marriage points out.
- **Peccata contra naturam sunt gravissima** - Wrongs against nature are the most serious.
- **Pendente lite nihil innovetur** - During litigation nothing should be changed.
- **Per curiam** - In the opinion of the court.
- **Per minas** - By means of menaces or threats.
- **Per quod** - By reason of which.
- **Post mortem** - After death.
- **Prima facie** - On the face of it.
- **Prima impressionis** - On first impression.
- **Pro hac vice** - For this occasion.
- **Pro rata** - In proportion.
- **Pro tanto** - So far, to that extent.
- **Pro tempore** - For the time being.
- **Publici juris** - Of public right.
- **Quaeritur** - The question is raised.

- **Quantum** - How much, an amount.
- **Qui facit per alium, facit per se** - He who acts through another acts himself.
- **Qui haeret in litera, haeret in cortice** - He who stices to the letter, sticks to the bark.
- **Qui in utero est, pro jam nato habetur, quoties de ejus commodo quaeritur** - He who is in the womb is considered as already born as far as his benefit is considered.
- **Qui non habet potestatem alienandi, habet necessitatem retinendi** - He who has not the power of alienating is under the necessity of retaining.
- **Qui non habet, ille non dat** - He who has not, does not give.
- **Qui non improbat, approbat** - He who does not disapprove, approves.
- **Qui non obstat quod obstare potest facere videtur** - He who does not prevent what he is able to prevent, is considered as committing the thing.
- **Qui non prohibet quod prohibere potest assentire videtur** - He who does not prohibit when he is able to prohibit, is in fault.
- **Qui peccat ebrius, luat sobrius** - He who does wrong when drunk must be punished when sober.
- **Qui potest et debet vetare et non vetat jubet** - He who is able and ought to forbid and does not, commands.
- **Qui prior est tempore potior est jure** - He who is prior in time is stronger in right.
- **Qui sentit commodum, debet et sentire onus** - He who derives a benefit ought also to bear a burden.
- **Qui tacet consentire videtur** - He who is silent appears to consent.
- **Quid pro quo** - Consideration. something for something.
- **Quidcquid plantatur solo, solo cedit** - Whatever is planted in or affixed to the soil, belongs to the soil.
- **Quod ab initio non valet, in tractu temporis non convalescit** - What is not valid in the beginning does not become valid by time.
- **Quod constat curiae opere testium non indiget** - What appears to the Court needs not the help of witnesses.
- **Quod necessarie intelligitur, id non deest** - What is necessarily understood is not wanting.
- **Quod necessitas cogit, defendit** - What necessity forces it justifies.
- **Quod non apparet, non est** - What does not appear, is not.
- **Quod non habet principium non habet finem** - What has no beginning has no end.

- **Quod per me non possum, nec per alium** - What I cannot do through myself, I cannot do through another.
- **Quod prius est verius est; et quod prius est tempore potius est jure** - What is first is more true; and what is prior in time is stronger in law.
- **Quod vanum et inutile est, lex non requirit** - The law does not require what is vain and useless.
- **Quoties in verbis nulla est ambiguitas, ibi nulla expositio contra verba expressa fienda est** - When there is no ambiguity in words, then no exposition contrary to the expressed words is to be made.
- **Ratio est legis anima, mutata legis ratione mutatur et lex** - Reason is the soul of the law; when the reason of the law changes the law also is changed.
- **Re** - In the matter of.
- **Reprobata pecunia leberat solventem** - Money refused releases the debtor.
- **Res** - Matter, affair, thing, circumstance.
- **Res gestae** - Things done.
- **Res integra** - A matter untouched (by decision).
- **Res inter alios acta alteri nocere non debet** - Things done between strangers ought not to affect a third person, who is a stranger to the transaction.
- **Res judicata accipitur pro veritate** - A thing adjudged is accepted for the truth.
- **Res nulis** - Nobodys property.
- **Respondeat superior** - Let the principal answer.
- **Rex est major singulis, minor universis** - The King is greater than individuals, less than all the people.
- **Rex non debet judicare sed secundum legem** - The King ought not to judge but according to the law.
- **Rex non potest peccare** - The King can do no wrong.
- **Rex nunquma moritur** - The King never dies.
- **Rex quod injustum est facere non potest** - The King cannot do what is unjust.
- **Salus populi est suprema lex** - The safety of the people is the supreme law.
- **Sciens** - Knowingly.
- **Scienter** - Knowingly.
- **Scire facias** - That you cause to know.
- **Scribere est agere** - To write is to act.
- **Se defendendo** - In self defence.

- **Secus** - The legal position is different, it is otherwise.
- **Semper praesumitur pro legitimatione puerorum** - Everything is presumed in favor of the legitimacy of children.
- **Semper pro matriomonio praesumitur** - It is always presumed in favor of marriage.
- **Sententia interlocutoria revocari potest, definitiva non potest** - An interlocutory order can be revoked, a final order cannot be.
- **Servitia personalia sequuntur personam** - Personal services follow the person.
- **Sic utere tuo ut alienum non laedas** - So use your own as not to injure another's property.
- **Simplex commendatio non obligat** - A simple recommendation does not bind.
- **Stare decisis** - To stand by decisions (precedents).
- **Stet** - Do not delete, let it stand.
- **Sub modo** - Within limits.
- **Sub nomine** - Under the name of.
- **Sub silentio** - In silence.
- **Sublata causa, tollitur effectus** - The cause being removed, the effect ceases.
- **Sublato fundamento, cadit opus** - The foundation being removed, the structure falls.
- **Subsequens matrimonium tollit peccatum praecedens** - A subsequent marriage removes the preceding wrong.
- **Suggestio falsi** - The suggestion of something which is untrue.
- **Sui generis** - Unique.
- **Summa ratio est quae pro religione facit** - The highest reason is that which makes for religion, i.e. religion dictates.
- **Suppressio veri** - The suppression of the truth.
- **Suppressio veri expressio falsi** - A suppression of truth is equivalent to an expression of falsehood.
- **Talis qualis** - Such as it is.
- **Terra firma** - Solid ground.
- **Testamenta latissimam interpretationem habere debent** - Testaments ought to have the broadest interpretation.
- **Traditio loqui chartam facit** - Delivery makes a deed speak.
- **Transit terra cum onere** - The land passes with its burden

- **Ubi eadem ratio ibi idem jus, et de similibus idem est iudicium** - When there is the same reason, then the law is the same, and the same judgment should be rendered as to similar things.
- **Ubi jus ibi remedium est** - Where there is a right there is a remedy.
- **Ubi non est principalis, non potest esse accessorius** - Where there is no principal, there can be no accessory.
- **Ubi nullum matrimonium, ibi nulla dos es** - Where there is no marriage, there is no dower.
- **Ultima voluntas testatoris est perimplenda secundum veram intentionem suam** - The last will of a testator is to be fulfilled according to his true intentio.
- **Ut poena ad paucos, metus ad omnes, perveniat** - That punishment may come to a few, the fear of it should affect all.
- **Utile per inutile non vitiatur** - What is useful is not vitiated by the useless.
- **Verba chartarum fortius accipiuntur contra preferentem** - The words of deeds are accepted more strongly against the person offering them.
- **Verba debent intelligi cum effectum** - Words ought to be understood with effect.
- **Verba intentioni, non e contra, debent inservire** - Words ought to serve the intention, not the reverse.
- **Verbatim** - Word by word, exactly.
- **Vi et armis** - With the force and arms.
- **Via antiqua via est tuta** - The old way is the safe way.
- **Vice versa** - The other way around.
- **Vide** - See.
- **Vigilantibus non dormientibus jura subveniunt** - The laws serve the vigilant, not those who sleep.
- **Vir et uxor consentur in lege una persona** - A husband and wife are regarded in law as one person.
- **Visitationem commendamus** - We recommend a visitation.
- **Volens** - Willing.
- **Volenti non fit injuria** - An injury is not done to one consenting to it.
- **Voluntas in delictis non exitus spectatur** - In offences the intent and not the result is looked at.
- **Voluntas reputatur pro facto** - The will is taken for the deed

1 **IN THE SUPERIOR COURT OF GUAM**

2 People of Guam

3 Criminal Case No. CM0746-11

4 v.

5 **ORDER FOR DISMISSAL**
6 **AND EXPUNGEMENT**

7 PAUL CHAD BUDNEK,

8 Defendant.

9 This matter came before the Honorable **MICHAEL J. BORDALLO**, on
10 JULY 11, 2012, and evidence being presented to the satisfaction of the Court;

11 **NOW THEREFORE IT IS ORDERED** that this matter be, and hereby is,
12 dismissed with prejudice, and the record herein expunged. Pursuant to 8 .G.C.A.
13 §11.10 and §11.11 official records of the Superior Court of Guam, the
14 Department of Law and the Guam Police Department police report number
15 11-19918 shall be sealed to all persons outside of law enforcement agencies of
16 the Government of Guam and the federal government entitled to review such
17 records.

18 **IT IS FURTHER ORDERED** that all non-contraband items which belongs
19 to the defendant, including his passport, and which are being held pursuant to this
20 matter shall be returned to the defendant. Any bail posted is hereby exonerated.

21 **SO ORDERED**

22 JUL 17 2012
23 Public Defender's
24 Office

25 Attorney General - Prosecution Division
26 Defense Counsel, T. PDSC
Probation Services Division
GPD

27 **Honorable Michael J. Bordallo**
28 **Judge, Superior Court of Guam**

29 I do hereby certify that the foregoing
30 is a full true and correct copy of the
original on file in the office of the
clerk of the Superior Court, Guam

Dated at Agaña, Guam

JUL 13, 2012

Deputy Clerk, Superior Court of Guam



MARRIAGE CERTIFICATE

EKSTRAKT
nga libri amzë i të martuarve

IZVOD
iz matične knjige venčanih

Municipality Komuna Opština	Gjakovë	Ordinal number Numri serier Tekući broj	492/2000
Place of registration Vendi i regjistrimit Mesto upisa	Gjakovë	Certificate number Numri i ekstraktit Broj izvoda	//
Date of registration Data e regjistrimit Datum upisa	18.12.2000	Place and date of marriage Vendi dhe data e martesës Mesto i datumi zaključanja braka	Gjakovë 18.12.2000
First name Emri Ime	Paul Chad	of bridegroom - i dhëndërit - ženika	of bride - i nuses - nevestin
Surname Mbiemri Prezime	Budnek		Heidi Lee
Date of birth Data e lindjes Datum rođenja	13.07.1970		16.06.1970
Place of birth Vendi i lindjes Mesto rođenja	Auburn, King County Washington SHBA		Wingslow SHBA Kingsay
Citizenship Nënshtrësi Državljanstvo	SHBA		SHBA
ID number Numri i pasaportit Matični broj	7007134M0211129		7006160F1007257
Address of residence Adresa e vendbanimit Adresa prebivališta	Washington Carl Borg 98321		Washington Port Angeles, 98362
First name and surname of father Emri dhe mbiemri i babait Ime i prezime oca	Paul D Budnek		Dewitt Griggs
First name and surname of mother (include maiden name) Emri dhe mbiemri i nënës (përfshirë mbiemrin e vijaçrisë) Ime i prezime majke (uključiti devojčako prezime)	Sandra L Condit		June Frances Sheff
Declaration on couple's surname Deklarata e bashkëshortëve për mbiemrin e tyre Izjava bračnih drugova o njihovom prezimenu	BUDNEK		BUDNEK
Couple's signature Nënshkrimet i bashkëshortëve Potpis bračnih drugova	Paul Chad Budnek		Heidi Lee Budnek
First name and surname of witnesses Emri dhe mbiemri i dëshmitarëve Ime i prezime svedoka	Barim Zherka		Donald James Denham
Additional information Shënime e mëvonshme dhe anëvoshme dhe anëshëni me Naknadni upisi i zabeleške			

In Në U	Gjakovë
Date Data Datum	18.12.2000



Signature of registrar Nënshkrimet i oficerit Potpis matičara
B. Zajmi

98 Stat. 2779, which is classified principally to subchapter V-A (§521 et seq.) of chapter 5 of Title 47, Telecommunications. For complete classification of this Act to the Code, see Short Title of 1984 Amendment note set out under section 609 of Title 47 and Tables.

§ 1469. Presumptions

(a) In any prosecution under this chapter in which an element of the offense is that the matter in question was transported, shipped, or carried in interstate commerce, proof, by either circumstantial or direct evidence, that such matter was produced or manufactured in one State and is subsequently located in another State shall raise a rebuttable presumption that such matter was transported, shipped, or carried in interstate commerce.

(b) In any prosecution under this chapter in which an element of the offense is that the matter in question was transported, shipped, or carried in foreign commerce, proof, by either circumstantial or direct evidence, that such matter was produced or manufactured outside of the United States and is subsequently located in the United States shall raise a rebuttable presumption that such matter was transported, shipped, or carried in foreign commerce.

(Added Pub. L. 100-690, title VII, §7521(d), Nov. 18, 1988, 102 Stat. 4489.)

§ 1470. Transfer of obscene material to minors

Whoever, using the mail or any facility or means of interstate or foreign commerce, knowingly transfers obscene matter to another individual who has not attained the age of 16 years, knowing that such other individual has not attained the age of 16 years, or attempts to do so, shall be fined under this title, imprisoned not more than 10 years, or both.

(Added Pub. L. 105-314, title IV, §401(a), Oct. 30, 1998, 112 Stat. 2979.)

STUDY ON LIMITING AVAILABILITY OF PORNOGRAPHY ON INTERNET

Pub. L. 105-314, title IX, §901, Oct. 30, 1998, 112 Stat. 2991, provided that:

“(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act [Oct. 30, 1998], the Attorney General shall request that the National Academy of Sciences, acting through its National Research Council, enter into a contract to conduct a study of computer-based technologies and other approaches to the problem of the availability of pornographic material to children on the Internet, in order to develop possible amendments to Federal criminal law and other law enforcement techniques to respond to the problem.

“(b) CONTENTS OF STUDY.—The study under this section shall address each of the following:

“(1) The capabilities of present-day computer-based control technologies for controlling electronic transmission of pornographic images.

“(2) Research needed to develop computer-based control technologies to the point of practical utility for controlling the electronic transmission of pornographic images.

“(3) Any inherent limitations of computer-based control technologies for controlling electronic transmission of pornographic images.

“(4) Operational policies or management techniques needed to ensure the effectiveness of these control technologies for controlling electronic transmission of pornographic images.

“(c) FINAL REPORT.—Not later than 2 years after the date of enactment of this Act, the Attorney General

shall submit to the Committees on the Judiciary of the House of Representatives and the Senate a final report of the study under this section, which report shall—

“(1) set forth the findings, conclusions, and recommendations of the Council; and

“(2) be submitted by the Committees on the Judiciary of the House of Representatives and the Senate to relevant Government agencies and committees of Congress.”

CHAPTER 73—OBSTRUCTION OF JUSTICE

Sec.

- 1501. Assault on process server.
- 1502. Resistance to extradition agent.
- 1503. Influencing or injuring officer or juror generally.
- 1504. Influencing juror by writing.
- 1505. Obstruction of proceedings before departments, agencies, and committees.
- 1506. Theft or alteration of record or process; false bail.
- 1507. Picketing or parading.
- 1508. Recording, listening to, or observing proceedings of grand or petit juries while deliberating or voting.
- 1509. Obstruction of court orders.
- 1510. Obstruction of criminal investigations.
- 1511. Obstruction of State or local law enforcement.
- 1512. Tampering with a witness, victim, or an informant.
- 1513. Retaliating against a witness, victim, or an informant.
- 1514. Civil action to restrain harassment of a victim or witness.
- 1514A. Civil action to protect against retaliation in fraud cases.
- 1515. Definitions for certain provisions; general provision.
- 1516. Obstruction of Federal audit.
- 1517. Obstructing examination of financial institution.
- 1518. Obstruction of criminal investigations of health care offenses.
- 1519. Destruction, alteration, or falsification of records in Federal investigations and bankruptcy.
- 1520. Destruction of corporate audit records.
- 1521. Retaliating against a Federal judge or Federal law enforcement officer by false claim or slander of title.

AMENDMENTS

2008—Pub. L. 110-177, title II, §201(b), Jan. 7, 2008, 121 Stat. 2536, added item 1521.

2002—Pub. L. 107-204, title VIII, §§802(b), 806(b), July 30, 2002, 116 Stat. 801, 804, added items 1514A, 1519, and 1520.

1996—Pub. L. 104-191, title II, §245(b), Aug. 21, 1996, 110 Stat. 2018, added item 1518.

1990—Pub. L. 101-647, title XXV, §2503(b), Nov. 29, 1990, 104 Stat. 4861, added item 1517.

1988—Pub. L. 100-690, title VII, §§7030, 7078(b), Nov. 18, 1988, 102 Stat. 4398, 4406, inserted “; general provision” in item 1515 and added item 1516.

1982—Pub. L. 97-291, §4(b), Oct. 12, 1982, 96 Stat. 1253, substituted “or juror” for “, juror or witness” after “officer” in item 1503, and added items 1512, 1513, 1514, and 1515.

1970—Pub. L. 91-452, title VIII, §802(b), Oct. 15, 1970, 84 Stat. 937, added item 1511.

1967—Pub. L. 90-123, §1(b), Nov. 3, 1967, 81 Stat. 362, added item 1510.

1962—Pub. L. 87-664, §6(b), Sept. 19, 1962, 76 Stat. 552, substituted “Obstruction of proceedings before departments, agencies, and committees” for “Influencing or injuring witness before agencies and committees” in item 1505.

1960—Pub. L. 86-449, title I, §102, May 6, 1960, 74 Stat. 86, added item 1509.

1956—Act Aug. 2, 1956, ch. 879, §2, 70 Stat. 936, added item 1508.

1950—Act Sept. 23, 1950, ch. 1024, title I, §31(b), 64 Stat. 1019, added item 1507.

§ 1501. Assault on process server

Whoever knowingly and willfully obstructs, resists, or opposes any officer of the United States, or other person duly authorized, in serving, or attempting to serve or execute, any legal or judicial writ or process of any court of the United States, or United States magistrate judge; or

Whoever assaults, beats, or wounds any officer or other person duly authorized, knowing him to be such officer, or other person so duly authorized, in serving or executing any such writ, rule, order, process, warrant, or other legal or judicial writ or process—

Shall, except as otherwise provided by law, be fined under this title or imprisoned not more than one year, or both.

(June 25, 1948, ch. 645, 62 Stat. 769; Pub. L. 90-578, title IV, §402(b)(2), Oct. 17, 1968, 82 Stat. 1118; Pub. L. 101-650, title III, §321, Dec. 1, 1990, 104 Stat. 5117; Pub. L. 103-322, title XXXIII, §330016(1)(F), Sept. 13, 1994, 108 Stat. 2147.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §245 (Mar. 4, 1909, ch. 321, §140, 35 Stat. 1114).

The phrase “Except as otherwise expressly provided by law” was inserted because sections 2231, 2232, and 2233 of this title provide greater penalties for obstructing service of search warrants.

Mandatory provisions were rephrased in the alternative.

Minor changes were made in phraseology.

AMENDMENTS

1994—Pub. L. 103-322 substituted “fined under this title” for “fined not more than \$300” in last par.

CHANGE OF NAME

“United States magistrate judge” substituted for “United States magistrate” in text pursuant to section 321 of Pub. L. 101-650, set out as a note under section 631 of Title 28, Judiciary and Judicial Procedure. Previously, “United States magistrate” substituted for “United States commissioner” pursuant to Pub. L. 90-578. See chapter 43 (§631 et seq.) of Title 28.

Reference to United States magistrate or to magistrate deemed to refer to United States magistrate judge pursuant to section 321 of Pub. L. 101-650, set out as a note under section 631 of Title 28.

SHORT TITLE OF 2002 AMENDMENT

Pub. L. 107-204, title VIII, §801, July 30, 2002, 116 Stat. 800, provided that: “This title [enacting sections 1348, 1514A, 1519, and 1520 of this title, amending section 523 of Title 11, Bankruptcy, and section 1658 of Title 28, Judiciary and Judicial Procedure, and enacting provisions set out as notes under sections 994 and 1658 of Title 28] may be cited as the ‘Corporate and Criminal Fraud Accountability Act of 2002.’”

SHORT TITLE OF 1982 AMENDMENT

Pub. L. 97-291, §1, Oct. 12, 1982, 96 Stat. 1248, provided: “That this Act [enacting sections 1512 to 1515, 3579, and 3580 of this title, amending sections 1503, 1505, 1510, and 3146 of this title and Rule 32 of the Federal Rules of Civil Procedure, and enacting provisions set out as notes under sections 1512 and 3579 of this title] may be cited as the ‘Victim and Witness Protection Act of 1982.’”

§ 1502. Resistance to extradition agent

Whoever knowingly and willfully obstructs, resists, or opposes an extradition agent of the United States in the execution of his duties, shall be fined under this title or imprisoned not more than one year, or both.

(June 24, 1948, ch. 645, 62 Stat. 769; Pub. L. 103-322, title XXXIII, §330016(1)(F), Sept. 13, 1994, 108 Stat. 2147.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §661 (R.S. 5277).

Said section 661 of title 18, U.S.C., 1940 ed., was incorporated in this section and section 752 of this title.

Words “an extradition agent of the United States” were substituted for “such agent” which was referred to in sections 3182 et seq. of this title.

A fine of “\$300” was substituted for “\$1,000” as the mandatory maximum to harmonize with similar offenses in this chapter. (See section 1501 of this title.)

Punishment provision was rephrased in the alternative.

AMENDMENTS

1994—Pub. L. 103-322 substituted “fined under this title” for “fined not more than \$300”.

§ 1503. Influencing or injuring officer or juror generally

(a) Whoever corruptly, or by threats or force, or by any threatening letter or communication, endeavors to influence, intimidate, or impede any grand or petit juror, or officer in or of any court of the United States, or officer who may be serving at any examination or other proceeding before any United States magistrate judge or other committing magistrate, in the discharge of his duty, or injures any such grand or petit juror in his person or property on account of any verdict or indictment assented to by him, or on account of his being or having been such juror, or injures any such officer, magistrate judge, or other committing magistrate in his person or property on account of the performance of his official duties, or corruptly or by threats or force, or by any threatening letter or communication, influences, obstructs, or impedes, or endeavors to influence, obstruct, or impede, the due administration of justice, shall be punished as provided in subsection (b). If the offense under this section occurs in connection with a trial of a criminal case, and the act in violation of this section involves the threat of physical force or physical force, the maximum term of imprisonment which may be imposed for the offense shall be the higher of that otherwise provided by law or the maximum term that could have been imposed for any offense charged in such case.

(b) The punishment for an offense under this section is—

(1) in the case of a killing, the punishment provided in sections 1111 and 1112;

(2) in the case of an attempted killing, or a case in which the offense was committed against a petit juror and in which a class A or B felony was charged, imprisonment for not more than 20 years, a fine under this title, or both; and

(3) in any other case, imprisonment for not more than 10 years, a fine under this title, or both.

(June 25, 1948, ch. 645, 62 Stat. 769; Pub. L. 97-291, §4(c), Oct. 12, 1982, 96 Stat. 1253; Pub. L. 103-322, title VI, §60016, title XXXIII, §330016(1)(K), Sept. 13, 1994, 108 Stat. 2147; Pub. L. 104-214, §1(3), Oct. 1, 1996, 110 Stat. 3017.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §241 (Mar. 4, 1909, ch. 321, §135, 35 Stat. 1113; June 8, 1945, ch. 178, §1, 59 Stat. 234).

The phrase “other committing magistrate” was substituted for “officer acting as such commissioner” in order to clarify meaning.

Minor changes were made in phraseology.

AMENDMENTS

1996—Subsec. (a). Pub. L. 104-214 inserted at end “If the offense under this section occurs in connection with a trial of a criminal case, and the act in violation of this section involves the threat of physical force or physical force, the maximum term of imprisonment which may be imposed for the offense shall be the higher of that otherwise provided by law or the maximum term that could have been imposed for any offense charged in such case.”

1994—Pub. L. 103-322, §330016(1)(K), which directed the substitution of “fined under this title” for “fined not more than \$5,000”, could not be executed because the words “fined not more than \$5,000” did not appear in text subsequent to amendment by Pub. L. 103-322, §60016. See below.

Pub. L. 103-322, §60016, designated existing provisions as subsec. (a), substituted “magistrate judge” for “commissioner” in two places and “punished as provided in subsection (b)” for “fined not more than \$5,000 or imprisoned not more than five years, or both”, and added subsec. (b).

1982—Pub. L. 97-291, §4(c)(1), substituted “or juror” for “, juror or witness” after “officer” in section catchline.

Pub. L. 97-291, §4(c)(2), (3), substituted in text “grand” for “witness, in any court of the United States or before any United States commissioner or other committing magistrate, or any grand” after “or impede any”, and struck out “injures any party or witness in his person or property on account of his attending or having attended such court or examination before such officer, commissioner, or other committing magistrate, or on account of his testifying or having testified to any matter pending therein, or” after “discharge of his duty, or”.

EFFECTIVE DATE OF 1982 AMENDMENT

Amendment by Pub. L. 97-291 effective Oct. 12, 1982, see section 9(a) of Pub. L. 97-291, set out as an Effective Date note under section 1512 of this title.

§ 1504. Influencing juror by writing

Whoever attempts to influence the action or decision of any grand or petit juror of any court of the United States upon any issue or matter pending before such juror, or before the jury of which he is a member, or pertaining to his duties, by writing or sending to him any written communication, in relation to such issue or matter, shall be fined under this title or imprisoned not more than six months, or both.

Nothing in this section shall be construed to prohibit the communication of a request to appear before the grand jury.

(June 25, 1948, ch. 645, 62 Stat. 770; Pub. L. 103-322, title XXXIII, §330016(1)(H), Sept. 13, 1994, 108 Stat. 2147.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §243 (Mar. 4, 1909, ch. 321, §137, 35 Stat. 1113).

Last paragraph was added to remove the possibility that a proper request to appear before a grand jury might be construed as a technical violation of this section.

Minor changes were made in phraseology.

AMENDMENTS

1994—Pub. L. 103-322 substituted “fined under this title” for “fined not more than \$1,000” in first par.

§ 1505. Obstruction of proceedings before departments, agencies, and committees

Whoever, with intent to avoid, evade, prevent, or obstruct compliance, in whole or in part, with any civil investigative demand duly and properly made under the Antitrust Civil Process Act, willfully withholds, misrepresents, removes from any place, conceals, covers up, destroys, mutilates, alters, or by other means falsifies any documentary material, answers to written interrogatories, or oral testimony, which is the subject of such demand; or attempts to do so or solicits another to do so; or

Whoever corruptly, or by threats or force, or by any threatening letter or communication influences, obstructs, or impedes or endeavors to influence, obstruct, or impede the due and proper administration of the law under which any pending proceeding is being had before any department or agency of the United States, or the due and proper exercise of the power of inquiry under which any inquiry or investigation is being had by either House, or any committee of either House or any joint committee of the Congress—

Shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.

(June 25, 1948, ch. 645, 62 Stat. 770; Pub. L. 87-664, §6(a), Sept. 19, 1962, 76 Stat. 551; Pub. L. 91-452, title IX, §903, Oct. 15, 1970, 84 Stat. 947; Pub. L. 94-435, title I, §105, Sept. 30, 1976, 90 Stat. 1389; Pub. L. 97-291, §4(d), Oct. 12, 1982, 96 Stat. 1253; Pub. L. 103-322, title XXXIII, §330016(1)(K), Sept. 13, 1994, 108 Stat. 2147; Pub. L. 108-458, title VI, §6703(a), Dec. 17, 2004, 118 Stat. 3766.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §241a, (Mar. 4, 1909, ch. 321, §135a, as added Jan. 13, 1940, ch. 1, 54 Stat. 13; June 8, 1945, ch. 178, §2, 59 Stat. 234).

Word “agency” was substituted for the words “independent establishment, board, commission” in two instances to eliminate any possible ambiguity as to scope of section. (See definitive section 6 of this title.)

Minor changes were made in phraseology.

REFERENCES IN TEXT

The Antitrust Civil Process Act, referred to in text, is Pub. L. 87-664, Sept. 19, 1962, 76 Stat. 548, as amended, which is classified generally to chapter 34 (§1311 et seq.) of Title 15, Commerce and Trade. For complete classification of this Act to the Code, see Short Title note set out under section 1311 of Title 15 and Tables.

AMENDMENTS

2004—Pub. L. 108-458, which directed amendment of the third undesignated paragraph of this section by substituting “be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section

2331), imprisoned not more than 8 years, or both” for “be fined under this title or imprisoned not more than 5 years, or both”, was executed by making the substitution for “be fined under this title or imprisoned not more than five years, or both”, to reflect the probable intent of Congress.

1994—Pub. L. 103-322 substituted “fined under this title” for “fined not more than \$5,000” in last par.

1982—Pub. L. 97-291 struck out first two paragraphs which provided, respectively, that whoever corruptly, or by threats or force, or by any threatening letter or communication, endeavored to influence, intimidate, or impede any witness in any proceeding pending before any department or agency of the United States, or in connection with any inquiry or investigation being had by either House, or any committee of either House, or any joint committee of the Congress, and whoever injured any party or witness in his person or property on account of his attending or having attended such proceeding, inquiry, or investigation, or on account of his testifying or having testified to any matter pending therein, would be subject to the penalty set forth in the last paragraph, and in the fourth paragraph substituted “any pending” for “such” after “law under which”, and substituted “any” for “such” before “department” and before “inquiry”.

1976—Pub. L. 94-435 struck out “section 1968 of this title” after “Antitrust Civil Process Act”, inserted “withholds, misrepresents” after “willfully”, “covers up” after “conceals”, “answers to written interrogatories, or oral testimony”, after “any documentary material”, and “or attempts to do so or solicits another to do so;” after “such demand”.

1970—Pub. L. 91-452 inserted reference to section 1968 of this title.

1962—Pub. L. 87-664 substituted section catchline “Obstruction of proceedings before departments, agencies, and committees” for “Influencing or injuring witness before agencies and committees” and punished the willful removal, concealment, destruction, mutilation, alteration or falsification of documents which were the subject of a demand under the Antitrust Civil Process Act if done with the intent to prevent compliance with a civil investigative demand.

EFFECTIVE DATE OF 1982 AMENDMENT

Amendment by Pub. L. 97-291 effective Oct. 12, 1982, see section 9(a) of Pub. L. 97-291, set out as an Effective Date note under section 1512 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-435 effective Sept. 30, 1976, see section 106 of Pub. L. 94-435, set out as a note under section 1311 of Title 15, Commerce and Trade.

§ 1506. Theft or alteration of record or process; false bail

Whoever feloniously steals, takes away, alters, falsifies, or otherwise avoids any record, writ, process, or other proceeding, in any court of the United States, whereby any judgment is reversed, made void, or does not take effect; or

Whoever acknowledges, or procures to be acknowledged in any such court, any recognition, bail, or judgment, in the name of any other person not privy or consenting to the same—

Shall be fined under this title or imprisoned not more than five years, or both.

(June 25, 1948, ch. 645, 62 Stat. 770; Pub. L. 103-322, title XXXIII, § 330016(1)(K), Sept. 13, 1994, 108 Stat. 2147.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., § 233 (Mar. 4, 1909, ch. 321, § 127, 35 Stat. 1111).

The term of imprisonment was reduced from 7 to 5 years, to conform the punishment with like ones for similar offenses. (See section 1503 of this title.)

Minor changes were made in phraseology.

AMENDMENTS

1994—Pub. L. 103-322 substituted “fined under this title” for “fined not more than \$5,000” in last par.

§ 1507. Picketing or parading

Whoever, with the intent of interfering with, obstructing, or impeding the administration of justice, or with the intent of influencing any judge, juror, witness, or court officer, in the discharge of his duty, pickets or parades in or near a building housing a court of the United States, or in or near a building or residence occupied or used by such judge, juror, witness, or court officer, or with such intent uses any sound-truck or similar device or resorts to any other demonstration in or near any such building or residence, shall be fined under this title or imprisoned not more than one year, or both.

Nothing in this section shall interfere with or prevent the exercise by any court of the United States of its power to punish for contempt.

(Added Sept. 23, 1950, ch. 1024, title I, § 31(a), 64 Stat. 1018; amended Pub. L. 103-322, title XXXIII, § 330016(1)(K), Sept. 13, 1994, 108 Stat. 2147.)

AMENDMENTS

1994—Pub. L. 103-322 substituted “fined under this title” for “fined not more than \$5,000” in first par.

§ 1508. Recording, listening to, or observing proceedings of grand or petit juries while deliberating or voting

Whoever knowingly and willfully, by any means or device whatsoever—

(a) records, or attempts to record, the proceedings of any grand or petit jury in any court of the United States while such jury is deliberating or voting; or

(b) listens to or observes, or attempts to listen to or observe, the proceedings of any grand or petit jury of which he is not a member in any court of the United States while such jury is deliberating or voting—

shall be fined under this title or imprisoned not more than one year, or both.

Nothing in paragraph (a) of this section shall be construed to prohibit the taking of notes by a grand or petit juror in any court of the United States in connection with and solely for the purpose of assisting him in the performance of his duties as such juror.

(Added Aug. 2, 1956, ch. 879, § 1, 70 Stat. 935; amended Pub. L. 103-322, title XXXIII, § 330016(1)(H), Sept. 13, 1994, 108 Stat. 2147; Pub. L. 104-294, title VI, § 601(f)(13), Oct. 11, 1996, 110 Stat. 3500.)

AMENDMENTS

1996—Pub. L. 104-294 realigned margins for provisions beginning “shall be fined” and ending “one year, or both.”

1994—Pub. L. 103-322 substituted “fined under this title” for “fined not more than \$1,000” in par. following par. (b).

§ 1509. Obstruction of court orders

Whoever, by threats or force, willfully prevents, obstructs, impedes, or interferes with, or

willfully attempts to prevent, obstruct, impede, or interfere with, the due exercise of rights or the performance of duties under any order, judgment, or decree of a court of the United States, shall be fined under this title or imprisoned not more than one year, or both.

No injunctive or other civil relief against the conduct made criminal by this section shall be denied on the ground that such conduct is a crime.

(Added Pub. L. 86-449, title I, § 101, May 6, 1960, 74 Stat. 86; amended Pub. L. 103-322, title XXXIII, § 330016(1)(H), Sept. 13, 1994, 108 Stat. 2147.)

AMENDMENTS

1994—Pub. L. 103-322 substituted “fined under this title” for “fined not more than \$1,000” in first par.

§ 1510. Obstruction of criminal investigations

(a) Whoever willfully endeavors by means of bribery to obstruct, delay, or prevent the communication of information relating to a violation of any criminal statute of the United States by any person to a criminal investigator shall be fined under this title, or imprisoned not more than five years, or both.

(b)(1) Whoever, being an officer of a financial institution, with the intent to obstruct a judicial proceeding, directly or indirectly notifies any other person about the existence or contents of a subpoena for records of that financial institution, or information that has been furnished in response to that subpoena, shall be fined under this title or imprisoned not more than 5 years, or both.

(2) Whoever, being an officer of a financial institution, directly or indirectly notifies—

(A) a customer of that financial institution whose records are sought by a subpoena for records; or

(B) any other person named in that subpoena;

about the existence or contents of that subpoena or information that has been furnished in response to that subpoena, shall be fined under this title or imprisoned not more than one year, or both.

(3) As used in this subsection—

(A) the term “an officer of a financial institution” means an officer, director, partner, employee, agent, or attorney of or for a financial institution; and

(B) the term “subpoena for records” means a Federal grand jury subpoena or a Department of Justice subpoena (issued under section 3486 of title 18), for customer records that has been served relating to a violation of, or a conspiracy to violate—

(i) section 215, 656, 657, 1005, 1006, 1007, 1014, 1344, 1956, 1957, or chapter 53 of title 31; or

(ii) section 1341 or 1343 affecting a financial institution.

(c) As used in this section, the term “criminal investigator” means any individual duly authorized by a department, agency, or armed force of the United States to conduct or engage in investigations of or prosecutions for violations of the criminal laws of the United States.

(d)(1) Whoever—

(A) acting as, or being, an officer, director, agent or employee of a person engaged in the business of insurance whose activities affect interstate commerce, or

(B) is engaged in the business of insurance whose activities affect interstate commerce or is involved (other than as an insured or beneficiary under a policy of insurance) in a transaction relating to the conduct of affairs of such a business,

with intent to obstruct a judicial proceeding, directly or indirectly notifies any other person about the existence or contents of a subpoena for records of that person engaged in such business or information that has been furnished to a Federal grand jury in response to that subpoena, shall be fined as provided by this title or imprisoned not more than 5 years, or both.

(2) As used in paragraph (1), the term “subpoena for records” means a Federal grand jury subpoena for records that has been served relating to a violation of, or a conspiracy to violate, section 1033 of this title.

(e) Whoever, having been notified of the applicable disclosure prohibitions or confidentiality requirements of section 2709(c)(1) of this title, section 626(d)(1) or 627(c)(1) of the Fair Credit Reporting Act (15 U.S.C. 1681u(d)(1) or 1681v(c)(1)), section 1114(a)(3)(A) or 1114(a)(5)(D)(i) of the Right to Financial Privacy Act¹ (12 U.S.C. 3414(a)(3)(A) or 3414(a)(5)(D)(i)), or section 802(b)(1) of the National Security Act of 1947 (50 U.S.C. 436(b)(1)),² knowingly and with the intent to obstruct an investigation or judicial proceeding violates such prohibitions or requirements applicable by law to such person shall be imprisoned for not more than five years, fined under this title, or both.

(Added Pub. L. 90-123, § 1(a), Nov. 3, 1967, 81 Stat. 362; amended Pub. L. 97-291, § 4(e), Oct. 12, 1982, 96 Stat. 1253; Pub. L. 101-73, title IX, § 962(c), Aug. 9, 1989, 103 Stat. 502; Pub. L. 102-550, title XV, § 1528, Oct. 28, 1992, 106 Stat. 4065; Pub. L. 103-322, title XXXII, § 320604(c), title XXXIII, § 330016(1)(K), Sept. 13, 1994, 108 Stat. 2119, 2147; Pub. L. 104-191, title II, § 248(c), Aug. 21, 1996, 110 Stat. 2020; Pub. L. 109-177, title I, § 117, Mar. 9, 2006, 120 Stat. 217; Pub. L. 111-148, title X, § 10606(d)(1), Mar. 23, 2010, 124 Stat. 1008.)

REFERENCES IN TEXT

The National Security Act of 1947, referred to in subsec. (e), is act July 26, 1947, ch. 343, 61 Stat. 495, which was formerly classified principally to chapter 15 (§ 401 et seq.) of Title 50, War and National Defense, prior to editorial reclassification in chapter 44 (§ 3001 et seq.) of Title 50. Section 802 of this Act is now classified to section 3162 of Title 50. For complete classification of this Act to the Code, see Tables.

AMENDMENTS

2010—Subsec. (b)(1). Pub. L. 111-148, § 10606(d)(1)(A), struck out “to the grand jury” after “has been furnished”.

Subsec. (b)(2). Pub. L. 111-148, § 10606(d)(1)(B)(ii), struck out “to the grand jury” after “has been furnished” in concluding provisions.

Subsec. (b)(2)(A). Pub. L. 111-148, § 10606(d)(1)(B)(i), substituted “subpoena for records” for “grand jury subpoena”.

¹ So in original. Probably should be followed by “of 1978”.

² See References in Text note below.

2006—Subsec. (e). Pub. L. 109-177 added subsec. (e).

1996—Subsec. (b)(3)(B). Pub. L. 104-191 which directed the insertion of “or a Department of Justice subpoena (issued under section 3486 of title 18),” after “subpoena”, was executed by making the insertion after “subpoena” the second place it appeared to reflect the probable intent of Congress.

1994—Subsec. (a). Pub. L. 103-322, § 330016(1)(K), substituted “fined under this title” for “fined not more than \$5,000”.

Subsec. (d). Pub. L. 103-322, § 320604(c), added subsec. (d).

1992—Subsec. (b)(3)(B)(i). Pub. L. 102-550 substituted “1344, 1956, 1957, or chapter 53 of title 31” for “or 1344”.

1989—Subsecs. (b), (c). Pub. L. 101-73 added subsec. (b) and redesignated former subsec. (b) as (c).

1982—Subsec. (a). Pub. L. 97-291 struck out “, misrepresentation, intimidation, or force or threats thereof” after “bribery”, and struck out provision applying the penalties provided by this subsection to whoever injured any person in his person or property on account of the giving by such person or any other person of any information relating to a violation of any criminal statute of the United States to any criminal investigator.

EFFECTIVE DATE OF 1982 AMENDMENT

Amendment by Pub. L. 97-291 effective Oct. 12, 1982, see section 9(a) of Pub. L. 97-291, set out as an Effective Date note under section 1512 of this title.

§ 1511. Obstruction of State or local law enforcement

(a) It shall be unlawful for two or more persons to conspire to obstruct the enforcement of the criminal laws of a State or political subdivision thereof, with the intent to facilitate an illegal gambling business if—

- (1) one or more of such persons does any act to effect the object of such a conspiracy;
- (2) one or more of such persons is an official or employee, elected, appointed, or otherwise, of such State or political subdivision; and
- (3) one or more of such persons conducts, finances, manages, supervises, directs, or owns all or part of an illegal gambling business.

(b) As used in this section—

- (1) “illegal gambling business” means a gambling business which—
 - (i) is a violation of the law of a State or political subdivision in which it is conducted;
 - (ii) involves five or more persons who conduct, finance, manage, supervise, direct, or own all or part of such business; and
 - (iii) has been or remains in substantially continuous operation for a period in excess of thirty days or has a gross revenue of \$2,000 in any single day.

(2) “gambling” includes but is not limited to pool-selling, bookmaking, maintaining slot machines, roulette wheels, or dice tables, and conducting lotteries, policy, bolita or numbers games, or selling chances therein.

(3) “State” means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

(c) This section shall not apply to any bingo game, lottery, or similar game of chance conducted by an organization exempt from tax under paragraph (3) of subsection (c) of section

501 of the Internal Revenue Code of 1986, as amended, if no part of the gross receipts derived from such activity inures to the benefit of any private shareholder, member, or employee of such organization, except as compensation for actual expenses incurred by him in the conduct of such activity.

(d) Whoever violates this section shall be punished by a fine under this title or imprisonment for not more than five years, or both.

(Added Pub. L. 91-452, title VIII, § 802(a), Oct. 15, 1970, 84 Stat. 936; amended Pub. L. 99-514, § 2, Oct. 22, 1986, 100 Stat. 2095; Pub. L. 103-322, title XXXIII, § 330016(2)(C), Sept. 13, 1994, 108 Stat. 2148.)

REFERENCES IN TEXT

Paragraph (3) of subsection (c) of section 501 of the Internal Revenue Code of 1986, referred to in subsec. (c), is classified to section 501(c)(3) of Title 26, Internal Revenue Code.

AMENDMENTS

1994—Subsec. (d). Pub. L. 103-322 substituted “fine under this title” for “fine of not more than \$20,000”.

1986—Subsec. (c). Pub. L. 99-514 substituted “Internal Revenue Code of 1986” for “Internal Revenue Code of 1954”.

CONGRESSIONAL STATEMENT OF FINDINGS

Pub. L. 91-452, title VIII, § 801, Oct. 15, 1970, 84 Stat. 936, provided that: “The Congress finds that illegal gambling involves widespread use of, and has an effect upon, interstate commerce and the facilities thereof.”

PRIORITY OF STATE LAWS

Pub. L. 91-452, title VIII, § 811, Oct. 15, 1970, 84 Stat. 940, provided that: “No provision of this title [enacting this section and section 1955 of this title, amending section 2516 of this title, and enacting provisions set out as notes under this section and section 1955 of this title] indicates an intent on the part of the Congress to occupy the field in which such provision operates to the exclusion of the law of a state or possession, or a political subdivision of a State or possession, on the same subject matter, or to relieve any person of any obligation imposed by any law of any State or possession, or political subdivision of a State or possession.”

§ 1512. Tampering with a witness, victim, or an informant

(a)(1) Whoever kills or attempts to kill another person, with intent to—

- (A) prevent the attendance or testimony of any person in an official proceeding;
- (B) prevent the production of a record, document, or other object, in an official proceeding; or

(C) prevent the communication by any person to a law enforcement officer or judge of the United States of information relating to the commission or possible commission of a Federal offense or a violation of conditions of probation, parole, or release pending judicial proceedings;

shall be punished as provided in paragraph (3).

(2) Whoever uses physical force or the threat of physical force against any person, or attempts to do so, with intent to—

- (A) influence, delay, or prevent the testimony of any person in an official proceeding;
- (B) cause or induce any person to—

- (i) withhold testimony, or withhold a record, document, or other object, from an official proceeding;

(ii) alter, destroy, mutilate, or conceal an object with intent to impair the integrity or availability of the object for use in an official proceeding;

(iii) evade legal process summoning that person to appear as a witness, or to produce a record, document, or other object, in an official proceeding; or

(iv) be absent from an official proceeding to which that person has been summoned by legal process; or

(C) hinder, delay, or prevent the communication to a law enforcement officer or judge of the United States of information relating to the commission or possible commission of a Federal offense or a violation of conditions of probation, supervised release, parole, or release pending judicial proceedings;

shall be punished as provided in paragraph (3).

(3) The punishment for an offense under this subsection is—

(A) in the case of a killing, the punishment provided in sections 1111 and 1112;

(B) in the case of—

(i) an attempt to murder; or

(ii) the use or attempted use of physical force against any person;

imprisonment for not more than 30 years; and

(C) in the case of the threat of use of physical force against any person, imprisonment for not more than 20 years.

(b) Whoever knowingly uses intimidation, threatens, or corruptly persuades another person, or attempts to do so, or engages in misleading conduct toward another person, with intent to—

(1) influence, delay, or prevent the testimony of any person in an official proceeding;

(2) cause or induce any person to—

(A) withhold testimony, or withhold a record, document, or other object, from an official proceeding;

(B) alter, destroy, mutilate, or conceal an object with intent to impair the object's integrity or availability for use in an official proceeding;

(C) evade legal process summoning that person to appear as a witness, or to produce a record, document, or other object, in an official proceeding; or

(D) be absent from an official proceeding to which such person has been summoned by legal process; or

(3) hinder, delay, or prevent the communication to a law enforcement officer or judge of the United States of information relating to the commission or possible commission of a Federal offense or a violation of conditions of probation¹ supervised release,¹ parole, or release pending judicial proceedings;

shall be fined under this title or imprisoned not more than 20 years, or both.

(c) Whoever corruptly—

(1) alters, destroys, mutilates, or conceals a record, document, or other object, or attempts to do so, with the intent to impair the object's

integrity or availability for use in an official proceeding; or

(2) otherwise obstructs, influences, or impedes any official proceeding, or attempts to do so,

shall be fined under this title or imprisoned not more than 20 years, or both.

(d) Whoever intentionally harasses another person and thereby hinders, delays, prevents, or dissuades any person from—

(1) attending or testifying in an official proceeding;

(2) reporting to a law enforcement officer or judge of the United States the commission or possible commission of a Federal offense or a violation of conditions of probation¹ supervised release,¹ parole, or release pending judicial proceedings;

(3) arresting or seeking the arrest of another person in connection with a Federal offense; or

(4) causing a criminal prosecution, or a parole or probation revocation proceeding, to be sought or instituted, or assisting in such prosecution or proceeding;

or attempts to do so, shall be fined under this title or imprisoned not more than 3 years, or both.

(e) In a prosecution for an offense under this section, it is an affirmative defense, as to which the defendant has the burden of proof by a preponderance of the evidence, that the conduct consisted solely of lawful conduct and that the defendant's sole intention was to encourage, induce, or cause the other person to testify truthfully.

(f) For the purposes of this section—

(1) an official proceeding need not be pending or about to be instituted at the time of the offense; and

(2) the testimony, or the record, document, or other object need not be admissible in evidence or free of a claim of privilege.

(g) In a prosecution for an offense under this section, no state of mind need be proved with respect to the circumstance—

(1) that the official proceeding before a judge, court, magistrate judge, grand jury, or government agency is before a judge or court of the United States, a United States magistrate judge, a bankruptcy judge, a Federal grand jury, or a Federal Government agency; or

(2) that the judge is a judge of the United States or that the law enforcement officer is an officer or employee of the Federal Government or a person authorized to act for or on behalf of the Federal Government or serving the Federal Government as an adviser or consultant.

(h) There is extraterritorial Federal jurisdiction over an offense under this section.

(i) A prosecution under this section or section 1503 may be brought in the district in which the official proceeding (whether or not pending or about to be instituted) was intended to be affected or in the district in which the conduct constituting the alleged offense occurred.

(j) If the offense under this section occurs in connection with a trial of a criminal case, the

¹ So in original.

maximum term of imprisonment which may be imposed for the offense shall be the higher of that otherwise provided by law or the maximum term that could have been imposed for any offense charged in such case.

(k) Whoever conspires to commit any offense under this section shall be subject to the same penalties as those prescribed for the offense the commission of which was the object of the conspiracy.

(Added Pub. L. 97-291, §4(a), Oct. 12, 1982, 96 Stat. 1249; amended Pub. L. 99-646, §61, Nov. 10, 1986, 100 Stat. 3614; Pub. L. 100-690, title VII, §7029(a), (c), Nov. 18, 1988, 102 Stat. 4397, 4398; Pub. L. 101-650, title III, §321, Dec. 1, 1990, 104 Stat. 5117; Pub. L. 103-322, title VI, §60018, title XXXIII, §330016(1)(O), (U), Sept. 13, 1994, 108 Stat. 1975, 2148; Pub. L. 104-214, §1(2), Oct. 1, 1996, 110 Stat. 3017; Pub. L. 104-294, title VI, §604(b)(31), Oct. 11, 1996, 110 Stat. 3508; Pub. L. 107-204, title XI, §1102, July 30, 2002, 116 Stat. 807; Pub. L. 107-273, div. B, title III, §3001(a), (c)(1), Nov. 2, 2002, 116 Stat. 1803, 1804; Pub. L. 110-177, title II, §205, Jan. 7, 2008, 121 Stat. 2537.)

AMENDMENTS

2008—Subsec. (a)(3)(A). Pub. L. 110-177, §205(1)(A), amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “in the case of murder (as defined in section 1111), the death penalty or imprisonment for life, and in the case of any other killing, the punishment provided in section 1112.”

Subsec. (a)(3)(B). Pub. L. 110-177, §205(1)(B), substituted “30 years” for “20 years” in concluding provisions.

Subsec. (a)(3)(C). Pub. L. 110-177, §205(1)(C), substituted “20 years” for “10 years”.

Subsec. (b). Pub. L. 110-177, §205(2), substituted “20 years” for “ten years” in concluding provisions.

Subsec. (d). Pub. L. 110-177, §205(3), substituted “3 years” for “one year” in concluding provisions.

2002—Subsec. (a)(1). Pub. L. 107-273, §3001(a)(1)(A), substituted “as provided in paragraph (3)” for “as provided in paragraph (2)” in concluding provisions.

Subsec. (a)(2). Pub. L. 107-273, §3001(a)(1)(C), added par. (2). Former par. (2) redesignated (3).

Subsec. (a)(3). Pub. L. 107-273, §3001(a)(1)(B), (D), redesignated par. (2) as (3), added subpars. (B) and (C), and struck out former subpar. (B) which read as follows: “(B) in the case of an attempt, imprisonment for not more than twenty years.”

Subsec. (b). Pub. L. 107-273, §3001(a)(2), struck out “or physical force” after “intimidation” in introductory provisions.

Subsec. (b)(3). Pub. L. 107-273, §3001(c)(1), inserted “supervised release,” after “probation”.

Subsec. (c). Pub. L. 107-204 added subsec. (c). Former subsec. (c) redesignated (d).

Subsec. (d). Pub. L. 107-204 redesignated former subsec. (c) as (d). Former subsec. (d) redesignated (e).

Subsec. (d)(2). Pub. L. 107-273, §3001(c)(1), inserted “supervised release,” after “probation”.

Subsecs. (e) to (j). Pub. L. 107-204 redesignated former subsecs. (d) to (i) as (e) to (j), respectively.

Subsec. (k). Pub. L. 107-273, §3001(a)(3), added subsec. (k).

1996—Subsec. (a)(2)(A). Pub. L. 104-294 inserted “and” after semicolon at end.

Subsec. (i). Pub. L. 104-214 added subsec. (i).

1994—Subsec. (a)(2)(A). Pub. L. 103-322, §60018, amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “(A) in the case of a killing, the punishment provided in sections 1111 and 1112 of this title; and”.

Subsec. (b). Pub. L. 103-322, §330016(1)(U), substituted “fined under this title” for “fined not more than \$250,000” in concluding provisions.

Subsec. (c). Pub. L. 103-322, §330016(1)(O), substituted “fined under this title” for “fined not more than \$25,000” in concluding provisions.

1988—Subsec. (b). Pub. L. 100-690, §7029(c), substituted “threatens, or corruptly persuades” for “or threatens”.

Subsec. (h). Pub. L. 100-690, §7029(a), added subsec. (h).

1986—Subsec. (a). Pub. L. 99-646, §61(2), (3), added subsec. (a) and redesignated former subsec. (a) as (b).

Subsecs. (b) to (g). Pub. L. 99-646, §61(1), (3), redesignated former subsec. (a) as (b), inserted “, delay, or prevent”, and redesignated former subsecs. (b) to (f) as (c) to (g), respectively.

CHANGE OF NAME

Words “magistrate judge” and “United States magistrate judge” substituted for “magistrate” and “United States magistrate”, respectively, in subsec. (f)(1) pursuant to section 321 of Pub. L. 101-650, set out as a note under section 631 of Title 28, Judiciary and Judicial Procedure.

EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104-294 effective Sept. 13, 1994, see section 604(d) of Pub. L. 104-294, set out as a note under section 13 of this title.

EFFECTIVE DATE

Pub. L. 97-291, §9, Oct. 12, 1982, 96 Stat. 1258, provided that:

“(a) Except as provided in subsection (b), this Act and the amendments made by this Act [enacting this section and sections 1513 to 1515, 3579, and 3580 of this title, amending sections 1503, 1505, 1510, and 3146 of this title and Rule 32 of the Federal Rules of Criminal Procedure, and enacting provisions set out as notes under this section and sections 1501 and 3579 of this title] shall take effect on the date of the enactment of this Act [Oct. 12, 1982].

“(b)(1) The amendment made by section 2 of this Act [enacting provisions set out as a note under this section] shall apply to presentence reports ordered to be made on or after March 1, 1983.

“(2) The amendments made by section 5 of this Act [enacting sections 3579 and 3580 of this title] shall apply with respect to offenses occurring on or after January 1, 1983.”

CONGRESSIONAL FINDINGS AND DECLARATION OF PURPOSES

Pub. L. 97-291, §2, Oct. 12, 1982, 96 Stat. 1248, provided that:

“(a) The Congress finds and declares that:

“(1) Without the cooperation of victims and witnesses, the criminal justice system would cease to function; yet with few exceptions these individuals are either ignored by the criminal justice system or simply used as tools to identify and punish offenders.

“(2) All too often the victim of a serious crime is forced to suffer physical, psychological, or financial hardship first as a result of the criminal act and then as a result of contact with a criminal justice system unresponsive to the real needs of such victim.

“(3) Although the majority of serious crimes falls under the jurisdiction of State and local law enforcement agencies, the Federal Government, and in particular the Attorney General, has an important leadership role to assume in ensuring that victims of crime, whether at the Federal, State, or local level, are given proper treatment by agencies administering the criminal justice system.

“(4) Under current law, law enforcement agencies must have cooperation from a victim of crime and yet neither the agencies nor the legal system can offer adequate protection or assistance when the victim, as a result of such cooperation, is threatened or intimidated.

“(5) While the defendant is provided with counsel who can explain both the criminal justice process and

the rights of the defendant, the victim or witness has no counterpart and is usually not even notified when the defendant is released on bail, the case is dismissed, a plea to a lesser charge is accepted, or a court date is changed.

“(6) The victim and witness who cooperate with the prosecutor often find that the transportation, parking facilities, and child care services at the court are unsatisfactory and they must often share the pretrial waiting room with the defendant or his family and friends.

“(7) The victim may lose valuable property to a criminal only to lose it again for long periods of time to Federal law enforcement officials, until the trial and sometimes and [sic] appeals are over; many times that property is damaged or lost, which is particularly stressful for the elderly or poor.

“(b) The Congress declares that the purposes of this Act [see Short Title of 1982 Amendment note set out under section 1501 of this title] are—

“(1) to enhance and protect the necessary role of crime victims and witnesses in the criminal justice process;

“(2) to ensure that the Federal Government does all that is possible within limits of available resources to assist victims and witnesses of crime without infringing on the constitutional rights of the defendant; and

“(3) to provide a model for legislation for State and local governments.”

FEDERAL GUIDELINES FOR TREATMENT OF CRIME VICTIMS AND WITNESSES IN THE CRIMINAL JUSTICE SYSTEM

Pub. L. 97-291, § 6, Oct. 12, 1982, 96 Stat. 1256, as amended by Pub. L. 98-473, title II, § 1408(b), Oct. 12, 1984, 98 Stat. 2177, provided that:

“(a) Within two hundred and seventy days after the date of enactment of this Act [Oct. 12, 1982], the Attorney General shall develop and implement guidelines for the Department of Justice consistent with the purposes of this Act [see Short Title of 1982 Amendment note set out under section 1501 of this title]. In preparing the guidelines the Attorney General shall consider the following objectives:

“(1) SERVICES TO VICTIMS OF CRIME.—Law enforcement personnel should ensure that victims routinely receive emergency social and medical services as soon as possible and are given information on the following—

“(A) availability of crime victim compensation (where applicable);

“(B) community-based victim treatment programs;

“(C) the role of the victim in the criminal justice process, including what they can expect from the system as well as what the system expects from them; and

“(D) stages in the criminal justice process of significance to a crime victim, and the manner in which information about such stages can be obtained.

“(2) NOTIFICATION OF AVAILABILITY OF PROTECTION.—A victim or witness should routinely receive information on steps that law enforcement officers and attorneys for the Government can take to protect victims and witnesses from intimidation.

“(3) SCHEDULING CHANGES.—All victims and witnesses who have been scheduled to attend criminal justice proceedings should either be notified as soon as possible of any scheduling changes which will affect their appearances or have available a system for alerting witnesses promptly by telephone or otherwise.

“(4) PROMPT NOTIFICATION TO VICTIMS OF SERIOUS CRIMES.—Victims, witnesses, relatives of those victims and witnesses who are minors, and relatives of homicide victims should, if such persons provide the appropriate official with a current address and telephone number, receive prompt advance notification, if possible, of—

“(A) the arrest of an accused;

“(B) the initial appearance of an accused before a judicial officer;

“(C) the release of the accused pending judicial proceedings; and

“(D) proceedings in the prosecution and punishment of the accused (including entry of a plea of guilty, trial, sentencing, and, where a term of imprisonment is imposed, a hearing to determine a parole release date and the release of the accused from such imprisonment).

“(5) CONSULTATION WITH VICTIM.—The victim of a serious crime, or in the case of a minor child or a homicide, the family of the victim, should be consulted by the attorney for the Government in order to obtain the views of the victim or family about the disposition of any Federal criminal case brought as a result of such crime, including the views of the victim or family about—

“(A) dismissal;

“(B) release of the accused pending judicial proceedings;

“(C) plea negotiations; and

“(D) pretrial diversion program.

“(6) SEPARATE WAITING AREA.—Victims and other prosecution witnesses should be provided prior to court appearance a waiting area that is separate from all other witnesses.

“(7) PROPERTY RETURN.—Law enforcement agencies and prosecutor should promptly return victim's property held for evidentiary purposes unless there is a compelling law enforcement reason for retaining it.

“(8) NOTIFICATION TO EMPLOYER.—A victim or witness who so requests should be assisted by law enforcement agencies and attorneys for the Government in informing employers that the need for victim and witness cooperation in the prosecution of the case may necessitate absence of that victim or witness from work. A victim or witness who, as a direct result of a crime or of cooperation with law enforcement agencies or attorneys for the Government, is subjected to serious financial strain, should be assisted by such agencies and attorneys in explaining to creditors the reason for such serious financial strain.

“(9) TRAINING BY FEDERAL LAW ENFORCEMENT TRAINING FACILITIES.—Victim assistance education and training should be offered to persons taking courses at Federal law enforcement training facilities and attorneys for the Government so that victims may be promptly, properly, and completely assisted.

“(10) GENERAL VICTIM ASSISTANCE.—The guidelines should also ensure that any other important assistance to victims and witnesses, such as the adoption of transportation, parking, and translator services for victims in court be provided.

“(b) Nothing in this title shall be construed as creating a cause of action against the United States.

“(c) The Attorney General shall assure that all Federal law enforcement agencies outside of the Department of Justice adopt guidelines consistent with subsection (a) of this section.”

[Amendment of section 6 of Pub. L. 97-291 by Pub. L. 98-473, set out above, effective 30 days after Oct. 12, 1984, see section 1409(a) of Pub. L. 98-473, set out as an Effective Date note under section 10601 of Title 42, The Public Health and Welfare.]

§ 1513. Retaliating against a witness, victim, or an informant

(a)(1) Whoever kills or attempts to kill another person with intent to retaliate against any person for—

(A) the attendance of a witness or party at an official proceeding, or any testimony given or any record, document, or other object produced by a witness in an official proceeding; or

(B) providing to a law enforcement officer any information relating to the commission or

possible commission of a Federal offense or a violation of conditions of probation, supervised release, parole, or release pending judicial proceedings,

shall be punished as provided in paragraph (2).

(2) The punishment for an offense under this subsection is—

(A) in the case of a killing, the punishment provided in sections 1111 and 1112; and

(B) in the case of an attempt, imprisonment for not more than 30 years.

(b) Whoever knowingly engages in any conduct and thereby causes bodily injury to another person or damages the tangible property of another person, or threatens to do so, with intent to retaliate against any person for—

(1) the attendance of a witness or party at an official proceeding, or any testimony given or any record, document, or other object produced by a witness in an official proceeding; or

(2) any information relating to the commission or possible commission of a Federal offense or a violation of conditions of probation, supervised release, parole, or release pending judicial proceedings given by a person to a law enforcement officer;

or attempts to do so, shall be fined under this title or imprisoned not more than 20 years, or both.

(c) If the retaliation occurred because of attendance at or testimony in a criminal case, the maximum term of imprisonment which may be imposed for the offense under this section shall be the higher of that otherwise provided by law or the maximum term that could have been imposed for any offense charged in such case.

(d) There is extraterritorial Federal jurisdiction over an offense under this section.

(e) Whoever knowingly, with the intent to retaliate, takes any action harmful to any person, including interference with the lawful employment or livelihood of any person, for providing to a law enforcement officer any truthful information relating to the commission or possible commission of any Federal offense, shall be fined under this title or imprisoned not more than 10 years, or both.

(f) Whoever conspires to commit any offense under this section shall be subject to the same penalties as those prescribed for the offense the commission of which was the object of the conspiracy.

(g) A prosecution under this section may be brought in the district in which the official proceeding (whether pending, about to be instituted, or completed) was intended to be affected, or in which the conduct constituting the alleged offense occurred.

(Added Pub. L. 97–291, §4(a), Oct. 12, 1982, 96 Stat. 1250; amended Pub. L. 103–322, title VI, §60017, title XXXIII, §330016(1)(U), Sept. 13, 1994, 108 Stat. 1975, 2148; Pub. L. 104–214, §1(1), Oct. 1, 1996, 110 Stat. 3017; Pub. L. 107–204, title XI, §1107(a), July 30, 2002, 116 Stat. 810; Pub. L. 107–273, div. B, title III, §3001(b), (c)(2), title IV, §4002(b)(4), Nov. 2, 2002, 116 Stat. 1804, 1807; Pub. L. 110–177, title II, §§204, 206, Jan. 7, 2008, 121 Stat. 2537.)

AMENDMENTS

2008—Subsec. (a)(1)(B). Pub. L. 110–177, §206(1), inserted comma after “probation” and struck out comma after “release.”.

Subsec. (a)(2)(B). Pub. L. 110–177, §206(2), substituted “30 years” for “20 years”.

Subsec. (b). Pub. L. 110–177, §206(3)(B), substituted “20 years” for “ten years” in concluding provisions.

Subsec. (b)(2). Pub. L. 110–177, §206(3)(A), inserted comma after “probation” and struck out comma after “release.”.

Subsecs. (e), (f). Pub. L. 110–177, §206(4), redesignated subsec. (e) relating to conspiracy to commit any offense under this section as (f).

Subsec. (g). Pub. L. 110–177, §204, added subsec. (g).

2002—Subsecs. (a)(1)(B), (b)(2). Pub. L. 107–273, §3001(c)(2), inserted “supervised release,” after “probation”.

Subsec. (d). Pub. L. 107–273, §4002(b)(4), transferred subsec. (d) to appear after subsec. (c).

Subsec. (e). Pub. L. 107–273, §3001(b), added subsec. (e) relating to conspiracy to commit any offense under this section.

Pub. L. 107–204 added subsec. (e) relating to taking of action harmful to any person for providing law enforcement officer truthful information relating to commission of offense.

1996—Subsec. (c). Pub. L. 104–214, §1(1)(B), added subsec. (c) at end.

Pub. L. 104–214, §1(1)(A), redesignated subsec. (c) as (d).

Subsec. (d). Pub. L. 104–214, §1(1)(A), redesignated subsec. (c) as (d).

1994—Subsec. (a). Pub. L. 103–322, §60017(2), added subsec. (a). Former subsec. (a) redesignated (b).

Subsec. (b). Pub. L. 103–322, §330016(1)(U), substituted “fined under this title” for “fined not more than \$250,000” in concluding provisions.

Pub. L. 103–322, §60017(1), redesignated subsec. (a) as (b). Former subsec. (b) redesignated (c).

Subsec. (c). Pub. L. 103–322, §60017(1), redesignated subsec. (b) as (c).

EFFECTIVE DATE

Section effective Oct. 12, 1982, see section 9(a) of Pub. L. 97–291, set out as a note under section 1512 of this title.

§ 1514. Civil action to restrain harassment of a victim or witness

(a)(1) A United States district court, upon application of the attorney for the Government, shall issue a temporary restraining order prohibiting harassment of a victim or witness in a Federal criminal case if the court finds, from specific facts shown by affidavit or by verified complaint, that there are reasonable grounds to believe that harassment of an identified victim or witness in a Federal criminal case exists or that such order is necessary to prevent and restrain an offense under section 1512 of this title, other than an offense consisting of misleading conduct, or under section 1513 of this title.

(2)(A) A temporary restraining order may be issued under this section without written or oral notice to the adverse party or such party’s attorney in a civil action under this section if the court finds, upon written certification of facts by the attorney for the Government, that such notice should not be required and that there is a reasonable probability that the Government will prevail on the merits.

(B) A temporary restraining order issued without notice under this section shall be endorsed with the date and hour of issuance and be filed

forthwith in the office of the clerk of the court issuing the order.

(C) A temporary restraining order issued under this section shall expire at such time, not to exceed 14 days from issuance, as the court directs; the court, for good cause shown before expiration of such order, may extend the expiration date of the order for up to 14 days or for such longer period agreed to by the adverse party.

(D) When a temporary restraining order is issued without notice, the motion for a protective order shall be set down for hearing at the earliest possible time and takes precedence over all matters except older matters of the same character, and when such motion comes on for hearing, if the attorney for the Government does not proceed with the application for a protective order, the court shall dissolve the temporary restraining order.

(E) If on two days notice to the attorney for the Government, excluding intermediate weekends and holidays, or on such shorter notice as the court may prescribe, the adverse party appears and moves to dissolve or modify the temporary restraining order, the court shall proceed to hear and determine such motion as expeditiously as the ends of justice require.

(F) A temporary restraining order shall set forth the reasons for the issuance of such order, be specific in terms, and describe in reasonable detail (and not by reference to the complaint or other document) the act or acts being restrained.

(b)(1) A United States district court, upon motion of the attorney for the Government, or its own motion, shall issue a protective order prohibiting harassment of a victim or witness in a Federal criminal case or investigation if the court, after a hearing, finds by a preponderance of the evidence that harassment of an identified victim or witness in a Federal criminal case or investigation exists or that such order is necessary to prevent and restrain an offense under section 1512 of this title, other than an offense consisting of misleading conduct, or under section 1513 of this title.

(2) In the case of a minor witness or victim, the court shall issue a protective order prohibiting harassment or intimidation of the minor victim or witness if the court finds evidence that the conduct at issue is reasonably likely to adversely affect the willingness of the minor witness or victim to testify or otherwise participate in the Federal criminal case or investigation. Any hearing regarding a protective order under this paragraph shall be conducted in accordance with paragraphs (1) and (3), except that the court may issue an ex parte emergency protective order in advance of a hearing if exigent circumstances are present. If such an ex parte order is applied for or issued, the court shall hold a hearing not later than 14 days after the date such order was applied for or is issued.

(3) At the hearing referred to in paragraph (1) of this subsection, any adverse party named in the complaint shall have the right to present evidence and cross-examine witnesses.

(4) A protective order shall set forth the reasons for the issuance of such order, be specific in terms, describe in reasonable detail the act or acts being restrained.

(5) The court shall set the duration of effect of the protective order for such period as the court determines necessary to prevent harassment of the victim or witness but in no case for a period in excess of three years from the date of such order's issuance. The attorney for the Government may, at any time within ninety days before the expiration of such order, apply for a new protective order under this section, except that in the case of a minor victim or witness, the court may order that such protective order expires on the later of 3 years after the date of issuance or the date of the eighteenth birthday of that minor victim or witness.

(c) Whoever knowingly and intentionally violates or attempts to violate an order issued under this section shall be fined under this title, imprisoned not more than 5 years, or both.

(d)(1) As used in this section—

(A) the term “course of conduct” means a series of acts over a period of time, however short, indicating a continuity of purpose;

(B) the term “harassment” means a serious act or course of conduct directed at a specific person that—

(i) causes substantial emotional distress in such person; and

(ii) serves no legitimate purpose;

(C) the term “immediate family member” has the meaning given that term in section 115 and includes grandchildren;

(D) the term “intimidation” means a serious act or course of conduct directed at a specific person that—

(i) causes fear or apprehension in such person; and

(ii) serves no legitimate purpose;

(E) the term “restricted personal information” has the meaning given¹ that term in section 119;

(F) the term “serious act” means a single act of threatening, retaliatory, harassing, or violent conduct that is reasonably likely to influence the willingness of a victim or witness to testify or participate in a Federal criminal case or investigation; and

(G) the term “specific person” means a victim or witness in a Federal criminal case or investigation, and includes an immediate family member of such a victim or witness.

(2) For purposes of subparagraphs (B)(ii) and (D)(ii) of paragraph (1), a court shall presume, subject to rebuttal by the person, that the distribution or publication using the Internet of a photograph of, or restricted personal information regarding, a specific person serves no legitimate purpose, unless that use is authorized by that specific person, is for news reporting purposes, is designed to locate that specific person (who has been reported to law enforcement as a missing person), or is part of a government-authorized effort to locate a fugitive or person of interest in a criminal, antiterrorism, or national security investigation.

(Added Pub. L. 97-291, §4(a), Oct. 12, 1982, 96 Stat. 1250; amended Pub. L. 111-16, §3(2), (3), May 7, 2009, 123 Stat. 1607; Pub. L. 112-206, §3(a), Dec. 7, 2012, 126 Stat. 1490.)

¹ So in original. Probably should be “given”.

AMENDMENTS

2012—Subsec. (b)(1). Pub. L. 112-206, §3(a)(1)(A), inserted “or its own motion,” after “attorney for the Government,” and inserted “or investigation” after “Federal criminal case” in two places.

Subsec. (b)(2), (3). Pub. L. 112-206, §3(a)(1)(B), (C), added par. (2) and redesignated former par. (2) as (3). Former par. (3) redesignated (4).

Subsec. (b)(4). Pub. L. 112-206, §3(a)(1)(B), (D), redesignated par. (3) as (4) and struck out “(and not by reference to the complaint or other document)” after “describe in reasonable detail”. Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 112-206, §3(a)(1)(B), (E), redesignated par. (4) as (5) and inserted “, except that in the case of a minor victim or witness, the court may order that such protective order expires on the later of 3 years after the date of issuance or the date of the eighteenth birthday of that minor victim or witness” before period at end of second sentence.

Subsecs. (c), (d). Pub. L. 112-206, §3(a)(2), added subsecs. (c) and (d) and struck out former subsec. (c) which defined “harassment” and “course of conduct”.

2009—Subsec. (a)(2)(C). Pub. L. 111-16, §3(2), substituted “14 days” for “10 days” in two places.

Subsec. (a)(2)(E). Pub. L. 111-16, §3(3), inserted “, excluding intermediate weekends and holidays,” after “the Government”.

EFFECTIVE DATE OF 2009 AMENDMENT

Amendment by Pub. L. 111-16 effective Dec. 1, 2009, see section 7 of Pub. L. 111-16, set out as a note under section 109 of Title 11, Bankruptcy.

EFFECTIVE DATE

Section effective Oct. 12, 1982, see section 9(a) of Pub. L. 97-291, set out as a note under section 1512 of this title.

§ 1514A. Civil action to protect against retaliation in fraud cases

(a) **WHISTLEBLOWER PROTECTION FOR EMPLOYEES OF PUBLICLY TRADED COMPANIES.**—No company with a class of securities registered under section 12 of the Securities Exchange Act of 1934 (15 U.S.C. 78f), or that is required to file reports under section 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78o(d)) including any subsidiary or affiliate whose financial information is included in the consolidated financial statements of such company, or nationally recognized statistical rating organization (as defined in section 3(a) of the Securities Exchange Act of 1934 (15 U.S.C. 78c),¹ or any officer, employee, contractor, subcontractor, or agent of such company or nationally recognized statistical rating organization, may discharge, demote, suspend, threaten, harass, or in any other manner discriminate against an employee in the terms and conditions of employment because of any lawful act done by the employee—

(1) to provide information, cause information to be provided, or otherwise assist in an investigation regarding any conduct which the employee reasonably believes constitutes a violation of section 1341, 1343, 1344, or 1348, any rule or regulation of the Securities and Exchange Commission, or any provision of Federal law relating to fraud against shareholders, when the information or assistance is provided to or the investigation is conducted by—

(A) a Federal regulatory or law enforcement agency;

(B) any Member of Congress or any committee of Congress; or

(C) a person with supervisory authority over the employee (or such other person working for the employer who has the authority to investigate, discover, or terminate misconduct); or

(2) to file, cause to be filed, testify, participate in, or otherwise assist in a proceeding filed or about to be filed (with any knowledge of the employer) relating to an alleged violation of section 1341, 1343, 1344, or 1348, any rule or regulation of the Securities and Exchange Commission, or any provision of Federal law relating to fraud against shareholders.

(b) ENFORCEMENT ACTION.—

(1) **IN GENERAL.**—A person who alleges discharge or other discrimination by any person in violation of subsection (a) may seek relief under subsection (c), by—

(A) filing a complaint with the Secretary of Labor; or

(B) if the Secretary has not issued a final decision within 180 days of the filing of the complaint and there is no showing that such delay is due to the bad faith of the claimant, bringing an action at law or equity for de novo review in the appropriate district court of the United States, which shall have jurisdiction over such an action without regard to the amount in controversy.

(2) PROCEDURE.—

(A) **IN GENERAL.**—An action under paragraph (1)(A) shall be governed under the rules and procedures set forth in section 42121(b) of title 49, United States Code.

(B) **EXCEPTION.**—Notification made under section 42121(b)(1) of title 49, United States Code, shall be made to the person named in the complaint and to the employer.

(C) **BURDENS OF PROOF.**—An action brought under paragraph (1)(B) shall be governed by the legal burdens of proof set forth in section 42121(b) of title 49, United States Code.

(D) **STATUTE OF LIMITATIONS.**—An action under paragraph (1) shall be commenced not later than 180 days after the date on which the violation occurs, or after the date on which the employee became aware of the violation.

(E) **JURY TRIAL.**—A party to an action brought under paragraph (1)(B) shall be entitled to trial by jury.

(c) REMEDIES.—

(1) **IN GENERAL.**—An employee prevailing in any action under subsection (b)(1) shall be entitled to all relief necessary to make the employee whole.

(2) **COMPENSATORY DAMAGES.**—Relief for any action under paragraph (1) shall include—

(A) reinstatement with the same seniority status that the employee would have had, but for the discrimination;

(B) the amount of back pay, with interest; and

(C) compensation for any special damages sustained as a result of the discrimination,

¹ So in original. Another closing parenthesis probably should precede the comma.

including litigation costs, expert witness fees, and reasonable attorney fees.

(d) **RIGHTS RETAINED BY EMPLOYEE.**—Nothing in this section shall be deemed to diminish the rights, privileges, or remedies of any employee under any Federal or State law, or under any collective bargaining agreement.

(e) **NONENFORCEABILITY OF CERTAIN PROVISIONS WAIVING RIGHTS AND REMEDIES OR REQUIRING ARBITRATION OF DISPUTES.**—

(1) **WAIVER OF RIGHTS AND REMEDIES.**—The rights and remedies provided for in this section may not be waived by any agreement, policy form, or condition of employment, including by a predispute arbitration agreement.

(2) **PREDISPUTE ARBITRATION AGREEMENTS.**—No predispute arbitration agreement shall be valid or enforceable, if the agreement requires arbitration of a dispute arising under this section.

(Added Pub. L. 107–204, title VIII, §806(a), July 30, 2002, 116 Stat. 802; amended Pub. L. 111–203, title IX, §§922(b), (c), 929A, July 21, 2010, 124 Stat. 1848, 1852.)

AMENDMENTS

2010—Subsec. (a). Pub. L. 111–203, §929A, in introductory provisions, inserted “including any subsidiary or affiliate whose financial information is included in the consolidated financial statements of such company” after “the Securities Exchange Act of 1934 (15 U.S.C. 78o(d))”.

Pub. L. 111–203, §922(b), in introductory provisions, inserted “or nationally recognized statistical rating organization (as defined in section 3(a) of the Securities Exchange Act of 1934 (15 U.S.C. 78c),” before “or any officer,” and “or nationally recognized statistical rating organization” before “, may discharge,”.

Subsec. (b)(2)(D). Pub. L. 111–203, §922(c)(1)(A), substituted “180” for “90” and inserted “, or after the date on which the employee became aware of the violation” before period at end.

Subsec. (b)(2)(E). Pub. L. 111–203, §922(c)(1)(B), added subpar. (E).

Subsec. (e). Pub. L. 111–203, §922(c)(2), added subsec. (e).

EFFECTIVE DATE OF 2010 AMENDMENT

Amendment by Pub. L. 111–203 effective 1 day after July 21, 2010, except as otherwise provided, see section 4 of Pub. L. 111–203, set out as an Effective Date note under section 5301 of Title 12, Banks and Banking.

§ 1515. Definitions for certain provisions; general provision

(a) As used in sections 1512 and 1513 of this title and in this section—

(1) the term “official proceeding” means—

(A) a proceeding before a judge or court of the United States, a United States magistrate judge, a bankruptcy judge, a judge of the United States Tax Court, a special trial judge of the Tax Court, a judge of the United States Court of Federal Claims, or a Federal grand jury;

(B) a proceeding before the Congress;

(C) a proceeding before a Federal Government agency which is authorized by law; or

(D) a proceeding involving the business of insurance whose activities affect interstate commerce before any insurance regulatory official or agency or any agent or examiner

appointed by such official or agency to examine the affairs of any person engaged in the business of insurance whose activities affect interstate commerce;

(2) the term “physical force” means physical action against another, and includes confinement;

(3) the term “misleading conduct” means—

(A) knowingly making a false statement;

(B) intentionally omitting information from a statement and thereby causing a portion of such statement to be misleading, or intentionally concealing a material fact, and thereby creating a false impression by such statement;

(C) with intent to mislead, knowingly submitting or inviting reliance on a writing or recording that is false, forged, altered, or otherwise lacking in authenticity;

(D) with intent to mislead, knowingly submitting or inviting reliance on a sample, specimen, map, photograph, boundary mark, or other object that is misleading in a material respect; or

(E) knowingly using a trick, scheme, or device with intent to mislead;

(4) the term “law enforcement officer” means an officer or employee of the Federal Government, or a person authorized to act for or on behalf of the Federal Government or serving the Federal Government as an adviser or consultant—

(A) authorized under law to engage in or supervise the prevention, detection, investigation, or prosecution of an offense; or

(B) serving as a probation or pretrial services officer under this title;

(5) the term “bodily injury” means—

(A) a cut, abrasion, bruise, burn, or disfigurement;

(B) physical pain;

(C) illness;

(D) impairment of the function of a bodily member, organ, or mental faculty; or

(E) any other injury to the body, no matter how temporary; and

(6) the term “corruptly persuades” does not include conduct which would be misleading conduct but for a lack of a state of mind.

(b) As used in section 1505, the term “corruptly” means acting with an improper purpose, personally or by influencing another, including making a false or misleading statement, or withholding, concealing, altering, or destroying a document or other information.

(c) This chapter does not prohibit or punish the providing of lawful, bona fide, legal representation services in connection with or anticipation of an official proceeding.

(Added Pub. L. 97–291, §4(a), Oct. 12, 1982, 96 Stat. 1252; amended Pub. L. 99–646, §50(b), Nov. 10, 1986, 100 Stat. 3605; Pub. L. 100–690, title VII, §7029(b), (d), Nov. 18, 1988, 102 Stat. 4398; Pub. L. 101–650, title III, §321, Dec. 1, 1990, 104 Stat. 5117; Pub. L. 102–572, title IX, §902(b)(1), Oct. 29, 1992, 106 Stat. 4516; Pub. L. 103–322, title XXXII, §320604(a), Sept. 13, 1994, 108 Stat. 2118; Pub. L. 104–292, §3, Oct. 11, 1996, 110 Stat. 3460; Pub. L. 104–294, title VI, §604(b)(39), Oct. 11, 1996, 110 Stat. 3509.)

AMENDMENTS

1996—Subsec. (a)(1)(D). Pub. L. 104-294 struck out “or” after semicolon at end.

Subsecs. (b), (c). Pub. L. 104-292 added subsec. (b) and redesignated former subsec. (b) as (c).

1994—Subsec. (a)(1)(D). Pub. L. 103-322 added subpar. (D).

1992—Subsec. (a)(1)(A). Pub. L. 102-572 substituted “United States Court of Federal Claims” for “United States Claims Court”.

1988—Subsec. (a)(1)(A). Pub. L. 100-690, § 7029(b), inserted “a judge of the United States Tax Court, a special trial judge of the Tax Court, a judge of the United States Claims Court,” after “bankruptcy judge.”

Subsec. (a)(6). Pub. L. 100-690, § 7029(d), added par. (6).

1986—Pub. L. 99-646 inserted “; general provision” in section catchline, designated existing provisions as subsec. (a), and added subsec. (b).

CHANGE OF NAME

“United States magistrate judge” substituted for “United States magistrate” in subsec. (a)(1)(A) pursuant to section 321 of Pub. L. 101-650, set out as a note under section 631 of Title 28, Judiciary and Judicial Procedure.

EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104-294 effective Sept. 13, 1994, see section 604(d) of Pub. L. 104-294, set out as a note under section 13 of this title.

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102-572 effective Oct. 29, 1992, see section 911 of Pub. L. 102-572, set out as a note under section 171 of Title 28, Judiciary and Judicial Procedure.

EFFECTIVE DATE

Section effective Oct. 12, 1982, see section 9(a) of Pub. L. 97-291, set out as a note under section 1512 of this title.

§ 1516. Obstruction of Federal audit

(a) Whoever, with intent to deceive or defraud the United States, endeavors to influence, obstruct, or impede a Federal auditor in the performance of official duties relating to a person, entity, or program receiving in excess of \$100,000, directly or indirectly, from the United States in any 1 year period under a contract or subcontract, grant, or cooperative agreement, or relating to any property that is security for a mortgage note that is insured, guaranteed, acquired, or held by the Secretary of Housing and Urban Development pursuant to any Act administered by the Secretary, or relating to any property that is security for a loan that is made or guaranteed under title V of the Housing Act of 1949, shall be fined under this title, or imprisoned not more than 5 years, or both.

(b) For purposes of this section—

(1) the term “Federal auditor” means any person employed on a full- or part-time or contractual basis to perform an audit or a quality assurance inspection for or on behalf of the United States; and

(2) the term “in any 1 year period” has the meaning given to the term “in any one-year period” in section 666.

(Added Pub. L. 100-690, title VII, § 7078(a), Nov. 18, 1988, 102 Stat. 4406; amended Pub. L. 103-322, title XXXII, § 320609, Sept. 13, 1994, 108 Stat. 2120; Pub. L. 104-294, title VI, § 604(b)(43), Oct. 11, 1996,

110 Stat. 3509; Pub. L. 105-65, title V, § 564, Oct. 27, 1997, 111 Stat. 1420; Pub. L. 106-569, title VII, § 709(b), Dec. 27, 2000, 114 Stat. 3018; Pub. L. 107-273, div. A, title II, § 205(c), Nov. 2, 2002, 116 Stat. 1778.)

REFERENCES IN TEXT

The Housing Act of 1949, referred to in subsec. (a), is act July 15, 1949, ch. 338, 63 Stat. 413, as amended. Title V of the Act is classified generally to subchapter III (§1471 et seq.) of chapter 8A of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 1441 of Title 42 and Tables.

AMENDMENTS

2002—Subsec. (a). Pub. L. 107-273 inserted “, entity, or program” after “person” and “grant, or cooperative agreement,” after “subcontract.”

2000—Subsec. (a). Pub. L. 106-569 inserted “or relating to any property that is security for a loan that is made or guaranteed under title V of the Housing Act of 1949,” before “shall be fined under this title”.

1997—Subsec. (a). Pub. L. 105-65 inserted “or relating to any property that is security for a mortgage note that is insured, guaranteed, acquired, or held by the Secretary of Housing and Urban Development pursuant to any Act administered by the Secretary,” after “under a contract or subcontract.”

1996—Subsec. (b)(1). Pub. L. 104-294 inserted “and” after semicolon at end.

1994—Subsec. (b). Pub. L. 103-322 substituted “section—” for “section”, inserted “(1)” before “the term”, substituted semicolon for the period at end, and added par. (2).

EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104-294 effective Sept. 13, 1994, see section 604(d) of Pub. L. 104-294, set out as a note under section 13 of this title.

§ 1517. Obstructing examination of financial institution

Whoever corruptly obstructs or attempts to obstruct any examination of a financial institution by an agency of the United States with jurisdiction to conduct an examination of such financial institution shall be fined under this title, imprisoned not more than 5 years, or both.

(Added Pub. L. 101-647, title XXV, § 2503(a), Nov. 29, 1990, 104 Stat. 4861.)

§ 1518. Obstruction of criminal investigations of health care offenses

(a) Whoever willfully prevents, obstructs, misleads, delays or attempts to prevent, obstruct, mislead, or delay the communication of information or records relating to a violation of a Federal health care offense to a criminal investigator shall be fined under this title or imprisoned not more than 5 years, or both.

(b) As used in this section the term “criminal investigator” means any individual duly authorized by a department, agency, or armed force of the United States to conduct or engage in investigations for prosecutions for violations of health care offenses.

(Added Pub. L. 104-191, title II, § 245(a), Aug. 21, 1996, 110 Stat. 2017.)

§ 1519. Destruction, alteration, or falsification of records in Federal investigations and bankruptcy

Whoever knowingly alters, destroys, mutilates, conceals, covers up, falsifies, or makes a

false entry in any record, document, or tangible object with the intent to impede, obstruct, or influence the investigation or proper administration of any matter within the jurisdiction of any department or agency of the United States or any case filed under title 11, or in relation to or contemplation of any such matter or case, shall be fined under this title, imprisoned not more than 20 years, or both.

(Added Pub. L. 107-204, title VIII, §802(a), July 30, 2002, 116 Stat. 800.)

§ 1520. Destruction of corporate audit records

(a)(1) Any accountant who conducts an audit of an issuer of securities to which section 10A(a) of the Securities Exchange Act of 1934 (15 U.S.C. 78j-1(a)) applies, shall maintain all audit or review workpapers for a period of 5 years from the end of the fiscal period in which the audit or review was concluded.

(2) The Securities and Exchange Commission shall promulgate, within 180 days, after adequate notice and an opportunity for comment, such rules and regulations, as are reasonably necessary, relating to the retention of relevant records such as workpapers, documents that form the basis of an audit or review, memoranda, correspondence, communications, other documents, and records (including electronic records) which are created, sent, or received in connection with an audit or review and contain conclusions, opinions, analyses, or financial data relating to such an audit or review, which is conducted by any accountant who conducts an audit of an issuer of securities to which section 10A(a) of the Securities Exchange Act of 1934 (15 U.S.C. 78j-1(a)) applies. The Commission may, from time to time, amend or supplement the rules and regulations that it is required to promulgate under this section, after adequate notice and an opportunity for comment, in order to ensure that such rules and regulations adequately comport with the purposes of this section.

(b) Whoever knowingly and willfully violates subsection (a)(1), or any rule or regulation promulgated by the Securities and Exchange Commission under subsection (a)(2), shall be fined under this title, imprisoned not more than 10 years, or both.

(c) Nothing in this section shall be deemed to diminish or relieve any person of any other duty or obligation imposed by Federal or State law or regulation to maintain, or refrain from destroying, any document.

(Added Pub. L. 107-204, title VIII, §802(a), July 30, 2002, 116 Stat. 800.)

§ 1521. Retaliating against a Federal judge or Federal law enforcement officer by false claim or slander of title

Whoever files, attempts to file, or conspires to file, in any public record or in any private record which is generally available to the public, any false lien or encumbrance against the real or personal property of an individual described in section 1114, on account of the performance of official duties by that individual, knowing or having reason to know that such

lien or encumbrance is false or contains any materially false, fictitious, or fraudulent statement or representation, shall be fined under this title or imprisoned for not more than 10 years, or both.

(Added Pub. L. 110-177, title II, §201(a), Jan. 7, 2008, 121 Stat. 2535.)

CHAPTER 74—PARTIAL-BIRTH ABORTIONS

Sec.

1531. Partial-birth abortions prohibited.

§ 1531. Partial-birth abortions prohibited

(a) Any physician who, in or affecting interstate or foreign commerce, knowingly performs a partial-birth abortion and thereby kills a human fetus shall be fined under this title or imprisoned not more than 2 years, or both. This subsection does not apply to a partial-birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself. This subsection takes effect 1 day after the enactment.

(b) As used in this section—

(1) the term “partial-birth abortion” means an abortion in which the person performing the abortion—

(A) deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother, for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus; and

(B) performs the overt act, other than completion of delivery, that kills the partially delivered living fetus; and

(2) the term “physician” means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which the doctor performs such activity, or any other individual legally authorized by the State to perform abortions: *Provided, however*, That any individual who is not a physician or not otherwise legally authorized by the State to perform abortions, but who nevertheless directly performs a partial-birth abortion, shall be subject to the provisions of this section.

(c)(1) The father, if married to the mother at the time she receives a partial-birth abortion procedure, and if the mother has not attained the age of 18 years at the time of the abortion, the maternal grandparents of the fetus, may in a civil action obtain appropriate relief, unless the pregnancy resulted from the plaintiff’s criminal conduct or the plaintiff consented to the abortion.

(2) Such relief shall include—

(A) money damages for all injuries, psychological and physical, occasioned by the violation of this section; and

(B) statutory damages equal to three times the cost of the partial-birth abortion.

able belief and which is made in good faith shall be immune from civil or criminal liability for making that report.

(Added Pub. L. 101-630, title IV, §404(a)(1), Nov. 28, 1990, 104 Stat. 4547; amended Pub. L. 103-322, title XXXIII, §§330011(d), 330016(1)(K), Sept. 13, 1994, 108 Stat. 2144, 2147; Pub. L. 104-294, title VI, §604(b)(25), Oct. 11, 1996, 110 Stat. 3508.)

AMENDMENTS

1996—Pub. L. 104-294 amended directory language of Pub. L. 103-322, §330011(d). See 1994 Amendment note below.

1994—Pub. L. 103-322, §330011(d), as amended by Pub. L. 104-294, amended directory language of Pub. L. 101-630, §404(a)(1), which enacted this section.

Subsecs. (a), (b). Pub. L. 103-322, §330016(1)(K), substituted “fined under this title” for “fined not more than \$5,000” in concluding provisions.

EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104-294 effective Sept. 13, 1994, see section 604(d) of Pub. L. 104-294, set out as a note under section 13 of this title.

EFFECTIVE DATE OF 1994 AMENDMENT

Pub. L. 103-322, title XXXIII, §330011(d), Sept. 13, 1994, 108 Stat. 2144, as amended by Pub. L. 104-294, title VI, §604(b)(25), Oct. 11, 1996, 110 Stat. 3508, provided that the amendment made by section 330011(d) is effective on the date section 404(a) of Pub. L. 101-630 took effect.

§ 1170. Illegal trafficking in Native American human remains and cultural items

(a) Whoever knowingly sells, purchases, uses for profit, or transports for sale or profit, the human remains of a Native American without the right of possession to those remains as provided in the Native American Graves Protection and Repatriation Act shall be fined in accordance with this title, or imprisoned not more than 12 months, or both, and in the case of a second or subsequent violation, be fined in accordance with this title, or imprisoned not more than 5 years, or both.

(b) Whoever knowingly sells, purchases, uses for profit, or transports for sale or profit any Native American cultural items obtained in violation of the Native American Grave Protection and Repatriation Act shall be fined in accordance with this title, imprisoned not more than one year, or both, and in the case of a second or subsequent violation, be fined in accordance with this title, imprisoned not more than 5 years, or both.

(Added Pub. L. 101-601, §4(a), Nov. 16, 1990, 104 Stat. 3052; amended Pub. L. 103-322, title XXXIII, §330010(4), Sept. 13, 1994, 108 Stat. 2143.)

REFERENCES IN TEXT

The Native American Graves Protection and Repatriation Act, referred to in text, is Pub. L. 101-601, Nov. 16, 1990, 104 Stat. 3048, which is classified principally to chapter 32 (§3001 et seq.) of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 3001 of Title 25 and Tables.

AMENDMENTS

1994—Pub. L. 103-322 substituted “Illegal trafficking in Native American human remains and cultural items” for “Illegal Trafficking in Native American Human Remains and Cultural Items” in section catchline.

CHAPTER 55—KIDNAPPING

Sec.	
1201.	Kidnapping.
1202.	Ransom money.
1203.	Hostage taking.
1204.	International parental kidnapping.

AMENDMENTS

1994—Pub. L. 103-322, title XXXIII, §330021(1), Sept. 13, 1994, 108 Stat. 2150, which directed the amendment of this title by “striking ‘kidnaping’ each place it appears and inserting ‘kidnapping’”, was executed by substituting “KIDNAPPING” for “KIDNAPING” in chapter heading and “Kidnapping” for “Kidnaping” in item 1201, to reflect the probable intent of Congress.

1993—Pub. L. 103-173, §2(c), Dec. 2, 1993, 107 Stat. 1999, added item 1204.

1984—Pub. L. 98-473, title II, §2002(b), Oct. 12, 1984, 98 Stat. 2186, added item 1203.

1972—Pub. L. 92-539, title II, §202, Oct. 24, 1972, 86 Stat. 1072, substituted “Kidnaping” for “Transportation” in item 1201.

§ 1201. Kidnapping

(a) Whoever unlawfully seizes, confines, inveigles, decoys, kidnaps, abducts, or carries away and holds for ransom or reward or otherwise any person, except in the case of a minor by the parent thereof, when—

(1) the person is willfully transported in interstate or foreign commerce, regardless of whether the person was alive when transported across a State boundary, or the offender travels in interstate or foreign commerce or uses the mail or any means, facility, or instrumentality of interstate or foreign commerce in committing or in furtherance of the commission of the offense;

(2) any such act against the person is done within the special maritime and territorial jurisdiction of the United States;

(3) any such act against the person is done within the special aircraft jurisdiction of the United States as defined in section 46501 of title 49;

(4) the person is a foreign official, an internationally protected person, or an official guest as those terms are defined in section 1116(b) of this title; or

(5) the person is among those officers and employees described in section 1114 of this title and any such act against the person is done while the person is engaged in, or on account of, the performance of official duties,

shall be punished by imprisonment for any term of years or for life and, if the death of any person results, shall be punished by death or life imprisonment.

(b) With respect to subsection (a)(1), above, the failure to release the victim within twenty-four hours after he shall have been unlawfully seized, confined, inveigled, decoyed, kidnapped, abducted, or carried away shall create a rebuttable presumption that such person has been transported in interstate or foreign commerce. Notwithstanding the preceding sentence, the fact that the presumption under this section has not yet taken effect does not preclude a Federal investigation of a possible violation of this section before the 24-hour period has ended.

(c) If two or more persons conspire to violate this section and one or more of such persons do

any overt act to effect the object of the conspiracy, each shall be punished by imprisonment for any term of years or for life.

(d) Whoever attempts to violate subsection (a) shall be punished by imprisonment for not more than twenty years.

(e) If the victim of an offense under subsection (a) is an internationally protected person outside the United States, the United States may exercise jurisdiction over the offense if (1) the victim is a representative, officer, employee, or agent of the United States, (2) an offender is a national of the United States, or (3) an offender is afterwards found in the United States. As used in this subsection, the United States includes all areas under the jurisdiction of the United States including any of the places within the provisions of sections 5 and 7 of this title and section 46501(2) of title 49. For purposes of this subsection, the term “national of the United States” has the meaning prescribed in section 101(a)(22) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(22)).

(f) In the course of enforcement of subsection (a)(4) and any other sections prohibiting a conspiracy or attempt to violate subsection (a)(4), the Attorney General may request assistance from any Federal, State, or local agency, including the Army, Navy, and Air Force, any statute, rule, or regulation to the contrary notwithstanding.

(g) SPECIAL RULE FOR CERTAIN OFFENSES INVOLVING CHILDREN.—

(1) TO WHOM APPLICABLE.—If—

(A) the victim of an offense under this section has not attained the age of eighteen years; and

(B) the offender—

(i) has attained such age; and

(ii) is not—

(I) a parent;

(II) a grandparent;

(III) a brother;

(IV) a sister;

(V) an aunt;

(VI) an uncle; or

(VII) an individual having legal custody of the victim;

the sentence under this section for such offense shall include imprisonment for not less than 20 years.

[(2) Repealed. Pub. L. 108–21, title I, §104(b), Apr. 30, 2003, 117 Stat. 653.]

(h) As used in this section, the term “parent” does not include a person whose parental rights with respect to the victim of an offense under this section have been terminated by a final court order.

(June 25, 1948, ch. 645, 62 Stat. 760; Aug. 6, 1956, ch. 971, 70 Stat. 1043; Pub. L. 92–539, title II, §201, Oct. 24, 1972, 86 Stat. 1072; Pub. L. 94–467, §4, Oct. 8, 1976, 90 Stat. 1998; Pub. L. 95–163, §17(b)(1), Nov. 9, 1977, 91 Stat. 1286; Pub. L. 95–504, §2(b), Oct. 24, 1978, 92 Stat. 1705; Pub. L. 98–473, title II, §1007, Oct. 12, 1984, 98 Stat. 2139; Pub. L. 99–646, §§36, 37(b), Nov. 10, 1986, 100 Stat. 3599; Pub. L. 101–647, title IV, §401, title XXXV, §3538, Nov. 29, 1990, 104 Stat. 4819, 4925; Pub. L. 103–272, §5(e)(2), (8), July 5, 1994, 108 Stat. 1373, 1374; Pub. L. 103–322, title VI, §60003(a)(6), title XXXII,

§§320903(b), 320924, title XXXIII, §330021, Sept. 13, 1994, 108 Stat. 1969, 2124, 2131, 2150; Pub. L. 104–132, title VII, §721(f), Apr. 24, 1996, 110 Stat. 1299; Pub. L. 105–314, title VII, §702, Oct. 30, 1998, 112 Stat. 2987; Pub. L. 108–21, title I, §104(b), Apr. 30, 2003, 117 Stat. 653; Pub. L. 109–248, title II, §213, July 27, 2006, 120 Stat. 616.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §§408a, 408c (June 22, 1932, ch. 271, §§1, 3, 47 Stat. 326; May 18, 1934, ch. 301, 48 Stat. 781, 782).

Section consolidates sections 408a and 408c of title 18 U.S.C., 1940 ed.

Reference to persons aiding, abetting or causing was omitted as unnecessary because such persons are made principals by section 22 of this title.

Words “upon conviction” were omitted as surplusage, because punishment cannot be imposed until a conviction is secured.

Direction as to confinement “in the penitentiary” was omitted because of section 4082 of this title which commits all prisoners to the custody of the Attorney General. (See reviser’s note under section 1 of this title.)

The phrase “for any term of years or for life” was substituted for the words “for such term of years as the court in its discretion shall determine” which appeared in said section 408a of Title 18, U.S.C., 1940 ed. This change was made in order to remove all doubt as to whether “term of years” includes life imprisonment.

Minor changes were made in phraseology.

AMENDMENTS

2006—Subsec. (a)(1). Pub. L. 109–248, §213(1), substituted “, or the offender travels in interstate or foreign commerce or uses the mail or any means, facility, or instrumentality of interstate or foreign commerce in committing or in furtherance of the commission of the offense” for “if the person was alive when the transportation began”.

Subsec. (b). Pub. L. 109–248, §213(2), substituted “in interstate” for “to interstate”.

2003—Subsec. (g). Pub. L. 108–21 substituted “shall include imprisonment for not less than 20 years.” for “shall be subject to paragraph (2) of this subsection.” in concluding provisions of par. (1) and struck out par. (2) which read as follows:

“(2) GUIDELINES.—The United States Sentencing Commission is directed to amend the existing guidelines for the offense of ‘kidnapping, abduction, or unlawful restraint,’ by including the following additional specific offense characteristics: If the victim was intentionally maltreated (i.e., denied either food or medical care) to a life-threatening degree, increase by 4 levels; if the victim was sexually exploited (i.e., abused, used involuntarily for pornographic purposes) increase by 3 levels; if the victim was placed in the care or custody of another person who does not have a legal right to such care or custody of the child either in exchange for money or other consideration, increase by 3 levels; if the defendant allowed the child to be subjected to any of the conduct specified in this section by another person, then increase by 2 levels.”

1998—Subsec. (a)(1). Pub. L. 105–314, §702(a), inserted “, regardless of whether the person was alive when transported across a State boundary if the person was alive when the transportation began” before semicolon at end.

Subsec. (a)(5). Pub. L. 105–314, §702(b), substituted “described” for “designated”.

Subsec. (b). Pub. L. 105–314, §702(c), inserted at end “Notwithstanding the preceding sentence, the fact that the presumption under this section has not yet taken effect does not preclude a Federal investigation of a possible violation of this section before the 24-hour period has ended.”

1996—Subsec. (e). Pub. L. 104–132 substituted “If the victim of an offense under subsection (a) is an inter-

nationally protected person outside the United States, the United States may exercise jurisdiction over the offense if (1) the victim is a representative, officer, employee, or agent of the United States, (2) an offender is a national of the United States, or (3) an offender is afterwards found in the United States.” for “If the victim of an offense under subsection (a) is an internationally protected person, the United States may exercise jurisdiction over the offense if the alleged offender is present within the United States, irrespective of the place where the offense was committed or the nationality of the victim or the alleged offender.” and inserted at end “For purposes of this subsection, the term ‘national of the United States’ has the meaning prescribed in section 101(a)(22) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(22)).”

1994—Pub. L. 103-322, §330021(1), which directed the amendment of this title “by striking ‘kidnaping’ each place it appears and inserting ‘kidnapping’”, was executed by substituting “Kidnaping” for “Kidnaping” as section catchline, to reflect the probable intent of Congress.

Subsec. (a). Pub. L. 103-322, §60003(a)(6), in concluding provisions, inserted “and, if the death of any person results, shall be punished by death or life imprisonment” after “or for life”.

Subsec. (a)(3). Pub. L. 103-272, §5(e)(8), substituted “section 46501 of title 49” for “section 101(38) of the Federal Aviation Act of 1958”.

Subsec. (b). Pub. L. 103-322, §330021(2), substituted “kidnapped” for “kidnaped”.

Subsec. (d). Pub. L. 103-322, §320903(b), substituted “(a)” for “(a)(4) or (a)(5)”.

Subsec. (e). Pub. L. 103-272, §5(e)(2), substituted “section 46501(2) of title 49” for “section 101(38) of the Federal Aviation Act of 1958, as amended (49 U.S.C. 1301(38))”.

Subsec. (h). Pub. L. 103-322, §320924, added subsec. (h). 1990—Subsec. (a)(3). Pub. L. 101-647, §3538, substituted “101(38)” for “101(36)” and struck out “, as amended (49 U.S.C. 1301(36))” after “Federal Aviation Act of 1958”.

Subsec. (g). Pub. L. 101-647, §401, added subsec. (g).

1986—Subsec. (a). Pub. L. 99-646, §36, substituted “when—” for “when:” in introductory text, substituted “the person” for “The person” and “official duties” for “his official duties” in par. (5), and aligned the margin of par. (5) with the margins of pars. (1) to (4).

Subsec. (d). Pub. L. 99-646, §37(b), inserted “or (a)(5)” after “subsection (a)(4)”.

1984—Subsec. (a)(5). Pub. L. 98-473 added par. (5).

1978—Subsec. (a)(3). Pub. L. 95-504 substituted reference to section 101(36) of the Federal Aviation Act of 1958 for reference to section 101(33) of such Act. See References in Text note above.

Subsec. (e). Pub. L. 95-504 substituted reference to section 101(38) of the Federal Aviation Act of 1958 for section 101(35) of such Act.

1977—Subsec. (a)(3). Pub. L. 95-163 substituted reference to section 101(33) of the Federal Aviation Act of 1958 for reference to section 101(32) of such Act. See References in Text note above.

Subsec. (e). Pub. L. 95-163 substituted reference to section 101(35) of the Federal Aviation Act of 1958 for reference to section 101(34) of such Act.

1976—Subsec. (a)(4). Pub. L. 94-467, §4(a), substituted provision which includes acts committed against an internationally protected person and an official guest as defined in section 1116(b) of this title for provision which included acts committed against an official guest as defined in section 1116(c) of this title.

Subsecs. (d) to (f). Pub. L. 94-467, §4(b), added subsecs. (d) to (f).

1972—Subsec. (a). Pub. L. 92-539 substituted “Kidnaping” for “Transportation” in section catchline and, in subsec. (a), extended the jurisdictional base to include acts committed within the special maritime, territorial, and aircraft jurisdiction of the United States, and to include acts committed against foreign officials and official guests, and struck out provisions relating to death penalty.

Subsec. (b). Pub. L. 92-539 inserted reference to subsec. (a)(1).

Subsec. (c). Pub. L. 92-539 substituted “by imprisonment for any term of years or for life” for “as provided in subsection (a)”.

1956—Subsec. (b). Act Aug. 6, 1956, substituted “twenty-four hours” for “seven days”.

SHORT TITLE OF 1993 AMENDMENT

Pub. L. 103-173, §1, Dec. 2, 1993, 107 Stat. 1998, provided that: “This Act [enacting section 1204 of this title and provisions set out as a note under section 1204 of this title] may be cited as the ‘International Parental Kidnapping Crime Act of 1993’.”

SHORT TITLE OF 1984 AMENDMENT

Pub. L. 98-473, title II, §2001, Oct. 12, 1984, 98 Stat. 2186, provided that: “This part [part A (§§2001-2003) of chapter XX of title II of Pub. L. 98-473, enacting section 1203 of this title and provisions set out as a note under section 1203 of this title] may be cited as the ‘Act for the Prevention and Punishment of the Crime of Hostage-Taking’.”

§ 1202. Ransom money

(a) Whoever receives, possesses, or disposes of any money or other property, or any portion thereof, which has at any time been delivered as ransom or reward in connection with a violation of section 1201 of this title, knowing the same to be money or property which has been at any time delivered as such ransom or reward, shall be fined under this title or imprisoned not more than ten years, or both.

(b) A person who transports, transmits, or transfers in interstate or foreign commerce any proceeds of a kidnapping punishable under State law by imprisonment for more than 1 year, or receives, possesses, conceals, or disposes of any such proceeds after they have crossed a State or United States boundary, knowing the proceeds to have been unlawfully obtained, shall be imprisoned not more than 10 years, fined under this title, or both.

(c) For purposes of this section, the term “State” has the meaning set forth in section 245(d) of this title.

(June 25, 1948, ch. 645, 62 Stat. 760; Pub. L. 103-322, title XXXII, §320601(b), title XXXIII, §330016(1)(L), Sept. 13, 1994, 108 Stat. 2115, 2147.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §408c-1 (June 22, 1932, ch. 271, §4, as added Jan. 24, 1936, ch. 29, 49 Stat. 1099).

Words “in the penitentiary” after “imprisoned” were omitted in view of section 4082 of this title committing prisoners to the custody of the Attorney General. (See reviser’s note under section 1 of this title.)

Minor changes were made in phraseology.

AMENDMENTS

1994—Pub. L. 103-322, §320601(b), designated existing provisions as subsec. (a) and added subsecs. (b) and (c).

Subsec. (a). Pub. L. 103-322, §330016(1)(L), substituted “fined under this title” for “fined not more than \$10,000”.

§ 1203. Hostage taking

(a) Except as provided in subsection (b) of this section, whoever, whether inside or outside the United States, seizes or detains and threatens to kill, to injure, or to continue to detain another

person in order to compel a third person or a governmental organization to do or abstain from doing any act as an explicit or implicit condition for the release of the person detained, or attempts or conspires to do so, shall be punished by imprisonment for any term of years or for life and, if the death of any person results, shall be punished by death or life imprisonment.

(b)(1) It is not an offense under this section if the conduct required for the offense occurred outside the United States unless—

(A) the offender or the person seized or detained is a national of the United States;

(B) the offender is found in the United States; or

(C) the governmental organization sought to be compelled is the Government of the United States.

(2) It is not an offense under this section if the conduct required for the offense occurred inside the United States, each alleged offender and each person seized or detained are nationals of the United States, and each alleged offender is found in the United States, unless the governmental organization sought to be compelled is the Government of the United States.

(c) As used in this section, the term “national of the United States” has the meaning given such term in section 101(a)(22) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(22)).

(Added Pub. L. 98-473, title II, §2002(a), Oct. 12, 1984, 98 Stat. 2186; amended Pub. L. 100-690, title VII, §7028, Nov. 18, 1988, 102 Stat. 4397; Pub. L. 103-322, title VI, §60003(a)(10), Sept. 13, 1994, 108 Stat. 1969; Pub. L. 104-132, title VII, §723(a)(1), Apr. 24, 1996, 110 Stat. 1300.)

AMENDMENTS

1996—Subsec. (a). Pub. L. 104-132 inserted “or conspires” after “attempts”.

1994—Subsec. (a). Pub. L. 103-322 inserted before period at end “and, if the death of any person results, shall be punished by death or life imprisonment”.

1988—Subsec. (c). Pub. L. 100-690 substituted “(c) As” for “(C) As”.

EFFECTIVE DATE

Pub. L. 98-473, title II, §2003, Oct. 12, 1984, 98 Stat. 2186, provided that: “This part [part A (§§2001-2003) of chapter XX of title II of Pub. L. 98-473, enacting this section and provisions set out as a note under section 1201 of this title] and the amendments made by this part shall take effect on the later of—

“(1) the date of the enactment of this joint resolution [Oct. 12, 1984]; or

“(2) the date the International Convention Against the Taking of Hostages has come into force and the United States has become a party to that convention [the convention entered into force June 6, 1983; and entered into force for the United States Jan. 6, 1985].”

§ 1204. International parental kidnapping

(a) Whoever removes a child from the United States, or attempts to do so, or retains a child (who has been in the United States) outside the United States with intent to obstruct the lawful exercise of parental rights shall be fined under this title or imprisoned not more than 3 years, or both.

(b) As used in this section—

(1) the term “child” means a person who has not attained the age of 16 years; and

(2) the term “parental rights”, with respect to a child, means the right to physical custody of the child—

(A) whether joint or sole (and includes visiting rights); and

(B) whether arising by operation of law, court order, or legally binding agreement of the parties.

(c) It shall be an affirmative defense under this section that—

(1) the defendant acted within the provisions of a valid court order granting the defendant legal custody or visitation rights and that order was obtained pursuant to the Uniform Child Custody Jurisdiction Act or the Uniform Child Custody Jurisdiction and Enforcement Act and was in effect at the time of the offense;

(2) the defendant was fleeing an incidence or pattern of domestic violence; or

(3) the defendant had physical custody of the child pursuant to a court order granting legal custody or visitation rights and failed to return the child as a result of circumstances beyond the defendant’s control, and the defendant notified or made reasonable attempts to notify the other parent or lawful custodian of the child of such circumstances within 24 hours after the visitation period had expired and returned the child as soon as possible.

(d) This section does not detract from The Hague Convention on the Civil Aspects of International Parental Child Abduction, done at The Hague on October 25, 1980.

(Added Pub. L. 103-173, §2(a), Dec. 2, 1993, 107 Stat. 1998; amended Pub. L. 108-21, title I, §107, Apr. 30, 2003, 117 Stat. 655.)

AMENDMENTS

2003—Subsec. (a). Pub. L. 108-21, §107(1), inserted “, or attempts to do so,” before “or retains”.

Subsec. (c)(1). Pub. L. 108-21, §107(2)(A), inserted “or the Uniform Child Custody Jurisdiction and Enforcement Act” before “and was”.

Subsec. (c)(2). Pub. L. 108-21, §107(2)(B), inserted “or” after semicolon at end.

SENSE OF CONGRESS REGARDING USE OF PROCEDURES UNDER THE HAGUE CONVENTION ON THE CIVIL ASPECTS OF INTERNATIONAL PARENTAL CHILD ABDUCTION

Section 2(b) of Pub. L. 103-173 provided that: “It is the sense of the Congress that, inasmuch as use of the procedures under the Hague Convention on the Civil Aspects of International Parental Child Abduction has resulted in the return of many children, those procedures, in circumstances in which they are applicable, should be the option of first choice for a parent who seeks the return of a child who has been removed from the parent.”

CHAPTER 57—LABOR

Sec.	
1231.	Transportation of strikebreakers.
[1232.	Repealed.]

AMENDMENTS

1990—Pub. L. 101-647, title XXXV, §3539, Nov. 29, 1990, 104 Stat. 4925, struck out item 1232 “Enticement of workman from armory or arsenal”.

§ 1231. Transportation of strikebreakers

Whoever willfully transports in interstate or foreign commerce any person who is employed

Color (law)

In [United States law](#), the term **color of law** denotes the "mere semblance of [legal right](#)," the "pretense or appearance of" right; hence, an action done under **color of law** adjusts (colors) the law to the circumstance, yet said apparently legal action contravenes the law.^[1] **Under color of authority** is a legal phrase used in the US^[2] indicating that a person is claiming or implying the acts he or she is committing are related to and legitimized by his or her role as an agent of governmental power.

Color of law

Color of law refers to an appearance of legal power to act that may operate in violation of law. For example, if a [police officer](#) acts with the "color of law" authority to [arrest](#) someone, the arrest, if it is made without [probable cause](#), may actually be in violation of law. In other words, just because something is done with the "color of law" does not mean that the action was lawful. When police are suspected of acting outside their lawful authority and violating the civil rights of a citizen, the [FBI](#) is tasked with investigating.^[3]

The [US Supreme Court](#) has interpreted the [US Constitution](#) to construct laws regulating the actions of the law enforcement community. Under "color of law," it is a crime for one or more persons using power given by a governmental agency (local, state or federal), to deprive or conspire wilfully to deprive another person of any right protected by the Constitution or laws of the United States. Criminal acts under color of law include acts within and beyond the bounds or limits of lawful authority. Off-duty conduct may also be covered if official status is asserted in

some manner. Color of law may include public officials and non-governmental employees who are not law enforcement officers such as judges, prosecutors, and private security guards.^[4]

Deprivation of rights under color of law

The deprivation of rights under color of law is a federal criminal offense which occurs when any person, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person on any U.S. territory or possession to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens (18 U.S.C. § 242). When two or more persons conspire to prevent the exercise of constitutional rights, or to punish an individual for having exercised them, it is deemed a conspiracy against rights (18 U.S.C. § 241). The death penalty is applicable in extreme cases when the crimes cause the death of the individual being deprived of constitutional rights.^{[5][6]}

Color of office

"Color of office" refers to an act usually committed by a public official under the appearance of authority but exceeds such authority. An affirmative act or omission, committed under color of office, is sometimes required to prove [malfeasance in office](#).

Color of title

"Color of title", in [property law](#), refers to a claim to [title](#) that appears valid but may be legally defective. Color of title may arise if there is [evidence](#), such as a writing, suggesting valid legal title. The courts have ruled that deeds are mere color of title; the actual title to land is secured with an irrefutable instrument, like a [land patent](#). When that land is subsequently conveyed to another owner by a deed, the deed colors the title to show the new owner. Thus, the chain of title from the land patent to the present may include many deeds. The actual title remains with the land patent and lawful deeds show the chain of title to the present landowner.

Because the ownership in land is a very specific thing, requiring precise and proper transfers of ownership, it used to be that people always required a certified abstract be provided with a deed to ensure the deed was not merely a color of title fiction. Today, title companies offer [title insurance](#) to secure such documents. Still, only a proper and lawful title, like the land patent, provides actual title to land; and only a proper and lawful chain of title (deeds, etc.) from such a patent to the present can secure land rights to the landowner.

However, even with land secured by patent, the proper grant of title can be implied by [adverse possession](#), which is the basis for claims exemplified in [Torrens title](#). The Torrens system operates on the principle of "title by registration" in which the act of registering an interest in land in [a state-operated registry](#) creates an indefeasible title in the registrant, which, like the land patent, can be challenged only in very limited circumstances.

Appropriation of name or likeness

Although it is a common-law [tort](#), most states have enacted statutes that prohibit the use of a person's name or image if used without consent for the commercial benefit of another person. A person's exclusive rights to control his or her name and likeness to prevent others from exploiting personal information without permission is protected in similar manner to a title or [trademark](#) action with the person's likeness and personal information, rather than the trademark or title, being the subject of the protection.^[7]

The tort of [false light](#) involves a misappropriation or "major misrepresentation" of a person's "character, history, activities or belief".^[8] Some bodies of law also explicitly mention the [estate](#) of a person; false claims of nobility are most common. In the US, one who gives publicity to a matter concerning another that places the other before the public in a false light is subject to liability for invasion of privacy if

1. The false light would be highly offensive to a reasonable person; and
2. The actor acted with [malice](#)—had reason to know of or acted with reckless disregard as to the falsity of the publicized matter and the false light in which the other would be placed.

See Section 652E of the [Restatement \(Second\) of Torts](#).

Public disclosure of private facts arises if a person reveals information which is not of public concern, the release of which would offend a reasonable person.^[9]

See also

- [Qualified immunity](#) – a contrasting legal doctrine that may protect government officers from civil-suit damages.

References

1. *Law Dictionary Fourth Edition*, Steven H. Gifis, p. 86
2. *Judicial and Statutory Definitions of Words and Phrases* (<https://archive.org/details/judicialandstat03paulgoog>) . West Publishing Company, West Publishing Co., St. Paul. 1914. p. 763 (<https://archive.org/details/judicialandstat03paulgoog/page/n798>) .
3. "Civil Rights – FBI" (<https://www.fbi.gov/investigate/civil-rights>) . FBI.
4. *Hate Crimes* (<https://web.archive.org/web/20080526052736/http://miami.fbi.gov/hate.htm>) . Federal Bureau of Investigation, Miami Division, February 22, 2005. Via the *Internet Archive Wayback Machine*.
5. "18 U.S. Code § 241 - Conspiracy against rights" (<https://www.law.cornell.edu/uscode/text/18/241>) . LII / Legal Information Institute. Retrieved 2021-01-16.
6. "18 U.S. Code § 242 - Deprivation of rights under color of law" (<https://www.law.cornell.edu/uscode/text/18/242>) . LII / Legal Information Institute. Retrieved 2021-01-16.
7. *Invasion of Privacy* (<http://www.cvc.sunysb.edu/334/ethics/Privacy.html>) Archived (<https://web.archive.org/web/20120514050702/http://www.cvc.sunysb.edu/334/ethics/Privacy.html>) May 14, 2012, at the *Wayback Machine*, Appropriation of Name or Likeness. CSE/ISE 334 "Introduction to Multimedia Systems" Lectures and Recitations, *Stony Brook University*.
8. *Gannett Co., Inc. v. Anderson*, 2006 WL 2986459 at 3 (Fla. 1st DCA Oct. 20, 2006).
9. *Common Law Privacy Torts* (<http://www.cas.okstate.edu/jb/faculty/senat/jb3163/privacytorts.html>) Archived (<https://web.archive.org/web/20130424122836/http://www.cas.okstate.edu/jb/faculty/senat/jb3163/privacytorts.html>) April 24, 2013, at the *Wayback Machine*

Retrieved from

["https://en.wikipedia.org/w/index.php?title=Color_\(law\)&oldid=1022046624"](https://en.wikipedia.org/w/index.php?title=Color_(law)&oldid=1022046624)

Last edited 6 months ago by Fluffy89502

Wikipedia

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Legal Definition of Constructive

A constructive is that which is interpreted. 2 min read

[1. CONSTRUCTIVE](#)

[2. Constructive Presence](#)

[3. Constructive Larceny](#)

[4. Constructive Breaking Into A House](#)

[5. Constructive Notice](#)

[6. Constructive Annexation](#)

[7. Constructive Fraud](#)

CONSTRUCTIVE

That which is interpreted.

Constructive Presence

The **commission of crimes** is when a party is not actually present, but an eye-witness to its commission and watches while another commits the crime.

Constructive Larceny

One where the taking was not apparently **felonious**, but by construction of the prisoner's acts it is just to presume he intended at the time of taking to appropriate the property feloniously to his own use as when he obtained the delivery of the goods **animo furandi**.

Constructive Breaking Into A House

In order to commit a **burglary**, there must be a breaking of the house that may be actual or constructive. A **constructive breaking** is when the burglar gains an entry into the house by fraud, conspiracy or threat. A familiar instance of constructive breaking is the case of a burglar who, coming to the house **under pretence** of business, gains admittance and then commits such acts as if there had been an actual breaking, would have amounted to a burglary.

Constructive Notice

Such a notice that, although it be not actual, is sufficient in law; an example of this is the recording of a deed, which is notice to all the

world, as is the pendency of a suit a general **notice of an equity**.

Constructive Annexation

The annexation to the inheritance by the law of certain things which are not actually attached to it; for example, the keys of a house and heir looms are **constructively annexed**.

Constructive Fraud

A contract or act which, not originating in evil design and contrivance to perpetuate a positive fraud or injury upon other persons, yet by its necessary tendency to deceive or mislead them, to violate a public or **private confidence** or to impair or injure **public interest**, is deemed equally reprehensible with positive fraud, and therefore is prohibited by law, as within the same reason and mischief as contracts and acts done malo animo.

Zip Code

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RCW 9A.60.020

Forgery.

(1) A person is guilty of forgery if, with intent to injure or defraud:

(a) He or she falsely makes, completes, or alters a written instrument or;

(b) He or she possesses, utters, offers, disposes of, or puts off as true a written instrument which he or she knows to be forged.

(2) In a proceeding under this section that is related to an identity theft under RCW 9.35.020, the crime will be considered to have been committed in any locality where the person whose means of identification or financial information was appropriated resides, or in which any part of the offense took place, regardless of whether the defendant was ever actually in that locality.

(3) Forgery is a class C felony.

[2011 c 336 § 382; 2003 c 119 § 5; 1975-'76 2nd ex.s. c 38 § 13; 1975 1st ex.s. c 260 § 9A.60.020.]

NOTES:

Effective date—Severability—1975-'76 2nd ex.s. c 38: See notes following RCW 9A.08.020.

From: Audrey Nordlie
Sent: 1/5/2022 7:33:23 PM
To: DOH WSBOH
Cc:
Subject: oppose WAC 246-100

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools.

Thank you,

Audrey Nordlie

From: Susan Hastings
Sent: 1/10/2022 12:13:55 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: January 12th meeting

External Email

In the event that you "take Possible Action" regarding Chapter 246-105 WAC please know that I am absolutely NOT in favor of Covid vaccine requirements for children for school and daycare. This would definitely be overreaching and immoral. If you refuse to allow unvaccinated children to attend then give them their education \$\$\$ and they can go elsewhere.

I won't lie... the following has me very concerned. The thought that a local health officer has sole discretion to do something like this is incredible.

WAC 246-100-040

Procedures for isolation or quarantine.

(1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with subsection (3) of this section, or may petition the superior court ex parte for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with subsection (4) of this section, provided that he or she:

A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW 43.20.050

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&cid=3a2f2fapp.leg.wa.gov%2FRCW%2Fdefault.aspx>>
(4) and 70.05.120

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx&cid=3a2f2fapp.leg.wa.gov%2FRCW%2Fdefault.aspx>>
.

Where are the rights of "We The People" when it comes to this sort of action. The fact that they only have to have a "reason to believe" is crazy.

I think it's pretty obvious that these items need to be changed in light of where we find ourselves today and the massive overreach of our existing government.

Sincerely,
Susan Hastings

From: Joan Sanders
Sent: 1/6/2022 1:50:23 PM
To: DOH WSBOH
Cc:
Subject: WAC - Against Covid Proposals

External Email

To the Washington Board of Health,

I am completely against any of the proposed Covid policies, that these are unnecessary, over reaching and morally wrong as you well know.

I stand against the following WAC proposals:

- WAC-246-100-070
- WAC-246-100-045
- WAC-246-100-040
- WAC-246-100
- WAC=246-105

The vaccines have been proven to be ineffective as the Omicron variant has proven, And have had only cold type symptoms reported.

If the state moves forward with this then we as citizens will be forced to sue and seek damages from the State of Washington, the Washington State Board of Health and any entities and individuals that force this for any harm created by the vaccine mandate.

What you are proposing is wrong and over reaches governments responsibility

Joan Sanders
Puyallup, WA

From: Heather (Riches) Hash
Sent: 1/7/2022 9:51:51 AM
To: DOH WSBOH
Cc:
Subject: State Board of Health Public Meeting January 12, 2022

External Email

Dear Sirs and Mesdames,

I am writing to you to make known my concerns regarding the decisions to be made at the upcoming meeting on January 12, 2022.

WAC 246-100 Rulemaking would expand authority to involuntarily quarantine individuals. Absolutely NOT! I stand in strong opposition to such a ruling. Nowhere in the Constitution of the United States of America, nor in the Constitution of the State of Washington, does it grant elected/appointed officials such authority over the citizens. This "pandemic" is not as deadly as we have been lead to believe and does not warrant these powers. The Fourth Amendment of the US Constitution guarantees "the right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized." Involuntary quarantine is a direct violation of this right.

In addition, I strongly oppose adding a Covid-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools. It is my God-given, inalienable right to parent my child(ren) in the way that is in keeping with my beliefs, convictions, and informed research, as well as making the decisions that are in the best interests of them and their well-being. This decision, again, is in violation of the Fourth Amendment.

Your position is intended not as a way to control the citizens of our beautiful state but rather is meant to serve their interests and concerns. Our Constitution is intended to limit powers of the government thereby ensuring the blessings of our republic be preserved. I implore you to heed the voice and concern of the citizens of our state.

Respectfully,

Heather Hash

Heather

253.232.7238

<http://www.marykay.com/heatherhash>

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

"It is only with the heart that one can see rightly. What is essential is invisible to the

eye."

-Antoine Saint-Exupéry, The Little Prince

From: Gabe Saez
Sent: 1/6/2022 12:22:50 PM
To: DOH WSBOH
Cc:
Subject: No to these new WAC's

External Email

Hi there,
I am a longtime Washingtonian and constituent to whom WSBOH serves. I have an established career in healthcare and want to convey this constituent's disfavor of proposed Covid policies. I and my community stand against the following over-reaching and immoral proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Thank you in advance for considering the desires of the constituents you serve.

Gabriel Saez

From: Kady Alkire
Sent: 1/7/2022 10:37:37 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Comment for Jan 12th meeting

External Email

To whom it may concern,

I am writing to oppose the proposed covid-19 policies that are currently being considered on Jan 12th. These include:

WAC 246-100-070
WAC 246-100-045
WAC 246-100-040

Although I understand the rational behind these proposed policies, I do not think they will have the intended effect. These policies will put undo pressure on our already overwhelmed police force. These health policies and mandates should not be considered law unless the people that they effect have had a chance to review them. The language of these policies leaves a lot to interpretation and opportunity for misuse and overreach.

These policies will also discourage people from seeking testing for infectious disease and may actually exasperate the problem. Would you willingly be tested for a illness if you thought it was possible that you would be involuntarily detained?

The current mandates and policies have not stopped the spread of Covid even though the majority of people have willingly followed them. Doubling down on these policies will not improve our current situation.

Thank you in advance for your time and consideration.

Kady Bowman

From: Parents for School Choice PSD401

Sent: 1/7/2022 10:31:18 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Jan 12 Board meeting discussion

External Email

In regards to consideration of WAC 246-100-040. I am adamantly opposed. Children are at the least risk of contracting and dying of COVID-19. To date after 23 months children ages 5 to 11 there have been 573 Deaths. Out of children's ages 0-17 There has been 823 deaths out of 74 million children. Also this vaccine is not FDA approved. Also there is a requirement to sign a waiver of responsibility. So if something were to happen to a child there is no recourse. I am myself and severely vaccine injured. I will not put up poisoning my son. The Attorney General has announced a mental health crisis in our children directly related to the last two years and how Covid restrictions were handled with children. I am immunocompromised, I take amino suppressant's, take oral chemo and I know that my son and no other children are responsible for my safety. Stop making children responsible for making adults feel safe. It is not their responsibility.

In response to WAC 246-100-045 I am in disbelief that this discussion is even occurring. This is America. The new variant he's less severe and helping with herd immunity. I look at Australia and Canada and I think thank goodness for America they would never take us against our will and quarantine us. But you are considering it. I strongly oppose this. We will no longer be a free country if this is allowed. And you will be responsible for what happens moving forward. And if you think it won't affect you, someone in your family or a dear friend you are mistaken.

Mental health, drug abuse and drug overdoses are the crisis right now. Either of these pass and those will get even worse.

Thank you,
Michelle Hambly

From: dorothy strakele

Sent: 1/6/2022 10:06:41 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 12 Meeting- Current infectious disease WAC codes to include Covid-19 for all WA State residents.

External Email

I would like to voice my objection to a change in the WAC code regarding vaccination requirements. Volunteer means exactly that, my choice! When you physically force someone to do something it is no longer volunteering. WA state is getting ridiculous with this COVID-19 (no longer a pandemic) virus.

Let the parents be the parents, you are not the parents of these children, this is not a communist (yet) state and everyone has the right to decide what is best for them.

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC

This is communism at its worst!!

Please respect the people in this state and give them back their rights!

Dorothy Strakele

Have a great day!

From: Brandon Kollars
Sent: 1/6/2022 3:38:46 PM
To: DOH WSBOH
Cc:
Subject: Regarding new proposals

External Email

To whom it may concern,

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Brandon Kollars

Sent from my mobile device. Please excuse any grammatical errors and terseness.

From: Debra Ciarlo
Sent: 1/7/2022 9:30:25 AM
To: DOH WSBOH
Subject: Quarantine facilities and making Covid vaccines part of children's vaccination requirements

External Email

To the Washington State Board of Health Members,

I, Debra Ciarlo, residing in Wenatchee, WA, wish to STRONGLY OPPOSE allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100 and including the Covid-19 injections as part of school immunization requirements using WAC 246-105.

The government has no right to force anyone to take anything into their bodies they do not choose to take. This idea is equal to the taking of God-given freedoms in Nazi Germany. It also is criminal to punish or detain anyone for their choice of medical freedom. Reference the NUREMBERG Code! A Quarantine facility where people are forced to stay is absolutely wrong, especially in the face of the Covid disease and its variants which only have a tiny fraction of risk of death to the average person. Even those with comorbidities have a very high chance of surviving this virus. I, age 65, (unvaccinated) with several comorbidities had Covid in June and July of 2021 (Delta variant) and survived. My God-given natural immunity kicked in and I successfully navigated the disease and am now stronger for it. Allowing people's natural immunities to fight this virus is the ONLY way to reduce its strength. The mRNA vaccines are EXPERIMENTAL and should not be forced on anyone, period! These vaccines have been proven to carry more of a health risk than getting Covid! Look at the VAERS reports!

Also, I have the same opinion about not mandating children to be vaccinated against Covid. Almost ALL children survive the virus as easily as the common cold or flu virus. Again, these vaccines are EXPERIMENTAL and have not yet proven to be safe! Heart, nervous system, and other systems in the bodies of young people receiving these vaccines are being affected in atrocious ways! The risk FAR OUTWEIGHS any benefit! It is truly WRONG to mandate these vaccines when natural immunity is very effective against this virus!

Please accept my concerns and recommend AGAINST these proposals being presented.

Sincerely,
Debra Ciarlo
1317 Seattle St
Wenatchee, WA

From: Erin Arioto
Sent: 1/7/2022 2:03:25 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Upcoming meeting - please read

External Email

Hello,

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Thank you,
Erin

Sent from my iPhone

From: Lisa Wyant

Sent: 1/6/2022 10:14:59 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposed WAC

External Email

Dear Washington State Board of Health and to whom it may concern,

I am writing to you regarding my concern for the upcoming proposed policies that are intended to update our current policies that are written as law.

1. WAC 246-100-070: To allow local health officers to use law enforcement.
2. WAC: 246-100-045 : To force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility.
3. WAC: 246-100-040: Following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination.
4. WAC: 246-105: Include the Covid-19 injections as part of school immunization requirements.

These additions would be a tyrannical over reach of jurisdiction. Our government is supposed to make our lives better, not take away our freedoms that have been earned through so much sacrifice. Their role is to provide national defence, secure our borders, make sure we have life, liberty and justice. Our constitutional rights are trying to be stripped away and as an American I am standing up to say NO MORE alongside thousands of other Americans! We have the right to make our own decisions regarding our bodies.

There is no freedom in the statement "voluntarily comply". Also, refusing to "voluntarily comply" is bullying the American people to take actions against their own will. It is a forceful statement and is threatening. We Are The People. I am standing up for what is good, true, and for our basic human rights.

The Covid-19 injection is NOT a vaccine. It is an experimental biological factor that has been a complete and utter failure. Healthy people are having adverse reactions and health complications, even death after receiving the shot. Those with the injection are contracting AND spreading Covid-19. It is an experiment that has failed. The risk of children dying from the virus is so minute that the risk of adverse reactions from the shot dramatically outweigh the potential danger. Only time will tell how severe the health complications will be from the Covid-19 injection. Forcing Washington State residents to be vaccinated would be unconstitutional and therefore cannot become law.

I believe in the good of people and I believe that good always wins. Please don't prolong this chaos any longer. We have had this vaccine out for a little over a year and nothing is changing. Things are becoming worse. Please don't be a part of the evil doers. Stand up and fight for what is right. I hope this will reach into your human heart and I pray that you will support and do what is constitutionally, ethically and morally right.

Sincerely,

Lisa Wyant

From: Milissa Guertin
Sent: 1/6/2022 2:03:04 PM
To: DOH WSBOH
Cc:
Subject: Opposed to covid policies

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070 <tel:246-100-070> , WAC 246-100-045 <tel:246-100-045> , WAC 246-100-040 <tel:246-100-040> , WAC 246-100, WAC 246-105.

This is America!! Stop the over reach!

Milissa

Sent from my iPhone

From: Rose Buswell

Sent: 1/6/2022 11:00:03 PM

To: DOH WSBOH, Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Davis, Michelle (SBOH), Hisaw, Melanie (SBOH)
Cc:

Subject: Jan 12th Board of Health Public meeting - Proposed WAC changes

External Email

To whom it may concern:

I strongly oppose these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. They are in complete opposition to our constitutional rights to freedom of medical choice. There is no reason that any government agency should have the right to force any citizen to get medical treatment if they don't want to, and certainly shouldn't be forcing children to. The vaccine has proven ineffective against covid and carries a dangerous risk of side effects. I strongly oppose the covid vaccines being added to school vaccine requirements. I strongly oppose the use of police to enforce people getting vaccinated and strongly oppose the requirement of people to be vaccinated. This is a free country and within that freedom includes freedom to chose medical treatments we want or don't want.

From: Denis Ankuda

Sent: 1/7/2022 12:13:47 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments for January 12 State Board of Health Public Meeting

External Email

Hello,

To those who will be making decision on just proposed new policies:

- * ☐ Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

- * Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

I oppose and totally disagree with these immoral, radical, unethical, unconstitutional, anti-American proposals! Creating ☐ detention facilities for unvaccinated, healthy or unhealthy, who got the virus or not, who does not want to comply with the radical mandates, is a CRIME AGAINST HUMANITY not a law! Are those who proposed these policies forgot what Fascism was or they maybe did not study that topic in school? If no, I'm just sharing a warning – those policies and mandates will bring chaos and problems here in WA (see what's happening in Australia). Those who are forcing Fascist like policies\mandates probably will be prosecuted and imprisoned for a lifetime in the future for supporting terrorism!

Shame on those who support any kind of terrorism including communism and fascism!!!

Few more things to think about:

- * COVID-19 = FLU – based on different sources, survival rate is ~99.98%

- * Omicron is nothing – not dangerous at all, not even close – symptoms of a common cold

- * There are absolutely no cases of COVID-19 among kids!

- * Natural immunity is much more effective (~10-1000x times) than any kind of Flu\C-19 shots

- * It is not a vaccine! It is a dangerous experimental drug, technically it's a poison, that kills people and makes the immune system vulnerable – As minimum, please check out the VAERS which has just 1% of registered cases and it's already having ~20K death and more than 1 million adverse reactions where people become disabled in many cases. Ask around and you'll see how dangerous it is!

* Seems like Fauci lied to Congress and will be prosecuted for that. Hopefully soon and imprisoned for a lifetime.

* Also, regular masks are 100% useless and do not stop viruses like Flu\Corona at all – have never been stopping the spread and each and every doctor knows that fact – or I'd say, those who studied biology in school knows that too. Forcing people to wear masks is a silly idea came from radical and ignorant people who want to show their political power.

* All VACCINE MANDATES are unconstitutional, radical and extremely immoral. I hope it's clear why

* Do you even know how many people died because of smoking last year? No? So please go and check all statistics before talking about COVID!

Thanks for understanding and hope nothing like that will be brought into the law!

Sincerely,

Denis Ankuda

From: Drew Ettinger

Sent: 1/7/2022 6:59:06 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vote Against Vaccine Mandates

External Email

☐

☐

To: Washington State Board of Health

As a father of two young children who have been attending daycare/school in person with other children in Washington State for the past two years without mishap,

1. I fully oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.
2. I support the petition agenda item #11 completed by Xavier Figueroa, PhD, which asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.
3. I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals.

☐ In particular, I am writing to ask you to vote against all vaccine mandates. Vaccine mandates violate fundamental human rights, notably the right to free and informed consent for medical interventions. Also, mandates do not take into consideration natural immunity.

1. Children's survival rate from a Sars-CoV-2 infection is 99.99995%. There is no evidence of an extreme mortality or injury risk warranted to mandate a vaccine. Out of 1.9 million infections in 5-11 year olds, 94 cases resulted in death as of October 16, 2021.

2. Although the news has reported the Relative Risk Reduction (RRR) of 95%, which is the comparison between the group who took the vaccine versus the group that did not take the vaccine (note, the studies were of only a couple hundred kids, reporting on an app, who were possibly, but not required to be, exposed to infection in the general population for 2 months). However, the more meaningful Absolute Risk Reduction (ARR), which is the risk difference of an outcome of a given treatment in relation to a comparison of no treatment. The ARR for the Pfizer vaccine was 0.7%. Taking the

vaccine is 95% reliable to provide less than 1% greater protection than not taking it.

<https://pubmed.ncbi.nlm.nih.gov/33652582/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F336>

3. Data suggests vaccinated people have 251 times the viral load than unvaccinated people.

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00423-5/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00423-5/fulltext)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2FS014067362100423->

5%2Ffulltext&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C5b67fdfe9124447eceb708d9d1ee05

4. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/>

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

5. There are no long term side effect studies, unlike all other vaccines previously available.

6. Under the Pfizer EUA for use in children, linked below, it states every child MUST have the ability to refuse it. To mandate this experimental vaccine would violate Federal Law and the Nuremberg Code.

Fact Sheet for Recipients - Pfizer-BioNTech COVID-19 Vaccine for 5 - 11 Years of Age

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15371>

"Under the EUA, there is an option to accept or refuse receiving the vaccine. Should you decide for your child not to receive it, it will not change your child's standard medical care."

7. There is emerging data of severe increased risk of myocarditis and pericarditis in children after vaccination. Pfizer has expanded its study to look into this more closely. For now, it is a "black box" warning, along with anaphylactic shock, which means it is significant enough to sound the alarm.

8. The severely underreported Vaccine Adverse Reaction System (VAERS) as of December 24, 2021 has now reported 1,000,227 covid vaccine reports, 21,002 deaths within 3 days of injection, 110,609 hospitalizations, 109,245 urgent care visits, 36,492 severe allergic reactions, 35,650 permanently disabled, 22,117 myocarditis/pericarditis,, 12,532 bell's palsy, 10,640 heart attacks, 8,673 anaphylaxis, and 3,435 miscarriages due to the covid vaccines. This is just one of many reporting systems, and the news is grim on many of these reporting sites across the world. How many reports were missed or not filed? What events happened further away from the injection date that we have yet to connect to the vaccines? Would you take that risk with your child, who has a 0.015% risk of severe injury from the virus?

<https://openvaers.com/covid-data>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2Fcovid-data&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C5b67fdfe9124447eceb708d9d1ee0510%7C1>

To summarize, children are not in grave danger from COVID infection. The vaccine does not prevent infection or transmission, as proven by the statistically insignificant ARR of 0.7%. Vaccinated people may be more infectious by 251 times than unvaccinated people. There is no discernible benefit of vaccination in a review of 68 countries and 2947 counties in the USA. There are no long term studies on how these impact children. There are growing data to suggest these vaccines may cause more harm than the disease does

in children.

Thank you for taking the time to review the links and do your own research. I request you do NOT approve a vaccine mandate, rather, leave the student medical decisions in the hands of their parents and medical providers.

Thank you,

Andrew D. Ettinger

Shoreline, WA

From: Dorothy Denny
Sent: 1/7/2022 6:57:14 AM
To:
Cc:
Subject: I oppose

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

From: debrablack@2tim47.com
Sent: 1/7/2022 4:14:46 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: RE: Public Comment for the January 12 WA Board of Health meeting

External Email

As an addendum to my previous letter, it has come to my attention that the items being considered January 12 will also include approving your Board to engage local law enforcement for the purpose of forcibly detaining people (families) who do not comply with the vaccination regulations. This is outside your realm of authority and opposes our constitutional freedoms. It also is unnecessary for the very reasons I have stated in my initial letter.

Perhaps most importantly, it will cause much mental and physical unwellness both for those quarantined and those who comply. It disrupts the fabric of our society which is not within your realm of power to do.

Please record that I am in opposition to these matters as well, and please consider looking at the situation from a perspective other than your own. Thank you,

Debra

From: debrablack@2tim47.com <debrablack@2tim47.com>
Sent: Thursday, January 6, 2022 8:07 PM
To: 'wsboh@sboh.wa.gov' <wsboh@sboh.wa.gov>; 'michelle.davis@sboh.wa.gov' <michelle.davis@sboh.wa.gov>; 'melanie.hisaw@sboh.wa.gov' <melanie.hisaw@sboh.wa.gov>; 'christy.hoff@sboh.wa.gov' <christy.hoff@sboh.wa.gov>; 'stuart.glasoe@sboh.wa.gov' <stuart.glasoe@sboh.wa.gov>; 'samantha.pskowski@sboh.wa.gov' <samantha.pskowski@sboh.wa.gov>; 'kaitlyn.donahoe@sboh.wa.gov' <kaitlyn.donahoe@sboh.wa.gov>; 'caitlin.lang@sboh.wa.gov' <caitlin.lang@sboh.wa.gov>; 'lindsay.herendeen@sboh.wa.gov' <lindsay.herendeen@sboh.wa.gov>; 'tracy.schreiber@sboh.wa.gov' <tracy.schreiber@sboh.wa.gov>; 'hannah.haag@sboh.wa.gov' <hannah.haag@sboh.wa.gov>; 'kelie.kahler@sboh.wa.gov' <kelie.kahler@sboh.wa.gov>; 'Nathaniel.Thai@sboh.wa.gov' <Nathaniel.Thai@sboh.wa.gov>
Subject: Public Comment for the January 12 WA Board of Health meeting

January 6, 2021

RE: January 12, 2022 meeting

* Opposition to Agenda Item #8, the Board's formation of a Technical Advisory Group

* Support for Agenda Item #11 Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry

Ladies and Gentlemen,

I am sure others have provided you with sound research, properly conducted, to demonstrate why we should not be mandating vaccinations particularly in children. As such, there is no need for a Technical Advisory Group on this matter; thus Agenda item 8 pertaining to this should be voted down. To form such a group results in a very small number of people steering decisions for children and their extended families statewide. As of July 2021, the US Census Bureau indicates the state population over 7.7 million with 21% being under age 18. You are making decisions on behalf of 1,625,125 children plus several million other family members, for that which affects one person affects the whole family.

Now what type of information would these decisions be based upon? What has been the quality and accuracy of public information given to the WA state government and citizens received these two years? It has been a rollercoaster of bait-and-switch actions. The issuers of official guidance—FDA, CDC, NIH, etc. referred to collectively as “Federal officials”—told us the vaccines would prevent people from becoming ill with Covid-19. Once enough vaccinated people caught Covid, they switched to saying it doesn’t prevent infection but prevents death, and that people will suffer much less if vaccinated prior to being infected. Meanwhile, they deny Covid deaths amongst the vaccinated, spreading for many months the soundbite that the vaccinated have a 1 in a million chance of dying from Covid. This is a rare outlier figure that cannot be substantiated and defies common sense. More realistically:

“[...] the exact definition of rare disease, or orphan disease, varies from country to country. The National Institute of Health classifies a rare or orphan disease as one with fewer than 200,000 cases in the country. The European Union defines it as any disease that affects five or fewer people out of every 10,000. Whichever definition you use, the answer is the same: Thousands of rare diseases affect millions of people every day.”

The guidance from the Federal Officials later dropped to 1 in 250,000. However, you can still see by the NIH own definition that this is an outlier figure, one that would not pertain to a general population. And the Federal Officials in collaboration with the media do not accurately depict the increasing rates of Covid deaths amongst the vaccinated. Meanwhile, the CDC still promotes adverse effects like Guillain-Barré Syndrome as rare when at the same time the American Neurological Association is following the significant occurrences of post-vaccine incidents. The lists could go on and on, as for two years we have had very specific messages intentionally aimed to conditioning the general public through collaboration with media outlets.

In spite of various legal actions nationwide against mandating vaccination, Washington state has chosen to expedite vaccinations, modeling for organizations statewide to terminate thousands of workers by accepting but not accommodating exemptions. While at the same time various officials speak of the ‘unknowns’, they advance controls with penalties to citizens at a rapid speed based on insufficient and even faulty science. For example, just this week, the National Comprehensive Cancer Network® updated their Pre-exposure Prophylaxis recommendations:

“research shows many immunocompromised people develop inadequate immune responses from vaccines. Thankfully, we now have additional tools to help people in active treatment for cancer, solid organ transplant recipients, engineered cellular therapy (e.g. CAR T-cell) or stem cell transplant recipients (a.k.a. hematopoietic stem cells), and those with other immunodeficiency-causing conditions (such as HIV, DiGeorge syndrome, or Wiskott-Aldrich syndrome).” [...] “The Food and Drug Administration (FDA) has issued an emergency use authorization for the monoclonal antibody combination of tixagevimab plus cilgavimab for pre-exposure protection from COVID-19 in adults and children starting at age 12 (weighing at least 40 kg) who have moderate to severe immune compromise and may not be responsive to vaccination.

Patients with blood cancers (including those receiving stem cell transplantation or engineered cellular therapy) are more likely to have inadequate responses to COVID-19 vaccination" {...} "We have new agents to prevent and treat COVID-19 that will benefit patients with cancer"

Meanwhile, "the CDC Director Walensky herself stated, "What the vaccines can't do anymore is prevent transmission." [...] Dr. Anthony Fauci says, "We know now as a fact that [vaccinated people with Covid-19] are capable of transmitting the infection to someone else." [...] Moderna's Chief Medical Officer Dr. Tal Zaks agrees, "There's no hard evidence that it stops [the Covid-19 vaccinated] from...potentially infecting others who haven't been vaccinated." In contrast to the narrative espoused in collusion with media outlets, vaccinated persons do carry the same, and sometimes higher, viral load as the unvaccinated, thus the unvaccinated are not the super-spreaders.

Now we face Omicron which is 95% of Covid-19 cases; experts agree it is milder than previous Delta and will not result in as many hospitalizations nor deaths. Yet the public remains conditioned to believe the deaths occur amongst the unvaccinated, and WA state government continues driving policies and taking actions with this presumption as well. In addition to VAERS data (which has been demonized in the narrative) and reports from many countries, an example of our government's own data would be the HHS' Countermeasures Injury Compensation Program (CICP) Data of the 4751 Covid injury claims. The program only has 5200 claims of which 4751 claims pertain to Covid-19 treatments. The Epoch Times earlier reported that out of this 4751, 2297 are claims of adverse effects from vaccination with over 600 deaths in these claims. Forbes reported that the HHS states there were only 1357 vaccine claims and 53 of these were deaths. That is 39% of the claims. The article also demonstrates how the government is not paying compensation for Covid vaccines and the new limitations it has placed upon them.

Adult Americans have been the human experiments for these vaccines for too long. Officials in the FDA and CDC have made statements that go without recourse such as males under age 40 have greater chance of suffering debilitating damage from the vaccine than from the Covid virus itself. There have been many studies substantiating that. Last month, a panel of advisers to the Centers for Disease Control and Prevention unanimously recommended people do not take the Johnson and Johnson vaccine due to adverse effects and deaths. Unfortunately, this came after 16 million Americans had already had J&J. Other countries had already banned the J&J vaccine and have banned mandates as well.

Now we suffer the move to experiment on our children despite that a systematic review of the research found:

"five times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially"

Last October, FDA panelist and Editor in Chief of the New England Journal of Medicine Eric Rubin said "We're never gonna learn about how safe the vaccine is until we start giving it. That's just the way it goes." Given that the tweet had 1.8 million views, I assume you are already aware of this. Since last spring, the death rate associated with Covid-19 in Whatcom county has run at or just under 1% for all ages. Meanwhile, the obituaries and testimonials of vaccine survivors increase as tens of thousands of people, with all good intentions to serve their country, are maimed and killed by the vaccines.

And who could ignore athletes in their prime, particularly soccer players, collapsing on the field? With 183 deaths so far and hundreds more injured, young adults have suffered.

You can now see the need not only to vote down item 8 Technical Advisory Group but also to approve and move forward item 11 Rulemaking Petition that prohibits the addition of any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

While it is a dearth of information, I ask that you take time to seriously review in detail the resources provided by me and others prior to Monday's meeting. Thank you in advance for doing so.

Sincerely,

Debra Black

Post Office Box 684

Bellingham, WA 98227

Orcid ID 0000-0002-5690-8961

LinkedIn <https://www.linkedin.com/in/debrablack2/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fin%2Fdebrablack2/>

Researchgate.net https://www.researchgate.net/profile/Debra_Black2

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.researchgate.net%2Fprofile%2FDebra_Black2/

Academia.edu <https://independent.academia.edu/DebraBlack5>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Findependent.academia.edu%2FDebraBlack5/>

From: Sarah Stewart

Sent: 1/7/2022 12:01:31 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040

External Email

Dear Washington State Board of Health,

I am writing to share reasons why you should vote against implementing new policies WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, and WAC 246-105.

The COVID-19 vaccines available in the United States are not fully approved by the FDA. The only label that has received approval is Pfizer-Comirnaty, which is not available in the US. By federal emergency use authorization law, products that have only EUA require dispensers of such products to know and share the costs and benefits of using the experimental products to potential recipients. Recipients, once receiving the required information to make informed consent, must by the definition of informed consent, have the right to refuse the product. In addition, it is the consensus of the medical community that while these vaccines may help reduce the risk of severe illness (in certain age groups), it does not prevent the spread of the virus. Vaccinated individuals are getting and spreading the virus. Because of this, the vaccines do not meet the long-standing definition of a "vaccine" and are merely a treatment to manage symptoms. A treatment cannot be mandated. This is a major argument of the case being heard by the Supreme Court against OSHA's ETS vaccine mandate today. If the vaccines do not prevent spread and treatments are private individual choices between patients and doctors, then there should not be law enforcement, forced quarantine, or forced treatments. Enacting these codes to restrict freedom of choice in the face of a virus with a lower death rate than seasonal influenza in most age groups would be an overt abuse of power. "Voluntarily" complying with requests for treatment of any kind requires the ability to refuse. Involuntarily detaining someone for refusing to voluntarily comply inherently removes the ability to choose.

Additionally, children are at a statistically nil risk of hospitalization and death from COVID-19. In fact, it appears children and young adults are at a higher risk of an adverse event like myocarditis from COVID-19 vaccination than from getting COVID-19. If children are not at risk and the vaccines do not prevent them from spreading the virus, it makes no sense to require vaccination for school.

I only heard about this vote last night; otherwise I would include more citations for these statements. Thank you for considering these points. I hope you will seek to make a wise and just decision based on objective truth.

Existing RCWs on Informed Consent

<https://app.leg.wa.gov/RCW/default.aspx?cite=69.77.050>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=69.77.050>>

<https://apps.leg.wa.gov/RCW/default.aspx?cite=7.70.065>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=7.70.065>>

Federal EUA law

<https://www.law.cornell.edu/uscode/text/21/360bbb-3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F21%2F360bbb-3&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ccae0fce166b2454829ef08d9d21848fa%7C11d0e>

(e)Conditions of authorization

(1)Unapproved product

(A)Required conditions

Supreme Court Amicus Brief OSHA ETS

<https://americasfrontlinedoctors.org/2/files/aflids-amicus-brief-in-support-of-emergency-applications-for-osh-ets-cases/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Famericasfrontlinedoctors.org%2F2%2Ffiles%2Faflids-amicus-brief-in-support-of-emergency-applications-for-osh-ets-cases%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ccae0fce166b2454829ef08d9d21848fa%7C11d0e>

Thank you,
Sarah Stewart

Thank you for your time,

Jessica Eisenman

From: Theodore C. Rice

Sent: 1/6/2022 8:56:34 PM

To: DOH WSBOH, Grellner, Keith (DOHi), Crawford, Elisabeth (DOHi), DOR Clark County Leg Authority 2, Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Subject: Washington State Board of Health Meeting - January 12th 2022 - COVID-19 and WAC 246-100

External Email

To the Board,

In regards to the circulating proposal of adding COVID-19 to the list of Infectious and Communicable diseases warranting the extreme measures of Washington Administrative Code 246-100, I am writing you as a concerned citizen and resident within Kitsap County and 26th Legislative District. Many of you are unelected appointed positions, who do not represent the people of this state in any form of representative government. I find it a grave danger to the safety of Washington State that out of simple fear, or something far more dishonest, there is being a proposal for draconian measures to be implemented under the guise of Public Safety. The greatest danger to our children, our safety and our Constitutional Republic is when policies are enacted with zero regard for individual liberties and unalienable rights, gifted to us by our Creator and by the Supreme Law of the Land, the United States Constitution. Unelected officials being tasked with directing law enforcement to rip families from their homes based on hearsay, rumors or conjecture borders on a totalitarian pedigree reserved for the most heinous criminals in human history. First thing you should think of when I say that is; "Is there a reliable measurement tool for SARS-CoV-2?" Your thought proposal would be to use unreliable, non-FDA approved medical devices to determine whether a person is positive and have law enforcement forcibly remove someone from their home. Or remove them based on presumed close contact, which is even more egregious. For almost two years the CDC authorized the use of 2019 nCoV Real Time RT-PCR Diagnostic Panels using the first assays available. Per the CDC this could not detect the difference between SARS-CoV-2 and Influenza virus. [https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html]
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcsels%2Fdls%2F21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ccb4f29c60f1d49a400a008d9d19>
]

There is a reason there is no FDA Approved Testing Devices for detection of SARS-CoV-2. They would have to be proven reliable against an isolated Live Sample with verified, repeatable data and studies. How could you possibly violate another American's right to Due Process if there is ANY shred of doubt in the reliability of your evidence? There is no chance of reliability at this point.

And, how is natural immunity calculated into this type of decision? The CDC has admitted thru Freedom Of Information Act (FOIA) request that there is no data on, or evidence of a naturally immune person contracting COVID-19, recovering, and later becoming infected again, and transmitting SARS-CoV-2 to another person.

[<https://www.sirillp.com/wp-content/uploads/2021/11/21-02152-Final-Response-Letter-Brehm-1.pdf>]

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

content%2Fuploads%2F2021%2F11%2F21-02152-Final-Response-Letter-Brehm-1.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ccb4f29c60f1d49a400a008d9d199f718%7C1
]

A proposal of involuntary isolation and quarantine for a virus with an enormously high survival rate is unthinkable. Ebola outbreaks of the past have ranged 25% to 90% fatality rates based on World Health Organization information, similar numbers for Marburg virus outbreaks. Smallpox killed one out of every three infected. Two Stanford University professors, Catherine Axfors and John P.A. Ioannidis published the stats of survival rate for COVID-19 by age group

[<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.07.08.21260210v1)

]. Based on data from 14 countries, the only group with less than a 99.41 % survival rate was those over 70+ years of age. SARS-Cov-2 is NOT a grave danger to the public warranting Communist Regime tactics to coerce and intimidate the populace to conform to a corporate agenda. While respecting the God given right of Americans, while protecting the religious freedoms of families, or while preserving the foundational pillars of our Washington State Constitution, you should also consider whether a greater risk of injury to another is even occurring.

In regards to adding a COVID-19 vaccine to the childhood vaccine schedule (or forcing upon anyone for that matter), protecting the Public Health using a vaccine that does not prevent contracting a virus and does not prevent transmission of a virus, is no long a tool to protect the PUBLIC. Forcing a medical product upon someone against their will, is a government official inserting themselves into matters of personal conscience and personal life decisions of the individual alone. There is no PUBLIC being protected, because the vaccine does not prevent that individual from contracting or transmitting, which in turn does not lessen any exposure to the virus. See Rochelle Walensky - CDC Director's explanation of this back in July [

<https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmedia%2Freleases](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmedia%2Freleases%2Fs0730-mmwr-covid-19.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ccb4f29c60f1d49a400a008d9d199f718%7C1)

mmwr-covid-19.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ccb4f29c60f1d49a400a008d9d199f718%7C1
]. The same sound logic is true for children, if they are being forced by the government

entity to get vaccinated against their families wishes; that is the State inserting itself into the family. That is what Communist States do, that is Un-American. That is removing power of the family to make family decisions. That is the State saying that you are too stupid to make our own medical decisions for yourself, and the government needs to make your choices for you. Forcing this vaccine upon the individual is an attack and a trespass upon the individual. You are assaulting, injuring, and potentially killing that individual without bringing any added protection to his fellow citizens. The collective populace is NOT being better protected from exposure, is NOT better protected from contracting, and is NOT being better protected from transmitting if an individual chooses the COVID vaccine. The protection stops at the INDIVIDUAL, the best you are asking for is that it will protect the INDIVIDUAL from a severe case. That is not the role government officials; elected or unelected. It is not the role of any governmental agency to insert themselves at a granular level of individual health choices.

If my personal health choice is to protect God's Temple by using natural foods and sources high in Zinc, Quercetin, Vitamin C, Vitamin D and antioxidants; that is not preventing me from contracting or transmission. And neither does the vaccine; a vaccinated person who contracts SARS-CoV-2 spreads similar viral load as an unvaccinated (again see the CDC.gov link above). I make personal decision with regards to my body with full agreement of my conscience and my Creator. As Thomas Jefferson said

"We lay down as a fundamental, that laws, to be just, must give a reciprocation of right; that without this, they are arbitrary rules of conduct, founded in force, and not in

conscience.”

As it stands, I DO NOT CONSENT to the government having say over my conscience, or my family, or my agreements with Almighty God. My personal freedom of choice is my natural right and does not create a danger or greater chance of injury to others. My personal choices and faith in my decision allows me to place my trust in the Lord above, to show I trust in his design and protection, and grants me a greater sense of fulfillment in life.

Thank you for your time and consideration,

$$v/r$$

Theodore Rice

Sent from Mail

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

From: russell007
Sent: 1/7/2022 10:32:34 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: I oppose forced vaccination and quarantine

External Email

Nathaniel,

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.

Informed Consent is required by law.

There are 95000 videos about vaccines, but here is one...

☐ More Harm Than Good ☐

The Pfizer Inoculations For Covid-19

Canadian Covid Care Alliance

<https://www.bitchute.com/video/RaQkNEzpAdQo/>

Sars-Cov-2 has never been isolated - no proof exists, 25 countries, 139 institutions+
<https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>

If the virus has never been properly isolated, it doesn't exist. Then the test is a fraud, the vaxx is a fraud.

It's my body, my choice ~ and children should not be vaccinated against their will.
Do not go against science, logic and common sense, we expect sound judgment. There is zero scientific evidence that justifies vaccines or quarantines.

Do not commit a crime against the citizens of Washington state. We don't need forced vaccination or quarantine.

Informed Consent is required by law.

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.99%

Vaccines are far away from the point of diminishing return, it's substantially more harmful to vaccinate. It is blatantly criminal to even consider forced vaccinations.

Informed Consent is required by law.

No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis

of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product –
Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults
feel safe is a new low for humanity.

Do not require these vaccinations for school age children.

Russell Green

From: Kim
Sent: 1/10/2022 9:50:34 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: WAC-246-100 and -105

External Email

Dear Mr. Thai,

I am a fully vaccinated (COV-19) Seattle, Washington resident.

I'm AGAINST applying WAC-246-100-040, 045, 070 and WAC 246-105 to the management of COVID-19.

I am completely AGAINST giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family in a quarantine facility if they refuse requests of medical examination, testing, treatment, counseling, and vaccination.

I am completely AGAINST Covid-19 injections as part of the school immunization requirements using WAC 246-105.

As a state with tremendous resources in the tech and data space, I would LOVE to see these resources redirected to reporting accurate data on COVID cases (as well as vaccine adverse events) with comparisons between vaccinated and unvaccinated. Please include this data on our state dashboards. I know not everyone makes data-based decisions. But, the vast majority do! If clear and compelling data were presented and publicized, I believe NONE of the above would be necessary.

Thank you for your consideration and for working to keep our state safe and healthy.

With gratitude,

Kim Wilson

1104 S. 99th St.

Unit 25

Seattle, WA 98108

From: Pete Krpata

Sent: 1/7/2022 10:29:54 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: HALT School-Age Child Covid 19 Vaccinations WAC 246-100-040

External Email

To All Members of the WA State Board of Health:

Re: WAC 246-100-040

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force-vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity.

Please do the right thing and do not require these vaccinations for school age children.

Thank you for reading.

Pete Krpata

425.429.8733

Carnation WA 98014 (King)

From: Sharon Fox
Sent: 1/6/2022 2:10:08 PM
To: DOH WSOB
Cc:
Subject: Subject: Jan 12- 3:00 pm Board of Health Mandatory Vaccines for children and forced quarantine

External Email

Dear Board of Health,

My comments regarding:

WAC 246-100-070)

WAC 246-100-045
WAC 246-100-040
WAC 246-100
WAC 246-105

I am adamantly against forced/mandatory vaccines. The government has NO business and NO right to mandate an injection into any person. It is a parental responsibility and right to care for our own children and ourselves. As you can easily find information on; children are extremely low risk for Covid, (way less than 1% mortality) so low, which I'm sure you all know. And the vaccines are still in the experimental stage-EUA (Emergency use authorization). I will not give my GOD given Freedoms – Liberties! over to bureaucrats or the state.

I also adamantly oppose involuntarily detainment of a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) This is unconstitutional and therefore illegal. These are our bodies and our choice. The state cannot illegally kidnap people for detainment based on illegal mandates.

Hundreds of medical staff are testifying that hospitals are near empty - evidence that there is no emergency. The PCR test already proved itself as not accurate, not effective in counting Covid cases and deaths. Covid has been shown, with the right early treatment, to have a recovery rate of 100%. And Omnicron although contagious barely lasts a day. Herd immunity has and is happening.

You may not have heard about the incredible success in Uttar Kadesh, India w/a population of 241 million people! They started all 241 million people on preventative anti-viral therapies and their case rate was minuscule and so were their deaths!

Please! Each one of you! Do your own research! Search for the truth and make ethical decisions, sound / logical discussions and listen to the PEOPLE Of Washington State.

I say NO to mandatory vaccines and NO to illegal detainment (kidnapping).

Thank you for your attention to this.

Very Sincerely,

Mrs. Sharon Fox

Medical Primary Care Business Owner, Medicare Broker & Home School Mother

From: Jordan Spurgeon
Sent: 1/7/2022 11:25:26 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: I DO NOT STAND for COVID-19 Vaccination Mandate for School Age Children

External Email

To All it May Concern:

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I am all for the safety and health of our community and children. However, there is not enough long term data on how this vaccine is impacting our long term health therefore I fully believe that the medical decision to vaccinate children should be up to the parents and the parents of those children alone based on assessment of risk. NO ONE ELSE. To take away medical freedom and choice is immoral. This is unacceptable and will not stop the spread of COVID-19. Please focus on the the higher issues at stake, which is the mental health issues that this is causing children and the rise in mental issues and suicide rates because the impact that COVID-19 has had.

Thank you for your time and I truly hope this reaches you and strikes a compassion cord from one parent to another.

Highly concerned parent of two young children (the future of our society),

Jordan Spurgeon

From: Dariel Cummins
Sent: 1/6/2022 12:14:38 PM
To: DOH WSBOH
Cc:
Subject: Objection To Proposal on Covid Heath Detainment and Vaccination for January 13th

External Email

To whom it concerns,

My name is Dariel Cummins and I am writing this in objection to the 2 proposals that are to be voted on January 13. I am completely against any of the proposed Covid Policies because they are an overreach of our US Constitutional rights, along with a violation of personal freedoms and liberties. No man or woman should be able to legally force a person and or their people group into forced quarantine or to receive a vaccination regardless of what the government may say. This organization is an employee of the people, and we the people are demanding that you vote in opposition to the following Washington Administrative Codes listed below, along with anything that would show support of them.

I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. "

Thank you,

Dariel Cummins

From: Alyssa Record

Sent: 1/6/2022 10:17:51 PM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: URGENT

External Email

"I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105."

--

Sincerely,

Alyssa record

206.304.8544

recordrre.com/Alyssa

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Frecordrre.com%2FAlyssa&data=04>

CONFIDENTIALITY NOTICE: This email message (including any attachments) contains information which may be confidential and/or legally privileged. Unless you are the intended recipient, you may not use, copy or disclose to anyone this email message or any information contained in this email message or in any attachments. If you have received this email message in error, please advise the sender by return email or telephone and then delete this email message from your system. Unauthorized use and/or disclosure of information contained in this email message or in any attachments is strictly prohibited and may be unlawful. Thank you!

From: Ciara Bell
Sent: 1/7/2022 5:38:03 AM
To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH
Cc:
Subject: WACs

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

From: Testify Online Survey
Sent: 1/6/2022 8:01:33 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

1/12/21

2.

Agenda Item or Issue:

PUBLIC MEETING; INVOLUNTARY QUARANTINES, INCLUDING POLICE FORCE

3.

Your Name:

HOLLY SWANSON

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

14820 20TH AVE. CT. E., TACOMA, WA 98445

7.

Email:

HOLLY.VEST56@GMAIL.COM

8.

Phone Number (Include Area Code):

2533149617

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

11.

Are you Pro or Con on the proposal?

2. Con

THESE CHANGES ARE TRYING TO LEGITIMIZE KIDNAPPING. IT IS ABSOLUTELY WRONG TO FORCIBLY TAKE SOMEONE AND HOLD THEM AGAINST THEIR WISHES, ESPECIALLY SINCE THERE ARE NOT CLEAR AND SPECIFIC GUIDELINES TO THE QUALIFICATION OF WHO, WHEN, WHERE, OR WHY ONE WOULD BE FORCIBLY QUARANTINED OUTSIDE THEIR HOME (KIDNAPPED). ADDITIONALLY, FORCED AND OR MANDATED MEDICAL CARE UNDER ANY OF THESE RULES IS WRONG IF THE PERSON IS OF SOUND MIND TO MAKE THEIR OWN DECISIONS, AND SHOULD NOT BE ENFORCED.

From: Niki Goode
Sent: 1/7/2022 10:46:04 AM
To:
Cc:
Subject: Proposed Policies 246-100-070, 246-100-045, 246-100-040, WAC 246-105

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Finally, as this is an experimental drug that you will be forcing on our children, I will close with the 10 points to the Nuremberg code. I strongly urge you to read over these as YOU will be the ones held responsible for these crimes if you push these mandates through.

The ten points of the code were given in the section of the judges' verdict entitled "Permissible Medical Experiments":[6]

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be

conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.[13]

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

Regards,
Nicole Goode
Olympia WA resident

From: Nicole Pointer
Sent: 1/6/2022 3:45:59 PM
To: DOH WSBOH
Cc:
Subject: Proposed Covid policies

External Email

I am completely against any of the proposed Covid policies that are over reaching and immoral!! We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

Nicole P.

From: Hisaw, Melanie (SBOH)
Sent: 1/6/2022 9:24:31 AM
To: Catrina Kindahl - Ross,DOH WSOH,Davis, Michelle (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Jan 12 BOH meeting & misinformation



attachments\4498BEBBDAEA4454_image001.jpg

Hi team:

As for the below email, I wanted to share something.

This email has circulated with all of our staff names. A friend here in Tenino (our daughters were friends) saw my name and called me, extremely concerned about the isolation and quarantine emergency rule.

I referred her to our website and said all materials will be posted Friday for viewing. I also described to her the public comment process.

I said this looks like misinformation as the Communicable and Certain Other Diseases – Chapter 246-100 WAC Rules Hearing Continuance at 1:30 addresses the modernizing the control of certain communicable diseases in response to ESHB 1551 (re: HIV, etc).

I said we are receiving written public comment on the Immunizations TAG issue, but will only be having a briefing on this issue at the meeting on Jan 12, there is no action. The public is welcome to voice comment during the public comment period of the meeting.

Thanks team, I'm open to suggestions if I was off!--Melanie

From: Catrina Kindahl - Ross <catrineross@gmail.com>
Sent: Thursday, January 6, 2022 6:18 AM
To: DOH WSOH <WSOH@SBOH.WA.GOV>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH)

<Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH)
<Hannah.Haag@sboh.wa.gov>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>;
Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: Proposed policies 1/12 meeting

External Email

Citizens of Washington state have been informed that the following policies are being discussed in a zoom meeting with health officials on 1/12:

I sincerely hope this is mis-information.

If it is not; you are setting yourself up for lawsuits as this is clearly against human rights and the constitution. These proposed policies are of huge concern to me and the fact that most citizens of Washington state are uninformed of these potential policies is scary. I am sure if we were allowed to vote on these issues, they would not pass.

In policy one:

Using law enforcement to place people in camps against their will is kidnapping. Targeting a specific group of people is harassment and discrimination and forcing an experimental drug on people without full disclosure goes against the Nurnberg code of ethics and against our constitution.

A policy is not law. A mandate is not law.

We are seeing now in Australia what happens at these camps. People who try to flee have hours of manhunts after them, and then they are arrested and booked, while testing negative for covid. Scary times indeed. If you are not aware of what is happening at the quarantine camps in Australia, you need to research it. We are well aware.

2. Forcing children to be vaccinated for covid 19 in order to attend school for a "vaccine" that is not FDA approved and therefore experimental is also against the Nurnberg code of ethics. Children are unable to give consent as they are too young to make an intelligent choice. It is always up to the parents to decide what is best for their children, and our children per our constitution have equal rights to attend schools / get an education.

Most cases of covid with the new variant omicron is spread by the vaccinated. Some studies show 70-80% are vaccinated. There is no justification to force vaccines on people as it doesn't stop the spread, it only lessens possibly the symptoms of the ill person and that risk is up to the person to decide; whether or not the risk of getting covid outweighs the risk of vaccine injuries.

Pfizer study for vaccines in children is not an adequate study. You can not run a study for 2-3 months using 2238 children of which 751 children were receiving a placebo and release such small and short study of less than 1500 children taking it, without peer-view research and then release the study saying the drug is safe while also saying "we won't know if it's safe unless we try".

Children barely get sick from covid, their symptoms are none to similar to a cold. Children do not spread covid easily.

The new variant IS fast spreading but normally symptoms are less than a cold. Within a short period of time, this virus will have created natural immunity in our community, which is the longest and best protection.

Per Farr's law, we are at the end of the epidemic curve, and here you are still implementing policies that are unethical, inhumane and against the law.

The agenda to force anyone to take a vaccine that does not protect anyone from getting or spreading covid is odd and dangerous, no wonder the citizen of this country are starting to wonder what the true reason for these control behaviors are.

The government and its elected representatives work for the people and not the other way around.

We will fight to the end to keep our freedom as sovereign individuals.

Catrina

From: samanthagoff3@gmail.com
Sent: 1/6/2022 4:28:06 PM
To: DOH WSBOH
Cc:
Subject: WAC 246-100

External Email

* I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. These proposals violate people rights and are a serious government over reach. No one should be forced into medical treatment by the hands of government officials, and children should not be required to be vaccinated for Covid to go to public school. There is still no vaccine for Covid that has been fully FDA approved and children are less effected by covid. Education is a right, not a privilege. I urge you to listen to your constituents.

Sincerely,

Samantha Moroles

From: Sheilaleen
Sent: 1/6/2022 10:01:10 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

My name is Sheilaleen Strickland, and I am emailing to let my opposition to Chapter 246-100 WAC be known. We live in a free country. Where humans are allowed the freedom and human rights to make the medical decisions that fit best for them selves. Not in a country where other government agencies get to decide what is best medically for another person. And surely not where other people can decide to detain another human based on an assumption that they might not stay home if they are sick, or that they should get some sort of forced vaccination because because they may have come in contact with someone who was sick. everyday people are exposed to viruses and illnesses with out ever knowing it. And many times people never even notice they are sick. It comes with living life. You can not avoid all illness and you can't out run death if its your time. That is the only thing guaranteed in this life is that you live and you die. No one gets out alive. You can do every single thing right and die from a freak accident. That's why we as free humans have the right to make risk assessments based on what we feel is best and how we choose to live the one life we're all given. No one other person or persons or government entities should have the ability to make those risk assessments for us. That is our own personal right. We as parents make the best possible choice for our children based on the risk assessments we have made and make for ourselves. No one else gets to decide these things for us.

From: Dennis Cummins
Sent: 1/6/2022 11:26:17 AM
To: DOH WSBOH
Cc:
Subject: New Covid policies

External Email

We are completely against any of these proposed Covid policies that are over reaching and immoral.

We stand against these proposed WAC's 246-100-070, 246-100-045, 246-100-040

Regards

Dennis Cummins

--

Dennis Cummins

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdenniscummins.me%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59c8efd8b6984fe89af308d9d14a3bab%7C1>>
<<http://>>

Lead Pastor

ExperienceChurch.tv

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fexperiencechurch.tv%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59c8efd8b6984fe89af308d9d14a3bab%7C1>>

253.845.6880 Office

dennis@experiencechurch.tv <<mailto:dennis@experiencechurch.tv>>

LinkedIn

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.linkedin.com%2Fin%2Fdenniscummins%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C59c8efd8b6984fe89af308d9d14a3bab%7C1>>

- Instagram

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

- Facebook

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

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From: sharon murphin
Sent: 1/7/2022 10:10:44 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Stop

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

From: Shawn Hines

Sent: 1/7/2022 8:37:21 AM

To: Thai, Nathaniel J (SBOH),caitlin.lanq@sboh.wa.gov,Hoff, Christy Curwick (SBOH),hannah.haaq@sboh.wa.gov,Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSOH

Cc:

Subject: Mandates

External Email

To whom it may concern,

I'm contacting you all to express my sincere concern for these unconstitutional mandates. I vote NO on the following:

WAC 246-100-070

WAC 246-100-045

WAC 246-100-040

WAC 246-100-105

Most Sincerely,

Hines, Shawn M

--

Shawn M. Hines

From: Tracie McGlothern

Sent: 1/7/2022 9:44:04 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Coercion is not consent

External Email

To whom it definitely concerns!

I am a resident of Pierce County. I am writing in today to oppose these outrageous proposals. Specifically WAC 246-100, 246-100-040, 246-100-045, 246-100-070, 246-105.

I know from reading these proposals it does not specify coronavirus nor does it specify the experimental coronavirus shot. However, they do state that the forced quarantine and/or forced vaccination for specified communicable diseases including but not limited too... which obviously leaves it open ended. This virus has proven over the past two years that there is no stopping it. Locking up your residents won't change that.. look at Australia... has had the strictest lockdowns.. high vaccination rates....even has these quarantine camps you're proposing... And yet... covid is still running wild.

This shot was created based of the original strain of the virus, which is essentially extinct at this point.. it is proving over and over to not prevent the spread of the virus... why is this continuing to be pushed!!?

Especially on to children! Children have been, since the beginning of this "pandemic" at lowest risk for severe illness.. we have no idea the long term effects this experiment has on full grown adults.. we do however know for a fact that it is causing heart complications and more issues in previously healthy adults.. so again, why would we mandate this for our completely healthy children? Forcing parents to enroll their children into a medical experiment just to attend school or child care is absolutely disgusting and goes against the Nuremberg Code.

Coercion is NOT consent.

This is America.. a free country.. let's try and keep it that way!

Tracie McGlothern,

Sent from my iPhone

From: Tanya Ankuda

Sent: 1/7/2022 12:45:51 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I am against WAC 246-105 and specifics from WAC 246-100

External Email

Hello,

I am writing this letter to share my voice against the unconstitutional COVID-19 injections as part of school immunization requirements using WAC 246-105 AND cruel fascist specifics from WAC 246-100.

According to the CDC, Children 17 and under account for 0.057% of all COVID-19-Involved Deaths in the United States. This enormously small percentage clearly shows that children are not in any way in danger because of the covid, HOWEVER, they are endangered by the cruel requirements being proposed. Children cannot be forced to take the experimental drug with a proven inability to protect from Covid. It is immoral to place parents and caregivers at a position where they must choose between their children's health and their children's education, to choose between two choices that will impact children's future and more than that, their ability to have a future in the first place.

For this reason, WAC 246-105 is a cruel, immoral, and unconstitutional regulation that has no place for existence even as an idea.

WAC 246-100 specifics are a cruel design to take the basic human right of a choice. Last century 6 million Jews were killed a fascist regime of the same nature. Can more be said? In no way, shape, or form government has a right to impose such a horrific regulation and put regular people under danger of forced medicine that is, once again, proven to negatively impact human health that even leads to death, by stealing an individual's freedom and right to choose.

These unhuman regulations should not exist under any circumstances.

Sincerely,
Tatsiana Ankuda

From: Chase Cummins
Sent: 1/6/2022 1:18:50 PM
To: DOH WSBOH
Cc:
Subject: Newly Proposed Policies

External Email

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

I am completely against any of the proposed Covid Policies that are over-reaching and immoral.

I stand against these proposed WAC's:
WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I have already let all my friends and family know these are being considered and have encouraged them to speak up and to speak out!

Please do the right thing; protect our freedoms!!

Respectfully,
Chase Cummins

From: Kylie Fox
Sent: 1/10/2022 11:37:44 AM
To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH)
Cc:
Subject: Proposed Covid Policies

External Email

To whom it may concern,

I am completely against any of the proposed Covid policies that are overreaching and immoral, let alone disturbing - taking away our free will and our freedom in this country. They are a complete violation of our God given rights. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

Thank you for your time

Signed, a completely infuriated Washington resident.

Kylie Fox

--

Kylie Fox

From: Eric Lundberg
Sent: 1/6/2022 10:15:17 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: Covid policies

External Email

----- Forwarded message -----

From: Eric Lundberg <reverendlundberg33@gmail.com>
<mailto:reverendlundberg33@gmail.com> >
Date: Thu, Jan 6, 2022 at 4:22 PM
Subject: Covid policies
To: wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> <wsboh@sboh.wa.gov>
<mailto:wsboh@sboh.wa.gov> >

To whom it may concern,

It has come to

My attention that there will be a meeting to engage many of the policies listed below in regard to your tyrannical Covid overreach. As a citizen, parent, taxpayer, business owner and pastor in my community I am appalled and embarrassed over my state leaders and their disregard for the constitution and their constituents' liberty and privacy!

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. "

Do not let these policies be activated in our state.

The voters are watching you!

Thanks-

Eric Lundberg

From: Laurel Kultgen

Sent: 1/7/2022 11:10:45 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public Comments from WSBOH Members from March EH Committee Special Meeting

External Email

Good morning,

After reading the discussion items for the January 12, 2022 meeting, I am commenting as a concerned citizen of Pierce County. The choice to be vaccinated for COVID-19 should lie with the individual or the parent, not the state, county or schools.

I am completely against any of the proposed Covid Policies that are over-reaching and immoral. I stand against these WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Concerned Family of Pierce County

From: Maggie Rody
Sent: 1/6/2022 12:38:53 PM
To: DOH WSBOH
Cc:
Subject: Proposals to WAC 256-100 & WAC 246-105

External Email

Dear WSBOH Members:

I am completely against any of the proposed Covid Policies that are over-reaching and immoral. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040 of WAC 246-100, and WAC 246-105. "

I am sure you have seen what has happened in Australia with such stringent rules. Are we truly headed in the same direction? Washington state is out of control with all the Covid policies as it is and now these proposals? Are the thousands of medical professionals who are calling out the gross adverse reactions and deaths of these "vaccines" not getting listened to by anyone on this board? Have you folks studied what the CDC and VAERS are reporting themselves of the thousands of deaths reported and adverse reactions? It is there to read and I would hope that you board members are doing due diligence and reading these reports yourselves before adhering to any of the proposals mentioned.

We have medical freedom in this country and these kinds of proposals are taking them away without any constitutional grounds. These kinds of proposals are opening up a world of legal battles because they go against the very foundational principals upon which our great nation stands!

I can only hope each of you members on this board will truly take the time and energy it takes to research thoroughly, both sides of these proposals. These proposals have huge ramifications and could cause great harm to our democracy as a whole and especially in this state. Truly, I am appalled that this board is even entertaining any of these proposals. These are very dark times sadly!!

Thank you for your time,

Maggie Rody
maggermom@hotmail.com

From: Sean K

Sent: 1/7/2022 10:08:06 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid-19 and Chapter 246- 100 WAC

External Email

Dear Washington board of health member,

Absolute power corrupts absolutely.

You all very well might have the best of intentions, but consider carefully the level of power that including Covid-19 onto Chapter 246- 100 WAC will do to those intentions. The expression "absolute power corrupts absolutely" still applies to medical officers, and giving the power to detain and quarantine anyone suspected of covid is an absolute power that no one should have. It will be abused. Consider carefully the consequences of including Covid-19 to Chapter 246- 100 WAC.

-Sean Kelly, a concerned citizen of Washington State.

From: Inna Gordiyenko
Sent: 1/7/2022 10:41:17 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Gordiyenko

External Email

I am Inna Gordiyenko together with my husband and kids completely against any of the proposed Covid policies that are over reaching and immoral. This is something that no one should tell me what to do. It's my body, my health and my choice. Who gave the right to government to decide and use our tax money against us. We stand against these proposed WAC's: WAC-246-100-070, WAC-246-100-045, WAC-246-100-040, WAC-246-100, WAC-246-105

Please hear our voices and may God give you strength and wisdom to stand against all the evil.

Sent from my iPhone

From: Kristin Halvorson

Sent: 1/6/2022 9:47:27 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No mandates

External Email

To whom this may concern,

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.

Kristin Williams

Sent from my iPhone

From: Tanner Mack
Sent: 1/6/2022 2:03:13 PM
To: DOH WSBOH
Cc:
Subject: Proposed measures WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

External Email

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

This is 100% unamerican and resembles what you might see in communist China. Shame on all of you. This is a clear and blatant violation of our constitutional rights as Americans.

I am completely against any of the proposed Covid Policies that are over-reaching and immoral.

My family and I stand against these proposed WAC's:
WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

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From: Kristy Harris
Sent: 1/7/2022 10:40:56 AM
To: DOH WSBOH
Subject: Re: Opposition to WAC 246-100-070 etc

External Email

Washington State Board of Health Members,

I, Kristine L Harris, residing in the city of Wenatchee, Chelan County WA, wish to STRONGLY OPPOSE allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100 and including the Covid-19 injections as part of school immunization requirements using WAC 246-105.

The government has no right to force anyone to take anything into their bodies they do not choose to take. This idea is equal to the taking of God-given freedoms in Nazi Germany. It also is criminal to punish or detain anyone for their choice of medical freedom. Reference the NUREMBERG Code! A Quarantine facility where people are forced to stay is absolutely wrong, especially in the face of the Covid disease and it's variants which only have a tiny fraction of risk of death to the average person. Even those with comorbidities have a very high chance of surviving this virus. Allowing people's natural immunities to fight this virus is the ONLY way to reduce its strength. The mRNA vaccines are EXPERIMENTAL and should not be forced on anyone, period! These vaccines have been proven to carry more of a health risk than getting Covid! Look at the VAERS reports!

Also, we have the same opinion about not mandating children to be vaccinated against Covid. Almost ALL children survive the virus as easily as the common cold or flu virus. Again, these vaccines are EXPERIMENTAL and have not yet proven to be safe! Heart, nervous system, and other systems in the bodies of young people receiving these vaccines are being affected in atrocious ways! The risk FAR OUTWEIGHS any benefit! It is truly WRONG to mandate these vaccines when natural immunity is very effective against this virus!

Please accept my sincere concerns and recommend AGAINST these proposals being presented.

Respectfully,

Kristine L Harris
895 Riverside Dr D343
Wenatchee, WA 98801

From: Melissa Fleck

Sent: 1/6/2022 7:53:19 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WAC 246-105 & 246-100

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.

Such laws go against personal freedoms granted by the United States Constitution. All mandates passed thus far by the state of Washington have been proven ineffective. We are told to mask up and we'll prevent spread then see reports that numbers oppose what you claim. The exact same thing has occurred with the vaccines. The vaccinated can spread Covid-19 (all variances!), the CDC has provided evidence proving this claim. If the vaccine does NOT stop the spread and does NOT prevent becoming infected then why are you trying to vaccinate our children with a drug that lacks a longitudinal study. You do NOT know the long term side effects that will appear years from now. The attempt to remove medical freedom and parental rights by demanding that parents vaccinate their school age children is an abuse of power. You do NOT have the right to put my children at risk. A risk without a guarantee that they will not get Covid or spread it to others. I do not support WAC 246-105, or what it stands for. I am ashamed of Washington State Health Department and Washington officials that are trying to pass this.

Sincerely,
Melissa Fleck
Mother and elementary teacher

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Judy

Sent: 1/5/2022 6:13:32 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: WAC 246-105 Covid Shot Requirements

External Email

To WA State Board of Health:

We completely disagree with adding Covid shot requirements in WAC 246-105 due to lack of evidence! Science proves at this time that the current Covid shot does not prevent catching the disease; in fact, the evidence proves just the opposite! Therefore, Covid is NOT a vaccine preventable disease! Covid shots are ineligible for inclusion in the list of vaccine-preventable diseases. Children are at lower risk of getting Covid than the unknown long-term risks and possible death from the shot. I urge the board NOT to add Covid to the list of diseases in WAC 21-105-030.

Also, in regard to: WAC-246-100-040,

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault%2F100-040&data=04%7C01%7CNathaniel.thai%40sboh.wa.gov%7C8612c01039fc45bf1dbb08d9d0ba1b80%7C11>

we have medical freedom and our health care and history is private information. No one should be detained by refusing to comply with the current Covid mandates or requests which are not laws. Being detained and isolated in a quarantine facility when refusing to comply to being tested, examined, counseled and jabbed absolutely should not be approved!! Our medical choices are a personal decision and should NOT be decided by some bureaucracy.

Thank You,

Gene & Judy Guse
104902 E Tripple Vista Dr
Kennewick, WA 99338

From: Kari Osterberg
Sent: 1/6/2022 4:00:53 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear Washington State Board of Health-

My husband and I are both life long residents of Washington State and want to make it known that we are adamantly against the below listed proposed policies. We are allowed under the US

Constitution to have the freedom to choose our OWN healthcare and wether or not to be vaccinated

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntary comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

Sincerely

Kent and Kari Osterberg
1521 South O Street
Port Angeles, WA 98363
360-460-2231

Sent using Hushmail

From: Linda Psyk
Sent: 1/6/2022 6:42:06 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: PLEASE OPPOSE MANDATORY VACCINES FOR CHILDREN

External Email

We would like to express our extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

We want to voice our concern and opposition to the proposals WAC-246-100-070 and WAC-246-105. We oppose using police force be used to isolate in a quarantine facility any families or group of person because they do not want to be medically examined, treated, tested or vaccinated. That sounds eerily like Nazi Germany treatment of the Jews and I am sure that we do not want to go down that road.

We ask that you listen to the people at your meeting on January 12th and oppose these two measures.

Linda and Len Psyk

4477 Copper Ct

Gig Harbar, WA 98332

ldpsyk@gmail.com <<mailto:ldpsyk@gmail.com>>

From: Terri Higgins
Sent: 1/7/2022 10:00:55 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Proposed Covid Policies

External Email

Dear Mr. Thai,

As a citizen of the United States and of the state of Washington and of the world. I must absolutely say something. The proposals being discussed today are against our human rights and God given rights! If you vote in favor of these polices, God will surely judge you now and throughout eternity for these horrendous and evil proposals!

I am totally against any of the proposed Covid Policies! My husband, myself and our family stand against these horrendous and torturous proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. "

Mrs. Terri Higgins and family

From: Michael Odegard
Sent: 1/7/2022 9:46:16 AM
To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH)
Cc:
Subject: Please Vote No

External Email

Hello all,

I am reaching out with grave concern regarding the following WAC codes:

246-100-070
246-100-045
246-100-040
235-100
246-105

The proposed are absolute authoritarian monstrosities that stand for the opposite of the American values. The powers that would be allowed are in no way the best interest of the people for whom you claim to represent. Please listen and vote no on these proposed codes for their sake and for the generations to come.

Thank you for your time and consideration.

Mike Odegard

From: Renee Baranek
Sent: 1/7/2022 9:52:05 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Public Comment for the January 12 WA Board of Health meeting

External Email

January 6, 2021

RE: January 12, 2022 meeting

- Opposition to Agenda Item #8, the Board's formation of a Technical Advisory Group
- Support for Agenda Item #11 Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry

Ladies and Gentlemen,

I am sure others have provided you with sound research, properly conducted, to demonstrate why we should not be mandating vaccinations particularly in children. As such, there is no need for a Technical Advisory Group on this matter; thus Agenda item 8 pertaining to this should be voted down. To form such a group results in a very small number of people steering decisions for children and their extended families statewide. As of July 2021, the US Census Bureau indicates the state population over 7.7 million with 21% being under age 18. You are making decisions on behalf of 1,625,125 children plus several million other family members, for that which affects one person affects the whole family.

Now what type of information would these decisions be based upon? What has been the quality and accuracy of public information given to the WA state government and citizens received these two years? It has been a rollercoaster of bait-and-switch actions. The issuers of official guidance—FDA, CDC, NIH, etc. referred to collectively as “Federal officials”—told us the vaccines would prevent people from becoming ill with Covid-19. Once enough vaccinated people caught Covid, they switched to saying it doesn’t prevent infection but prevents death, and that people will suffer much less if vaccinated prior to being infected. Meanwhile, they deny Covid deaths amongst the vaccinated, spreading for many months the soundbite that the vaccinated have a 1 in a million chance of dying from Covid. This is a rare outlier figure that cannot be substantiated and defies common sense. More realistically:

“[...] the exact definition of rare disease, or orphan disease, varies from country to country. The National Institute of Health classifies a rare or orphan disease as one with fewer than 200,000 cases in the country. The European Union defines it as any disease that affects five or fewer people out of every 10,000. Whichever definition you use, the answer is the same: Thousands of rare diseases affect millions of people every day.”

The guidance from the Federal Officials later dropped to 1 in 250,000. However, you can still see by the NIH own definition that this is an outlier figure, one that would not pertain to a general population. And the Federal Officials in collaboration with the media do not accurately depict the increasing rates of Covid deaths amongst the vaccinated. Meanwhile, the CDC still promotes adverse effects like Guillain-Barré Syndrome as rare when at the same time the American Neurological Association is following the significant occurrences of post-vaccine incidents. The lists could go on and on, as for two years we have had very specific messages intentionally aimed to conditioning the general public through collaboration with media outlets.

In spite of various legal actions nationwide against mandating vaccination, Washington state has chosen to expedite vaccinations, modeling for organizations statewide to terminate thousands of workers by accepting but not accommodating exemptions. While at the same time various officials speak of the 'unknowns', they advance controls with penalties to citizens at a rapid speed based on insufficient and even faulty science. For example, just this week, the National Comprehensive Cancer Network® updated their Pre-exposure Prophylaxis recommendations:

"research shows many immunocompromised people develop inadequate immune responses from vaccines. Thankfully, we now have additional tools to help people in active treatment for cancer, solid organ transplant recipients, engineered cellular therapy (e.g. CAR T-cell) or stem cell transplant recipients (a.k.a. hematopoietic stem cells), and those with other immunodeficiency-causing conditions (such as HIV, DiGeorge syndrome, or Wiskott-Aldrich syndrome)." [...] "The Food and Drug Administration (FDA) has issued an emergency use authorization for the monoclonal antibody combination of tixagevimab plus cilgavimab for pre-exposure protection from COVID-19 in adults and children starting at age 12 (weighing at least 40 kg) who have moderate to severe immune compromise and may not be responsive to vaccination. Patients with blood cancers (including those receiving stem cell transplantation or engineered cellular therapy) are more likely to have inadequate responses to COVID-19 vaccination" {...} "We have new agents to prevent and treat COVID-19 that will benefit patients with cancer"

Meanwhile, "the CDC Director Walensky herself stated, "What the vaccines can't do anymore is prevent transmission." [...] Dr. Anthony Fauci says, "We know now as a fact that [vaccinated people with Covid-19] are capable of transmitting the infection to someone else." [...] Moderna's Chief Medical Officer Dr. Tal Zaks agrees, "There's no hard evidence that it stops [the Covid-19 vaccinated] from...potentially infecting others who haven't been vaccinated." In contrast to the narrative espoused in collusion with media outlets, vaccinated persons do carry the same, and sometimes higher, viral load as the unvaccinated, thus the unvaccinated are not the super-spreaders.

Now we face Omicron which is 95% of Covid-19 cases; experts agree it is milder than previous Delta and will not result in as many hospitalizations nor deaths. Yet the public remains conditioned to believe the deaths occur amongst the unvaccinated, and WA state government continues driving policies and taking actions with this presumption as well. In addition to VAERS data (which has been demonized in the narrative) and reports from many countries, an example of our government's own data would be the HHS' Countermeasures Injury Compensation Program (CICP) Data of the 4751 Covid injury claims. The program only has 5200 claims of which 4751 claims pertain to Covid-19 treatments. The Epoch Times earlier reported that out of this 4751, 2297 are claims of adverse effects from vaccination with over 600 deaths in these claims. Forbes reported that the HHS states there were only 1357 vaccine claims and 53 of these were deaths. That is 3.9% of the claims. The article also demonstrates how the government is not paying compensation for Covid vaccines and the new limitations it has placed upon them.

Adult Americans have been the human experiments for these vaccines for too long. Officials in the FDA and CDC have made statements that go without recourse such as males under age 40 have greater chance of suffering debilitating damage from the vaccine than from the Covid virus itself. There have been many studies substantiating that. Last month, a panel of advisers to the Centers for Disease Control and Prevention unanimously recommended people do not take the Johnson and Johnson vaccine due to adverse effects and deaths. Unfortunately, this came after 16 million Americans had already had J&J. Other countries had already banned the J&J vaccine and have banned mandates as well.

Now we suffer the move to experiment on our children despite that a systematic review of the research found:

"five times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially"

Last October, FDA panelist and Editor in Chief of the New England Journal of Medicine Eric Rubin said "We're never gonna learn about how safe the vaccine is until we start giving it. That's just the way it goes." Given that the tweet had 1.8 million views, I assume you are already aware of this. Since last spring, the death rate associated with Covid-19 in Whatcom county has run at or just under 1% for all ages. Meanwhile, the obituaries and testimonials of vaccine survivors increase as tens of thousands of people, with all good intentions to serve their country, are maimed and killed by the vaccines. And who could ignore athletes in their prime, particularly soccer players, collapsing on the field? With 183 deaths so far and hundreds more injured, young adults have suffered.

You can now see the need not only to vote down item 8 Technical Advisory Group but also to approve and move forward item 11 Rulemaking Petition that prohibits the addition of any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

While it is a dearth of information, I ask that you take time to seriously review in detail the resources provided by me and others prior to Monday's meeting. Thank you in advance for doing so.

Sincerely,
Renee M. Baranek
Everson, WA

From: Carla
Sent: 1/6/2022 3:44:02 PM
To: DOH WSBOH
Cc:
Subject: Re: Public Comment for Jan 12 public meeting

External Email

Adding to my previous email to specify the WACs in reference.

Washington State Board of Health is trying once again to impose more control and authority over its citizens and our right to live our lives as free Americans. It's not about a virus, it's about control!

PROPOSED POLICIES:

- Allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from (WAC 246-100).
- Including the Covid-19 injections as part of school immunization requirements using (WAC 246-105.)

I am completely against any of the proposed Covid Policies that are over reaching and immoral. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Sincerely
Carla Talich

Sent from my iPhone

On Jan 6, 2022, at 8:34 AM, Carla <carla.talich@gmail.com> wrote:

☐ To whom it may concern

I'm writing to state as a tax payer and a law abiding citizen in Washington state for over 40 years that Covid shots should absolutely NOT be a requirement for our children. Children are at extremely low risk for Covid and that the covid "vaccines" are still only EUA (emergency use authorization). The shots have a terrible safety record and pose a significant threat to boys for heart problems. There are over one million cases in the VAERS database. This is not a safe treatment and should not be mandated. Prove to me that this is safe. It's not. Do not recommend or require it. It's wrong.

Also want to comment on the WAC language about forcing people that won't voluntarily comply with ridiculous COVID mandates into quarantine, testing, or medical treatment that they do not want or need. This is against the Washington state constitution as well as the US Constitution.

Please stop the senseless mandates that give the government power to control our citizens.

Thanks for your consideration
Carla Talich

Sent from my iPhone

From: Sofiya Baranets

Sent: 1/6/2022 11:08:27 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: forced and proposed covid policies that are over reaching and immoral.

External Email

I am completely against any forced and proposed covid policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC146-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Sent from my iPhone

From: Melissa Alires

Sent: 1/7/2022 10:21:36 AM

To: wsboh@sboh.comwa.gov, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), christyhoff@sboh.wa.gov, Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), kellie.kahler@sboh.wa.gov, Thai, Nathaniel J (SBOH)

Cc:

Subject: I oppose WAC 246-100 proposed policies

External Email

Good morning,

I am writing this morning to voice my opposition of the proposed policies. First and foremost I oppose policy (WAC 246-100-070) which allows local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040) these specifics come from WAC 246-100.

I also would like to voice my opposition to WAC 246-105 that requires Covid-19 injections as part of school immunization.

Thank you for your time.

Sincerely,

Melissa Alires

From: brittny babcock
Sent: 1/6/2022 3:58:47 PM
To: DOH WSBOH
Cc:
Subject: WAC proposal

External Email

I am completely against ANY of the Covid policies that are over-reaching and immoral. We stand against these proposed WAC's:

WAC 246-100-070
WAC 246-100-045
WAC 246-100-040
WAC 246-100
WAC 246-105

Sincerely,
Brittny Babcock

From: Paige Jarquin

Sent: 1/5/2022 6:06:36 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Discussion on Mandatory Vaccination of school children

External Email

Dear Sir or Madam,

It has come to my attention that you intend to impose the following policies:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

Be very clear that I will not comply with any of these requirements and I will use every legal remedy, including legal action if necessary.

Respectfully,
Paige Jarquin

--

Paige Jarquin
310-947-9315

From: Emily Swanson

Sent: 1/7/2022 11:43:47 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. Forcing anything on free Americans protected by the Constitution is asking for strife and dissension. We will hold the line against tyrannical mandates and proposed polices that violate our civil liberties and fundamental rights as human beings. I stand with the Constitution - will you? I stand with the Word of God:

"Praise the name of God forever and ever, for he has all wisdom and power. He controls the course of world events; he removes kings and sets up other kings. He gives wisdom to the wise and knowledge to the scholars. He reveals deep and mysterious things and knows what lies hidden in darkness, though he is surrounded by light."

Daniel 2:20-22

Whether you stand with the Word or not, It's Everlasting, Unshakable, and pierces the soul with Truth.

I call on you to represent the population of those whom you swore to be a voice for and reject all such aforementioned policies.

"Speak up for those who cannot speak for themselves; ensure justice for those being crushed."

Proverbs 31:8

"Ensure justice" - isn't that the key to the position you are in?

Kind Regards,

Emily Swanson

Registered Voter in Washington State

14422 240th St E

Graham, WA 98338

From: Melissa Fredericks
Sent: 1/6/2022 12:12:51 PM
To: DOH WSBOH
Cc:
Subject: STOP THE INSANITY

External Email

We are more than 2 years into this "pandemic". I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

Do NOT turn us into Australia or Canada. Look at Florida. We know this has nothing to do with our health, and it's not "for our safety". This is about power and control.

From: Connie Parli
Sent: 1/6/2022 4:13:47 PM
To: DOH WSBOH
Cc:
Subject: Fwd: January 12th BOH meeting

External Email

Dear Members,

It has been brought to my attention that you will be discussing and voting on a plan to take away my God-given right to medical freedom, and that of the parents of young children and all future generations! Your great, great, great grandchildren will be standing in lines to be injected hundreds of times with foreign substances. These rules you are considering will never be reversed.

Please, please members of the board take time to consider the implications.

FACT: Members of my own family who recovered from the virus which provided them with 100% immunity have already been forced to choose between losing their jobs, and consequently their homes and vehicles or taking an experimental injection from which they are, to this day suffering adverse side effects. coercion????

I pray to God for your wisdom.

I am against the proposed

WAC 246 100 070

WAC 246 100 045

WAC 246 100 040

WAC 246-100, WAC 246-105

Sincerely

from a registered voter.

Connie Parli

406 Lakeside Way

Mattawa, Wa 99349

--

--

connie p

From: beoki@tutanota.com
Sent: 1/7/2022 5:39:47 AM
To: DOH WSBOH
Cc:
Subject: Public Comment for Jan. 12th meeting regarding Chapter 246- 100 and 246-105 WAC

External Email

I wonder if you are surprised by the outpouring of emails and comments concerning your January 12th meeting. I can explain.

I have been a Washington State resident for almost thirty years, a business owner and a parent. I voted solidly Democratic until I started to see "behind the curtain" during Obama's presidency. When Covid came, the floor I had thought solid -- the foundations of our democracy, free speech, bodily autonomy, informed consent, even liberty -- began to disintegrate.

And now here we are: pharmaceutical companies, big tech and massive investment firms solidly control the discourse on all tv stations, newspapers, and radio. (1) World renown doctors and scientists who were immensely respected in 2019 have been branded pariahs and quacks. (2) "Science" has been corrupted into a tool of powerful interests who care nothing about public health: why else ignore the many safe and effective treatments for COVID in favor of a dangerous and ineffective (but very lucrative) vaccine? (3) Actually that is a dangerous question: why are the vaccines so critical to the agenda being promoted so uniformly around the world?

The answer lies in the digital currencies that are being quickly brought on line in country after country, and tied into the vaccine passports/health passes/green pass -- it has many names, but the application is the same: connect your health data with your money, use 5G and AI to monitor everyone's social interactions and every financial transaction, and get rich off all the new data flowing into the system and exile the non-compliant from society altogether. (4)

It sounds insane. It *is* insane. But if you investigate -- if you actually read and listen to the scientists, doctors, the vaccine-injured, the philosophers and parents and so many others who are being censored by the mainstream media -- you will see that fact after fact show that we are already well down this trajectory.

You can help stop it. Remove WAC 246-100-040, 246-100-045, 246-100-050, and 246-100-055 from the Washington Administrative Code. The fact that almost every state in the Union has "relocation camps" standing by, staffed and ready to receive the unvaccinated or otherwise "problematic," shows that these codes are far too dangerous to be on the books. You, on the Washington Board of Health, can remove the legal underpinning of what may well otherwise be used to create another Auschwitz. (5)

I fully support the petition currently before the Board proposed by Xavier Figueroa and Informed Choice WA to ban any EUA product or any product which has not yet completed Phase 3 clinical trials. Further, I also say: all vaccines must be both optional and given

ONLY with full consent, which requires dissenting opinions be heard and considered.

As much as Washington State has been vaccinated, note that instead of getting more and more fully vaccinated citizens, we have reached the peak of the vaccination curve and will soon have fewer and fewer up-to-date residents. People are starting to realize that the vaccines are preventing neither transmission nor infection and fewer and fewer will choose boosters. Instead of clamping down ever harder, please read and watch some of the many articles and videos linked below.

(1) <https://childrenshealthdefense.org/defender/rfk-jr-the-real-anthony-fauci-bill-gates/>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/rfk-jr-the-real-anthony-fauci-bill-gates%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%2F&isRedacted=true>&isRedacted=true>

<https://www.iceagefarmer.com/2021/12/02/u-n-taking-down-private-websites-domain-level-censorship/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.iceagefarmer.com%2F2021%2F12%2F02%2Fu-n-taking-down-private-websites-domain-level-censorship%2F&data=04%7C01%7Cnathaniel.thai%40sbob.wa.gov%7C76e64ff36af341636c4a08d9d1e2f0>

https://www.algora.com/Algora_blog/2021/11/20/dr-david-martin-who-they-are-the-names-and-faces
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.algora.com%2FAlgora_blog%2Fdr-david-martin-who-they-are-the-names-and-faces&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C11

https://childrenshealthdefense.org/vaccine-secrets/video-chapters/the-fda-cdc-media-and-politicians-receive-money-from-vaccine-makers/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fvaccine-secrets%2Fvideo-chapters%2Fthe-fda-cdc-media-and-politicians-receive-money-from-vaccine-makers%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076

https://childrenshealthdefense.org/defender/cia-liberal-media-outlets-the-real-anthony-fauci/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/cia-liberal-media-outlets-the-real-anthony-fauci%2F&data=04%7C01%7Cnathaniel.thai%40sbob.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C

(2) <https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCeyT>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F>

https://childrenshealthdefense.org/defender/truth-rfk-jr-dr-peter-mccullough-covid-hippocratic-oath/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdefender/truth-rfk-jr-dr-peter-mccullough-covid-hippocratic-oath%2F&data=04%7C01%7Cnathaniel.thai%40sbob.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrandnewtube.com%2Fwatch%2Fcarlson-jfk-jr-interview-full-interview_dgjzo9mcvo5y1kp.html%3Flang%3Denglish&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-could-have-been-prevented%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f0>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde-rogan-peter-mccullough-doctors-worldwide-restricted-treating-covid-patients%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cureus.com%2Farticles%2F7therapies-to-prevent-progression-of-covid-19-including-hydroxychloroquine-azithromycin-zinc-and-vitamin-d3-with-or-without-intravenous-vitamin-c-an-international-multicenter-randomized-trial&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C11d>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F10%2Fpercent-of-covid-19-vaccine-deaths-caused-by-just-5-percent-of-the-batches-produced%2F&data=04%7C01%7Cnathaniel.thai%40sbob.wa.gov%7C76e64ff36af341636c4a08d9d1e2f07>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhome.solari.com%2Fthe-global-landscape-on-vaccine-id-passports-part-4-blockchained%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dailyveracity.com%2F2021%2Fshadowy-cia-data-firms-behind-the-creation-of-digital-vaccine-passport-ids%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhome.solari.com%2Freflections-on-our-future-december-2021%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%

<https://sarahwestall.com/redefining-slavery-free-will-and-what-it-means-to-be-human-w-celest-solum-pt-1/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsarahwestall.com%2Fredefining-slavery-free-will-and-what-it-means-to-be-human-w-celest-solum-pt-1%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C1>

(5)

<https://www.zerohedge.com/covid-19/australian-army-begins-transferring-covid-positive-cases-contacts-quarantine-camps>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.zerohedge.com%2Fcovid-19%2Faustralian-army-begins-transferring-covid-positive-cases-contacts-quarantine-camps&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C1>

<https://freeworldnews.tv/watch?id=6112c1a9222b0f409b2195bc>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffreeworldnews.tv%2Fwatch%3Fid%3D6112c1a9222b0f409b2195bc&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C1>

<https://rairfoundation.com/police-state-new-hampshire-fights-to-remove-children-after-parents-treated-them-with-ivermectin/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frairfoundation.com%2Fpolice-state-new-hampshire-fights-to-remove-children-after-parents-treated-them-with-ivermectin%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C1>

<https://www.lifesitenews.com/opinion/americans-must-be-prepared-to-publicly-resist-covid-quarantine-camps/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lifesitenews.com%2Fopinion/americans-must-be-prepared-to-publicly-resist-covid-quarantine-camps%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C1>

Much more well researched and critical information also available at such sites as:

<https://plandemicseries.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fplandemicseries.com%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C1>

<https://planetlockdownfilm.com/full-interviews/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fplanetlockdownfilm.com%2Ffull-interviews%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C1>

<https://thehighwire.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthehighwire.com%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C76e64ff36af341636c4a08d9d1e2f076%7C1>

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Sent with Tutanota, the secure & ad-free mailbox.

From: Allison Lewey

Sent: 1/7/2022 11:41:11 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

External Email

I stand against these proposed WAC's:

WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Detaining & forcing medical testing and/or treatment is unconstitutional & unnecessary in America. No FORCED COVID shots of children!!

Forcing medical care, isolation, or treatment is totally unnecessary as COVID is getting less & less dangerous. As it mutates it is becoming more contagious but is causing less severe illness.

Because the majority of the population is vaccinated, along with natural immunity of those who have had the illness, herd immunity is happening now which will keep the illness under control.

The action of mandating a vaccine to the least impacted age group is unconscionable! There are side effects from these shots, making them much more dangerous than if the child were to contract the virus. There are also many unknown long-term effects, including possible sterilization.

This action would cripple the already failing public schools. So many parents are already about to Home School their kids and this will force this action upon them.

You cannot say you want to do this to protect the children when you speak of mandating the vaccine for a virus that is becoming more like the flu every day and impacts kids 0-19 years old the least. Follow the data!!!

Both of these proposed mandates are terrible and unnecessary and would take away more of American's constitutional rights and God-given freedoms!!

ALLOWING LOCAL HEALTH OFFICERS TO USE ENFORCEMENT TO FORCE AN EMERGENCY ORDER TO INVOLUNTARILY DETAIN A PERSON, OR GROUP OF PERSONS, TO BE ISOLATED IN A QUARANTINE FACILITY FOLLOWING REFUSAL TO VOLUNTARILY COMPLY WITH REQUESTS FOR MEDICAL EXAMINATION, TESTING, TREATMENT, COUNSELING, VACCINATION.

Regards,
Allison Lewey

From: Michelle Kinney
Sent: 1/7/2022 10:29:44 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: My Health, My Choice!

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I would really appreciate your support in this matter.

--

Michelle Kinney
253.797.2694 cell

From: whitney loken
Sent: 1/6/2022 3:05:13 PM
To: DOH WSBOH
Cc:
Subject: I am against proposed covid policies

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral and go against our human rights. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-046, WAC 246-100, WAC 246,105.

We are against anything that goes against our medical freedom and freedom in general.

Thank you

Whitney Loken

From: Edwards

Sent: 1/7/2022 9:24:12 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Communicable and other Certain diseases Ch. 246-100

External Email

Good morning, Team,

This is a last minute comment because I only recently became aware that this meeting was occurring and what the intended and proposed topics were. That in itself, is quite terrifying, these topics should be flooding the news and should include a request for feedback from the people that will be affected.

It feels frustrating that I should even have to discuss this. This vaccine is not intended for mass vaccination. It does not stop infection or spread; it never has. This information is no longer a secret, it is readily visible.

The vaccine may be beneficial to provide some protection for those who are most vulnerable to severe symptoms or for those who sincerely want it.

Considering including the Covid-19 Vaccine to the list of required immunizations for school and day care entry is a huge overreach of power and I strongly advise against it. Healthy children are at an incredibly low risk for severe or long-term illness from this virus or it's variants.

The decision to vaccinate for Covid-19 should be up to individuals and families without coercion or restriction from services or activities.

Families need the freedom to make their own decisions based on individual risk analysis.

In addition, any other restrictions or mandates related to Covid-19 need to be ended. Please be part of the solution and do not entertain further restrictions, quarantine or vaccine mandates, or any other forceful use of power.

Thank you for your time, make good choices.

From: kareena k
Sent: 1/7/2022 10:27:20 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Reject!!!

External Email

I am in complete opposition of the proposed COVID policies that are over reaching and immoral. I stand against these proposed WAC's:

WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Thanks,
Kareena V buryy
253-448-5228

From: Christy Owens
Sent: 1/6/2022 3:32:00 PM
To: DOH WSBOH
Cc:
Subject: Re: Upcoming WAC's

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. My family of 5 stands against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I have children in every level of public school in the state. I am also the mother of a 6 year old leukemia survivor. Which, I tell you, was not a walk in the park. I am also a parent advisor at Seattle Children's hospital. I am far more concerned about vaccinating my cancer survivor (and having him relapse from the shot) than I am about him getting Covid—which I'm sure he's had at least once by now. We are not at risk of anything from this illness except of a horrific overreach of the government on our rights. DO YOUR JOB AND PROTECT OUR INDIVIDUAL FREEDOMS—I beg you.

Do everything in your power to stop this overreach and stand in the gap to protect the rights of your citizens! We are counting on you to not mobilize the government enforcement against your own people.

"Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety."
-Benjamin Franklin

Thank you for listening,
Christy Owens
Puyallup, Wa

From: Testify Online Survey
Sent: 1/6/2022 9:37:01 AM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12, 2022

2.

Agenda Item or Issue:

Forced/mandatory vaccines for children

3.

Your Name:

Mrs. Sharon Best

4.

Do you have a professional title?

1. Yes

Life Coach

5.

Are you representing an organization?

2. No

6.

Address:

13420 Manor Way Unit C2 C2

7.

Email:

shirney1@protonmail.com

8.

Phone Number (Include Area Code):

9542982418

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a parent of 2 and a grandparent of 4.

10.

Are you testifying on a specific proposal under consideration by the board?

2. No

11.

Are you Pro or Con on the proposal?

2. Con

I am adamantly against forced/mandatory vaccines. The government is attempting to usurp parental responsibility and rights. First of all children are extremely low risk for Covid, which I'm sure you all know. And the vaccines are still in the experimental stage- EUA (Emergency use authorization). I will not give my GOD given freedoms over to bureaucrats or the state. I also adamantly oppose involuntarily detainment of a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) This is unconstitutional and therefore illegal. These are our bodies and our choice. The state cannot illegally kidnap people for detainment based on illegal mandates. Friends of mine who are nurses testify to the fact that hospitals are empty - evidence that there is no emergency. Yes people are getting Covid but with the right early treatment they are recovering 100%. And omicron although contagious barely lasts a day. Herd immunity has and is happening. You may not have heard about the incredible success in Uttar Kadesh, India w/a population of 241 million people! They started all 241 million people on preventative anti-viral therapies and their case rate was minuscule and so were there deaths! I say NO to mandatory vaccines and NO to illegal detainment (kidnapping). Thank you for your attention to this.

From: Fouimalo Mulu
Sent: 1/6/2022 10:25:38 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: I oppose the proposed...

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Sent from my iPhone

From: Chase Cummins
Sent: 1/6/2022 1:16:18 PM
To: DOH WSBOH
Cc:
Subject: Newly Proposed Polocies

External Email

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

I am completely against any of the proposed Covid Policies that are over-reaching and immoral.

I stand against these proposed WAC's:
WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I have already let all my friends and family know these are being considered and have encouraged them to speak up and to speak out!

Please do the right thing; protect our freedoms!!

Respectfully,
Chase Cummins

From: Kerri Hubler

Sent: 1/7/2022 11:07:18 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Fwd: I am Completey Against Proposed Policies WAC codes - Overreach & Immoral

External Email

Hello,

I would like to voice my concern with the Proposed Policies and WAC codes. Telling an individual or family that they are required to take a vaccine that is not FDA approved and has not been out on the market for longer than 13 months is against the Constitution and our rights as Free Americans. Our ancestors fought for our rights to give us the freedom to make choices for ourselves. If our Washington State health Department and Governor push to vaccinate and take away individual freedoms that is putting you into the NAZI Germany and Hitler era. Governments shall not overreach and cause immoral policies against an individual person's freedoms. And to require children to be vaccinated with a vaccine that is not FDA approved and been through a full multi level trial just as every other medicine and vaccine has had to go through is immoral, illegal, and overreach. Putting a medicine in our bodies that we don't know enough about and that we have personally witnessed other friends and family members have severe reactions to as well as die within 2 days of having these vaccines is again against our personal liberties afforded us under both the State and US Constitution. Please vote against all WAC codes that require COVID vaccines for anyone.

I would love to talk with someone more about my reasons why I am against this if you want to hear more information.

I stand against these Proposed WAC's:

WAC 246-100-070

WAC 246-100-045

WAC 246-100-040

WAC 246-100

WAC 246-105

Sincerely,
Kerri Hubler
360-281-0694 Cell

From: Olga Bykov
Sent: 1/7/2022 12:19:18 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid Policies WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

External Email

Hello!

I am completely against any of the proposed Covid Policies that are overreaching and immoral I stand against these WAC's:

WAC 246-100-070, WAC
246-100-045, WAC 246-100-040,
WAC 246-100, WAC 246-105.

Sincerely,
Olga Bykov

Sent from my iPhone

From: Katya Walker

Sent: 1/6/2022 9:51:20 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WAC-246-100-070

External Email

Please stop these illegal WAC 246-100-070, WAC 246-100-046, WAC 246-100-040 regarding Covid -19. That is unconstitutional and violates my and my family's liberties and rights. This is unacceptable.

Stop scaring and dividing people, taking away their jobs because of unconstitutional mandates. The damage that is already done is speechless. Not only you take away our liberties, but also lives of innocent people.
Stop it!!!

~ Oh, by the way . . .

I am never too busy for any of your referrals

Katya Walker

Broker

EXIT Real Estate Professionals

(509) 280 2231

Katya@exitofspokane.com <<mailto:Katya@exitofspokane.com>>

KatyaSellsSpokane.com

Homesnap.com/Katya-Walker

From: Elizabeth Gough
Sent: 1/6/2022 2:35:42 PM
To: DOH WSBOH
Cc:
Subject: Upcoming Covid WAC

External Email

I am writing to you to express my grave concern over two WAC proposals. WAC 246-100-070 would allow for police to force people into isolation against their will and has great potential for abuse. There is a real possibility that people will be separated from their children and held against their will without cause.

WAC 246-100-045 takes away the individual's right to choose medical treatment and would force people to be vaccinated against their will. It is a basic human right to choose whether or not you wish to be examined, counseled or medically treated. This would remove that right and will set a precedent for the loss of autonomy over bodily choices in other areas, including such things as abortion.

Both of the proposals would in fact go against basic human rights and our current laws. To this point not a single mandate has proven effective against Covid, this will only grant power where none is needed. Please consider both the effectiveness of the proposals and their effects on a person's bodily autonomy and vote against these proposals. Thank you!

Bright Blessings!
Elizabeth Gough

From: Jurene Slick
Sent: 1/7/2022 9:59:15 AM
To: DOH WSBOH,Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Hisaw, Melanie (SBOH)
Cc:
Subject: Opposing 246-100 & 246-105

External Email

I oppose WAC 246-100 rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19vaccine to the WAC-246-105 schedule of required vaccines for children to attend schools.

I am completely against any of the proposed COVID policies. They are overreaching and immoral.

WAC-246-100
WAC-105
WAC 246-100-070
WAC 246-100-045
WAC 246-100-040

Thank you for your support and listening

--

Jurene L Gee
Sunset Cement Construction
253-267-1765 Office, Fax 253-503-0814
jslick@sunsetcement.rocks

"In many ways, effective communication begins with mutual respect, communication that inspires, encourages others to do their best." - Zig Ziglar 36

The art of effective listening is essential to clear communication, and clear communication is necessary to management success." - James Cash 41

"Communication must be HOT. That's Honest, Open, and Two-way." - Dan Oswald 65

From: Chantol Sego
Sent: 1/5/2022 6:18:57 PM
To: DOH WSBOH
Cc:
Subject: Public Comment for Jan. 12, 2022 WA State Board of Health Meeting

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. This is a very scary road to lead our state down and this much power should not be given to elected officials that work for the people. This much control is extremely unconstitutional and not at all what our country was founded on.

I also oppose adding a Covid-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools. This does not yet have long-term studies done and there is no way to tell the long-term effects it could have.

Best regards,
Chantol Sego

From: Jami Smith
Sent: 1/6/2022 12:45:00 PM
To: DOH WSBOH
Cc:
Subject: Mandates and loss of freedoms

External Email

Here's what I emailed if anyone would like to use it. Feel free to add more! ☐☐

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

I am completely against any of the proposed Covid Policies that are over-reaching and immoral.

My family and I stand against these proposed WAC's:
WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I have already let all my friends and family know these are being considered and have encouraged them to speak up and to speak out!

Please do the right thing; protect our freedoms!!

Sent from my iPhone

From: Jessica Rice

Sent: 1/7/2022 11:41:54 AM

To: Grellner, Keith (DOHi), Crawford, Elisabeth (DOHi), DOR Clark County Leg Authority 2, Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), DOH WSBOH
Subject: Comments for the Washington State Board of Health Meeting - January 12th 2022 - COVID-19 and WAC 246-100

External Email

I am writing to you from South Kitsap as a concerned WA state citizen, homeowner, tax payer and health care provider. I have read the draft agenda for the upcoming meeting on 1/12/22 and I am wondering why you are discussing acting on including COVID-19 to the current infectious disease WAC codes and discussing adding the COVID-19 vaccines as part of the school immunization requirements?

The past year has been a big push from the state to get vaccinated with claims that if we reach 70% then herd immunity will likely occur, and we can all go back to normal. These claims were false, and no herd immunity has occurred at all from the vaccines even though as of 12/20-21 there are 75.6% of WA residents who are vaccinated against COVID-19. Yet we are seeing large numbers of fully vaccinated individuals getting COVID-19. There is no protection being provided and everyone, whether vaccinated or not, can still transmit and spread COVID-19.

A proposal of involuntary isolation and quarantine for a virus with an enormously high survival rate is unthinkable. Ebola outbreaks of the past have ranged 25% to 90% fatality rates based on World Health Organization information, similar numbers for Marburg virus outbreaks. Smallpox killed one out of every three infected. Two Stanford University professors, Catherine Axfors and John P.A. Ioannidis published the stats of survival rate for COVID-19 by age group [<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.07.08.21260210v1>]. Based on data from 14 countries, the only group with less than a 99.41 % survival rate was those over 70+ years of age. Covid-19 is NOT a grave danger to the public warranting Communist Regime tactics to coerce and intimidate the populace to conform to a corporate agenda. While respecting the God given right of Americans, while protecting the religious freedoms of families, or while preserving the foundational pillars of our Washington State Constitution, you should also consider whether a greater risk of injury to another is even occurring.

With the new Omicron variant, the death rate is even lower, and we are seeing people get more or less severe cold like symptoms. But we still need to ask ourselves, why are these Covid-19 outbreaks still happening?? Is it maybe because these vaccines are not vaccines at all? The definition of a vaccine is

"A preparation of a weakened or killed pathogen, such as a bacterium or virus, or of a portion of the pathogen's structure that upon administration to an individual stimulates antibody production or cellular immunity against the pathogen but is incapable of causing severe infection."

There is no data to show that "vaccinated" people have cellular immunity and are any less likely to slow transmission than "un-vaccinated" In fact, there is no long-term data to suggest that the gene therapy that is labeled as "COVID-19 vaccines" are effective against viruses. RNA vaccines and adenovirus vector vaccines have only been studied

long term against cancer or diseases caused by genetic disorders, but the COVID-19 vaccines are the first licensed drugs to prevent infectious diseases using RNA vaccine technology. Although these vaccines are highly effective in preventing COVID-19 for a short period, safety and efficiency evaluations should be continuously monitored over a long time period. Development of COVID-19 vaccines utilizing gene therapy technology - PubMed (nih.gov)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F337>

Yet the Department of Health is not stating the facts that there is no immunity with the COVID-19 vaccines and so there are places like King County and Clallam County that are requiring people to show their vaccine cards to get into businesses as well as large events and concert venues. You have WA schools that are requiring unvaccinated kids to get tested before sports and if they've been in close contact with a positive case but not the vaccinated kids. These policies are based on outdated and since-debunked ideas that the vaccine gives you sterility from COVID-19. It is the job of the Department of Health to update their message as the data updates to keep the public INFORMED. To keep saying that the vaccines are effective is not true because the vaccinated are still getting it and spreading it.

Now everyone is being told to get a COVID19 booster shot. Why? The first two didn't prevent the spread or flatten the curve like the state claimed that it would so why just keep injecting these Covid products into people when they are not effective? Why is the health board not recognizing and calling for studies on natural immunity? If you have got COVID-19 can you get it again? Will it be much less severe? When we look at the flu virus we know that you can get it again because of variants. Is the same true for COVID19? If so, then the COVID-19 vaccine is only good for the original virus which is no longer present. With the new Omicron variant the illness is much less severe but still very contagious. So more people will have antibodies to fight off future variants. These antibodies in combination with educating the public on utilizing healthy regime of vitamins and exercise would seem to be a much better solution than injecting them with a vaccine that we don't even know the long term effects of the injections.

Since VAERS was established, we are seeing more vaccine injuries being reported for COVID-19 vaccines than any other vaccine to date. There has been little to no public education on the VAERS system or how to interpret the data. How many Covid-19 vaccine injuries have we seen in WA State? How many vaccinated people are contracting Covid-19 and to what severity? This is information that needs to be shared to properly inform the public on the safety and efficacy of the vaccine and the reality that there is no way of knowing the long term effects and with that comes some risk of more medical problems in the future coming to light. That is why we cannot force people to get a vaccine without more long term data.

The board makes zero effort to freely and situationally approach an issue. Your solution must be in Lockstep with big government's approved talking points, your narratives must be in Lockstep with big government narrative, and your research, studies or data must be provided by big government. That is you staying in line with the corporate agenda, which is "Prevent vaccine hesitancy at all cost". Never admit a mistake was made, never admit there was a failure in a theory, and never go back on what you said. If you were to ever admit publicly you were wrong, it means you are no longer infallible, and people might question your authority. That is a big government corporate management style. There is no regard for religious or Constitutional rights. The WAC 246-100 codes are unconstitutional and should be revoked.

Please ask yourself that what you are considering is really what is best for the health of the people of WA State. The greatest danger to our children, our safety and our Constitutional Republic is when policies are enacted with zero regard for individual liberties and unalienable rights, gifted to us by our Creator and by the Supreme Law of

the Land, the United States Constitution. Unelected officials being tasked with directing law enforcement to rip families from their homes based on hearsay, rumors or conjecture borders on a totalitarian pedigree reserved for the most heinous criminals in human history.

Thank you,

Jessica

From: sabrina Gray

Sent: 1/6/2022 9:43:30 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: I OPPOSE!!!!!!!!!!☐!!☐!!☐!!☐

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Sabrina Gray ☐☐

From: Lorinda Newton
Sent: 1/5/2022 10:06:07 PM
To: DOH WSBOH
Cc:
Subject: Public Comment Item 9: Rules Hearing Continuance for Communicable and Other Certain Diseases, Chapter 246-,100 WA

External Email

Hello,

I want to state that I oppose the Continuance for Communicable and Other Certain Diseases, Chapter 246-100 WA, which adds COVID-19 to the law on infectious diseases.

The first wave of this virus had a 99% survival rate for most people. Now the Omnicron appears to be just a cold according to the South African doctors. The pandemic is winding down. Please don't make a mountain out of a molehill like New York, the UK, and other nations.

Furthermore, the COVID tests are well-known to create false positives. So, if you went forward with these changes, you would be unjustly detaining many healthy people.

The United States and the state of Washington are constitutional republics. We must not become a totalitarian state as Australia has become. We must uphold our freedoms and due process. COVID-19 is NOT a threat to society.

Please reject this change to the WAC.

--

Sincerely,

Lorinda Newton
Clinton, WA

From: Christine Cranston

Sent: 1/7/2022 10:40:41 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I strongly oppose your proposed policies (January 12 meeting)

External Email

PROPOSED POLICIES: Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040).

If you pass this bill you will be in violation of the Nuremberg code and you can be indicted and arrested for your participation. Common Law Juries are being formed around the state, which have the power to do that. A law of this nature violates the Constitution and several health laws, including the Patient Bill of Rights and HIPPA laws. The Supreme Court already ruled that NO emergency can eliminate any rights guaranteed by the Constitution. If you proceed to pass this bill after being warned, you will be considered to be intentionally committing treason. If you are unfamiliar with Common Law Juries and their power, you better look it up. This is a consequence, not an empty threat.

See the laws that David Martin shares in his quick video below. They are the US Federal Statutes that incorporate Nuremberg. David has done all the work and shared it on his website. See link:

https://www.instagram.com/p/CYVSfl2KkSF/?fbclid=IwAR1Ivec598G-DDf93zt2kyHcglJXj2aj8zR314TaGev6uEinsK76M_XV8OM

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.instagram.com%2Fp%2FCYVSfl2KkSF/?fbclid=IwAR1Ivec598G-DDf93zt2kyHcglJXj2aj8zR314TaGev6uEinsK76M_XV8OM&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov>

I would also like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be

no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org

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

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Christine Cranston

Christine Cranston

cpcranston@gmail.com <<mailto:cpcranston@gmail.com>>

<https://www.linkedin.com/in/christinecranston/>

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

206.355.7811

From: Mike McTigue

Sent: 1/7/2022 2:50:07 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments re: Cov-19 &: WAC-246-100-070; WAC-246-100-045; WAC; WAC-246-100-040; WAC-246-105

External Email

To all legislators addressed above:

I urge you strongly to reject the passage of the policy proposal (WAC-100-070) to allow local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons to be isolated in a quarantine facility (WAC 246-100-045). People are not cattle. There's no reason for this. MANY people have natural immunity from covid and it's mutations which are essentially 99.7 the same as covid-19. This is insanity. Being detained for refusing to voluntarily comply DEMONSTRATES that this is not a question of voluntary compliance, but coercion. It's flat out wrong and there is no justification for passing such a blatantly coercive measure. Same with any refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These proposals confuse requests with demands. They're a violation of the rights of those who disagree with those making these DEMANDS.

I also urge you to vote against proposals to adjust WAC 24-105 to include EXPERIMENTAL Covid-19 injections as part of school immunization requirements. This is TOTALLY unjustified as young people are not susceptible to serious covid infections except in absurdly rare cases. Even when infected, they are not vectors for the infection of anyone else, but even if they were, it would be unjust to expose a young healthy person to an experimental vaccine under the pretext of protecting an old moribund person. This proposal has one reason only, and that is to indemnify vaccine companies from damages caused by these vaccines (consult the VAERS data base). Under the law, no one [OF ANY AGE] injured from a vaccine on the school immunization requirements has recourse to damages. This is nothing less than child sacrifice to big pharma. If you do this, good luck looking at yourselves in the mirror for the rest of your life. Please do not along with the lies of big pharma. Please do your job and stand up for the citizens of WA state. This is not complicated.

Please view the information in the below 3 short paragraphs:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Thank you for doing the right thing on the behalf of your constituents rather than following the directives of the people pushing the Covid-19 pandemic narrative. Covid-19 is also carried by many animals, and for this reason it will NEVER be eradicated by a vaccine program, especially one that has already done incalculable damage. ENOUGH!!!

Sincerely yours,
Michael McTigue
13 Cambridge Dr
Lynden, WA

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

From: Amy Shoblom
Sent: 1/6/2022 2:47:29 PM
To: DOH WSBOH
Cc:
Subject: New WAC proposals

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Signed,
Amy Shoblom

Sent from my iPhone

From: Loretta Jamieson Rose
Sent: 1/6/2022 11:19:47 PM
To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH
Cc:
Subject: Attention Board- Related to 1/12 meeting

External Email

7 January, 2022

To all board members,

I am writing this email pleading you to reconsider some upcoming actions that are being explored by this group. I am a resident of Washington State, and I feel obligated to express my concerns about the upcoming DOH discussions regarding COVID-19 policy and proposed policy changes to WAC 246-100, specifically sections 070, 045 and 040 on January 12, 2022.

As research indicates, the virus continues to mutate and lessen in virulence, as viruses do. Therefore, I want to caution the members of the board and urge you NOT to make any "permanent" changes to the current infectious disease WAC codes. I also urge you to consider closely the amount of conflicting data on the effectiveness of the shots and adverse reactions that are being reported.

At this point in the pandemic, I believe it is time to look for ways to rebuild the confidence in the great people of Washington. Washingtonians have proven their commitment, steadfastness and willingness to be cautious and helpful over the past 2 years. It is extremely important, now than ever before, for the people of Washington State to begin their return to "normal". Continued mandates, threats of quarantine camps and forced vaccinations are NOT what Washingtonians want or need. It would be more effective to give priority to the study and the use of effective treatment methods available; and to look for ways to fund healthy living programs FOR our State by emphasizing exercise, healthy eating, appropriate vitamin D levels, better sleep and stress management.

I ask that you do NOT make policy changes to the WAC in regards/response to Covid and I do NOT support any efforts to make any changes. I DO believe that you will consider this request, keeping in mind the rights of citizens under the First Amendment to choose for themselves what they feel is best for themselves and their families.

Thank you for your time and consideration,

Loretta Rose

From: Matthew Miller

Sent: 1/7/2022 7:23:35 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Input for consideration regarding your 12 Jan board meeting

External Email

WS Board of Health members,

I understand that you are accepting public comments regarding the upcoming meeting. As a long time Washington State resident and someone who has been vaccinated, I am particularly concerned about actions under consideration regarding COVID-19. While it is very contagious, it seems that WA State has lost its sense of reality regarding the disease. Now that the world has been dealing with COVID-19 for two years, it is clear that death is extremely rare and primarily associated with people who have other serious health problems.

Rather than focusing on trying to get everyone vaccinated, I am by the way, the Board of Health should be running active campaigns on HEALTH and WELLNESS. The best way to fight COVID-19 is to be in good health, which means a focus on eating well, regular exercise, and mental health. It would be almost revolutionary to see one of the states in the US take the initiative and focus on a health and wellness campaign rather than one of fear, punishment, and division.

I am particularly concerned about the potential to add COVID-19 to the Chapter 246-100 WAC list of diseases where one of the actions in that law is to allow a health officer to detain people for quarantine, against their will or constitutional rights. People have a right to evaluate the risks of their own health and COVID-19 isn't something like ebola that kills at a high rate. Please take a reality check on the virus and add some common sense to your policies.

As a parent, I strongly oppose to any action that would require COVID vaccinations for children to attend schools. It is very more extremely rare for children to die of COVID and as we have seen through more than a year with the vaccines, they are ineffective vaccines with unknown side effects. Why do so many people want to experiment with our children?

I hope that you consider my comments and take a look at the actual data, rather than the fear-mongering spread around by uninformed media and other health officials that clearly have the interests of pharmaceutical companies at the forefront of their policy making.

Regards,

Matthew Miller
Puyallup, WA

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 11:24:14 AM
To: DOH WSBOH
Cc:
Subject: FW: Public Comment on Proposed WAC Amendments

From: Kerry Hill <makkmc60@gmail.com>
Sent: Thursday, January 6, 2022 11:24 AM
Subject: Public Comment on Proposed WAC Amendments

External Email

Thank you so much for taking the time to read comments from your constituents regarding Chapter 246-100 WAC referring to quarantine camps and Chapter 246-105 WAC referring to mandatory Covid 19 vaccines for all school children. Please allow me to make comments on both.

Recent statements from Federal health officials:

CDC Director Walensky herself stated, "What the vaccines can't do anymore is prevent transmission."

Moderna's Chief Medical Officer Dr. Tal Zaks agrees, "There's no hard evidence that it stops [the Covid-19 vaccinated] from...potentially infecting others who haven't been vaccinated."

In a recent federal court case against OSHA: "these injections are merely "treatments" that, for some people, may reduce symptoms."

In regards to WACs in general--these codes are well below the rights stated in both the state and federal Constitutions. They may not be intended to usurp any individual freedoms or put undue pressure on the citizens of the state or the US especially in light of the above statements.

Chapter 246-100 WAC is a "day late and a dollar short". Case rates may be up due to a mild variant but hospitalizations and death. Why would we allow history to repeat itself (please look at how the Germans were allowed to put the Jewish populations in ghettos over a small typhus outbreak). Also, why, with all the other places money needs to be spent in this state, would we dedicate funding to something that truly is at the "endemic stage" and most people are self-isotating when they deem it necessary? One would think the actions of the Health Department would be to frighten families needlessly (see above comments).

As for our children: There are no longitudinal studies that demonstrate long term efficacy or issues with this experimental Covid 19 vaccine (it is still under the FDA EAU as experimental and therefore may be refused with no consequences). Why would we mandate a vaccine that we have no idea of the outcomes down the road? Other mandated vaccines on a child's schedule have been around at least 10 year (except Gardasil which is shown to have long-term negative effects on children and is under investigation). Perhaps we should look at the mental health issues and lack of education our state's children have undergone over the past three years instead of perhaps injuring them with an unstudied vaccine?

The quoted statements from the Federal government agencies should help solidify an emphatic "NO" vote for these unnecessary changes to public policy. Again, thank you so much for your time and attention on this matter.

Kerry Hill

Lake Stevens, WA

From: M.Antoinette Walker

Sent: 1/7/2022 8:53:16 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: Opposition to Involuntarily Detaining and School Immunization

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

From: Mariann Leone
Sent: 1/6/2022 12:53:05 PM
To: DOH WSBOH
Cc:
Subject: Public Comment in response to WAC 246-105

External Email

In response to Washington state proposed "vaccine injection requirement".

I do not support:

#1 The breaking of the Constitution for the United States of America.
#2. Taking away Medical Freedoms from parents and their children by forcing immunizations at schools (or masks for that matter.)

I do not support the requirement by Washington state or any other government to enforce or make mandatory any medical procedure (this is what the shot "injection" is) on any citizen or for that matter requirement of masks.

1. Constitutional

This country was founded with a very UNIQUE Constitution in the World. This Constitution for the United States of America gives us inalienable rights in the Declaration of Independence and rights to our own bodies in the First Amendment. By voting to allow local health officers to BREAK THE Constitution you yourselves are committing TREASON. Any Law Officers that would consider or do these actions of taking people from their homes are committing TREASON also. An emergency order that goes AGAINST the Constitution is not LAW. Mandates are not LAW.

In the Proposed Policies it has an illogical statement: -Allow local health officers to use law enforcement (WAS 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). Here is the rub: Voluntarily means you have a CHOICE. Requests are just suggestions. This is illogical in itself.

A. Committing a crime against humanity by breaking the Nuremberg Code – The Nuremberg Code for Crimes Against Humanity by the International Military Tribunal at Nuremberg, Germany 1947.

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision.

B. Treason – By going against the Constitution for the United States of America; specifically the 1st, 4th and 14th Amendments.

C. Breaking the ADA and HIPAA Laws of Washington state.

D. Breaking the Civil Rights Act.

A very concerned citizen of the United States of America land of the Free and Brave.

Mariann Leone

From: riyalove
Sent: 1/8/2022 12:26:41 PM
To:
Cc:
Subject: New WACs

External Email

To those seeking information from the people of this state:

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Signed a concerned citizen,
Marriya Wright

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From: Leazlee

Sent: 1/7/2022 11:25:34 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comment 246-100 WAC, 246-105 WAC

External Email

Good Morning,

In regard to:

Rules Hearing Continuance for Communicable and Other Certain Diseases, Chapter 246-100 WAC. Considering various facts and opinions, including many of those that differ, it is not appropriate to add Covid-19, SARS-CoV-2 disease, in any capacity to this WAC. This virus and many factors surrounding it are constantly evolving and in significant ways is in itself following the expected path of becoming less severe, both in hospitalizations and disease severity.

In regard to :

Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry (COVID-19 vaccine specific). There are multiple concerns about this proposal and not the least being that inclusion falls short in meeting the Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030. Also, this is Emergency Use Authorization, not fully approved, for children and long term effects cannot be known at this time regardless of what data one chooses to use in support that the vaccines are safe and effective.

Thank you,
Leazlee Koch

From: Lori Cummins
Sent: 1/6/2022 4:00:40 PM
To: DOH WSBOH
Cc:
Subject: Opposition against new proposed Covid19 WACS

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

This is totally Unacceptable, Unconstitutional, and goes against the very freedoms and principles in which our Country and State was founded upon. This is clearly an overreach of power and the American People and Washingtonians do NOT STAND FOR THIS in any way.

We Totally Oppose All these proposals!!

Sincerely,

Lori Cummins

From: Jennifer Baxter
Sent: 1/6/2022 2:19:11 PM
To: Jennifer Baxter
Cc:
Subject: WA BOH Meeting Jan 12 2022

External Email

Good Afternoon Representatives,

I am writing to OPPOSE proposed policies:

That allow local health officers to use law enforcement (WAc 246-100-070) that are aimed to force an emergency order to involuntary detain a person or group of persons (families) to be isolated in quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040).

I am writing to OPPOSE proposed policies:

that would include COVID-19 injections as part of school immunization requirements using WAC 246-105

I am writing to SUPPORT the request to adopt a new rule:

ICWA is requesting the WA State Board of Health adopt a new, permanent Rule prohibiting the Board from adding to the daycare or school requirements any Emergency Use Authorized product or any licensed product formulation which has not yet completed Phase 3 clinical trials.

This new rule request pertains to any and all avenues through which the Board has authority to add medical interventions requirements, including through regular or emergency rule-making.

The rule is needed because: Despite the absence of any FDA licensed COVID-19 vaccine w/ completed Phase 3 trial studies in children, and despite CDC-acknowledged risks of myocarditis and blood clots, the BOH has gathered a Technical Advisory Group to examine adding COVID-19 vaccines to daycare & school requirements. This new rule is needed immediately to ensure that federal EUA regulations are upheld & to protect fully informed consent, which prohibits the use of coercion or undue influence, such as can be exerted by state requirements.

The new rule would affect the following people or groups: All minor children, their parents and guardians in WA state.

From: J Calderon
Sent: 1/7/2022 8:10:45 AM
To: DOH WSBOH
Subject: WAC Codes to include Covid-19 Discussion



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External Email

January 7, 2022

Washington State Board of Health

PO Box 47990

Olympia, WA 98504-7990

Dear Board Members,

It has been brought to our attention that Washington State Board of Health is proposing policies that concern our neighbors and communities statewide in regards to the SARS-CoV-2 virus that causes coronavirus 2019 disease, specifically quarantine and isolation regulations titled "WAC 246-100 Communicable and certain other diseases." Another policy discussed is to include another immunization to the requirements of children attending school. This policy is titled "WAC 246-105 Immunization of child care and school children against certain vaccine preventable diseases."

Use of quarantine and isolation regulations as well as school immunization requirement for SAR-CoV-2 is baseless and criminal under RCW 9A.40.040 Unlawful Imprisonment, which occurs when a person knowingly restrains another person, and 18 USC Section 1621, Perjury, False Statements and Obstruction Perjury, which is the intentional act of

swearing a false oath or falsifying an affirmation to tell the truth, whether spoken or in writing, concerning matters material to an official proceeding.

To elaborate, Washington State's Data Dashboard states Molecular testing was performed beginning February 2020 and Antigen testing began June 2020. The PCR test is now no longer used for testing purposes as stated by the CDC. The Emergency Use Authorization has been withdrawn. The PCR test instruction manual states that the test that was developed did not use a quantified virus isolate because it was not available. A cellular concoction to mimic clinical specimen was used.

According to Kary Mullis, biochemist and inventor of the PCR test, "PCR, simply put, is a thermal cycling method used to make up to billions of copies of a specific DNA sample, making it large enough to study. PCR is an indispensable technique with a broad variety of applications including biomedical research and criminal forensics. PCR basically takes a sample of your cells and amplifies any DNA to look for 'viral sequences', i.e. bits of non-human DNA that seem to match parts of a known viral genome. The problem is the test is known not to work. It uses 'amplification' which means taking a very, very tiny amount of DNA and growing it exponentially until it can be analyzed. Obviously any minute contaminations in the sample will also be amplified leading to potentially gross errors of discovery. Additionally, it's only looking for partial viral sequences, not whole genomes, so identifying a single pathogen is next to impossible even if you ignore the other issues. The idea these kits can isolate a specific virus like COVID-19 is nonsense."

Washington State has been using erroneous PCR Molecular testing procedures for 1 year and 11 months. This equates to all of the testing data collected is incorrect for 1 year and 11 months. In addition, the Antigen tests that have been used by Washington State since June of 2020 are just as inconsistent. The CDC advised Americans to take a PCR test to confirm if their Antigen test came back negative. The Antigen tests were used in comparison to the PCR to determine its accuracy. The erroneous Antigen test procedures have been used by Washington State now for 1 year and 7 months.

What test is left for Washington State to use to verify an individual has the SARS-CoV-2 strain (2019-nCoV/USA-WA1/2020)? The remaining test procedure that has been used is the Antibody Test, but this is to detect past infection, it is not used for detecting an active infection of SARS-CoV-2.

If the testing supplies provide erroneous results, how does Washington State intend to prove not only that a child has been infected with SARS-CoV-2 but also that the immunization has also prevented an infection? Washington State's policy on SARS-CoV-2 and coronavirus-19 disease is indisputably baseless. According to the regulations of the U.S. Department of Health & Human Services, the public health emergency and emergency use authorization of all SARS-CoV-2 and coronavirus-19 disease related medical products are on borrowed time. Based off of the Center for Disease Control and Federal Drug Administration, The Washington State Board of Health does not have a reliable test procedure to prove that anyone is actively infected with SARS-CoV-2.

As said by the great Martin Luther King, Jr, "You express a great deal of anxiety over our willingness to break laws. This is certainly a legitimate concern. Since we so diligently urge people to obey the Supreme Court's decision of 1954 outlawing segregation in the public schools, it is rather strange and paradoxical to find us consciously breaking laws. One may well ask, "How can you advocate breaking some laws and obeying others?" The answer is found in the fact that there are two types of laws: there are just laws, and there are unjust laws. I would agree with St. Augustine that "An unjust law is no law at all." Now, what is the difference between the two? How does one determine when a law is just or unjust? A just law is a man-made code that squares with the moral law, or the law of God. An unjust law is a code that is out of harmony with the moral law. To put it in the terms of St. Thomas Aquinas, an unjust law is a human law that is not rooted in eternal and natural law. Any law that uplifts human personality is just. Any law that degrades human personality is unjust. All segregation statutes are unjust because segregation distorts the soul and damages the personality. It gives the segregator a false sense of superiority and the segregated a false sense of inferiority. To use the words of Martin Buber, the great Jewish philosopher, segregation substitutes an "I - it" relationship for the "I - thou" relationship and ends up relegating persons to the status of things. So segregation is not only politically, economically, and sociologically unsound, but it is morally wrong and sinful. Paul Tillich has said that sin is separation. Isn't segregation an existential expression of man's tragic separation, an expression of his awful estrangement, his terrible sinfulness? So I can urge men to obey the 1954 decision of the Supreme Court because it is morally right, and I can urge them to disobey segregation ordinances because they are morally wrong."

--MLK, JR Letter From Birmingham Jail

We, the people, have spoken.

Respectfully,

J. Elizabeth Calderon

(<https://www.doh.wa.gov/emergencies/covid19/datadashboard>)

(https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html)

(<https://www.fda.gov/media/134922/download>)

(<https://www.cdc.gov/mmwr/volumes/69/wr/mm695152a3.htm>)

(<https://www.fda.gov/media/140161/download>)

(<https://app.leg.wa.gov/rcw/default.aspx?cite=9A.40.040>)

(<https://uscode.house.gov/view.xhtml?path=%2Fprelim%40title18%2Fpart1%2Fchapter79&edition=prelim>)

(<https://www.phe.gov/Preparedness/planning/authority/Pages/eua.aspx>)

(https://isiorg.b-cdn.net/wp-content/uploads/2016/01/Letter_Birmingham_Jail.pdf?x13433)

07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing



Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Alert

After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.

Visit the [FDA website](#) for a list of authorized COVID-19 diagnostic methods. For a summary of the performance of FDA-authorized molecular methods with an FDA reference panel, [visit this page](#).

In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses. Such assays can facilitate continued testing for both influenza and SARS-CoV-2 and can save both time and resources as we head into influenza season. Laboratories and testing sites should validate and verify their selected assay within their facility before beginning clinical testing.

[Opt in to receive updates from the CDC Laboratory Outreach Communication System \(LOCS\).](#)

Online resources:

- [FAQ: CDC Distribution of COVID-19 Assays](#)
- [Guidance for SARS-CoV-2 Point-of-Care Testing](#)
- [Interim Guidance for SARS-CoV-2 Antigen Testing](#)
- [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19](#)
- [Frequently Asked Questions about COVID-19 for Laboratories](#)
- [Information for Laboratories about COVID-19](#)
- [CDC COVID-19 Website](#)
- [Clinical Laboratory COVID-19 Response Weekly Calls](#)
- [CDC Laboratory Outreach Communication System \(LOCS\)](#)

If you have any questions, please contact us at LOCS@cdc.gov.

Thank you,

The Laboratory Outreach Communication System

Laboratory Outreach Communication System (LOCS) | Division of Laboratory Systems (DLS)

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Centers for Disease Control and Prevention (CDC)

Please note: This report has been corrected.

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[View suggested citation](#)

Summary

What is already known about this topic?

Antigen tests for SARS-CoV-2 are inexpensive and can return results within 15 minutes, but test performance data in asymptomatic and symptomatic persons are limited.

What is added by this report?

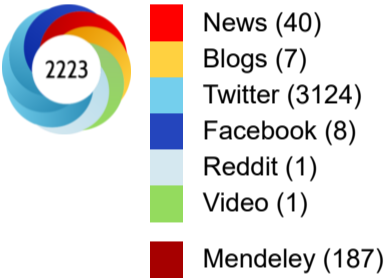
Compared with real-time reverse transcription–polymerase chain reaction (RT-PCR) testing, the Sofia antigen test had a sensitivity of 80.0% and specificity of 98.9% among symptomatic persons; accuracy was lower (sensitivity 41.2% and specificity 98.4%) when used for screening of asymptomatic persons.

What are the implications for public health practice?

To account for reduced antigen test accuracy, confirmatory testing with a nucleic acid amplification test (e.g., RT-PCR) should be considered after negative antigen test results in symptomatic persons and positive antigen test results in asymptomatic persons.

Article Metrics

Altmetric:



Citations: 74

Views: 56,697

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[Metric Details](#)

Figure

Tables

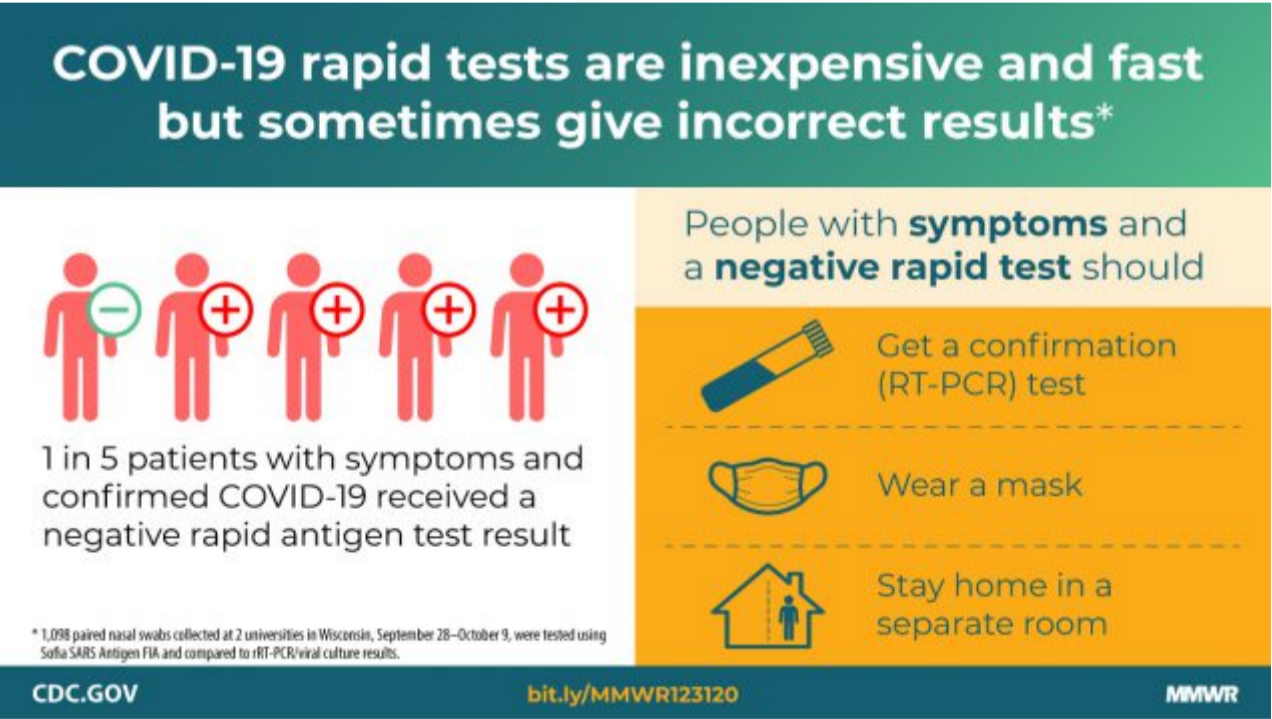
[Table 1](#)

[Table 2](#)

References

Related Materials

[PDF](#) [142K]



Antigen-based tests for SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), are inexpensive and can return results within 15 minutes (1). Antigen tests have received Food and Drug Administration (FDA) Emergency Use Authorization (EUA) for use in asymptomatic and symptomatic persons within the first 5–12 days after symptom onset (2). These tests have been used at U.S. colleges and universities and other congregate settings (e.g., nursing homes and correctional and detention facilities), where serial testing of asymptomatic persons might facilitate early case identification (3–5). However, test performance data from symptomatic and asymptomatic persons are limited. This investigation evaluated performance of the Sofia SARS Antigen Fluorescent Immunoassay (FIA) (Quidel Corporation) compared with real-time reverse transcription–polymerase chain reaction (RT-PCR)

for SARS-CoV-2 detection among asymptomatic and symptomatic persons at two universities in Wisconsin. During September 28–October 9, a total of 1,098 paired nasal swabs were tested using the Sofia SARS Antigen FIA and real-time RT-PCR. Virus culture was attempted on all antigen-positive or real-time RT-PCR–positive specimens. Among 871 (79%) paired swabs from asymptomatic participants, the antigen test sensitivity was 41.2%, specificity was 98.4%, and in this population the estimated positive predictive value (PPV) was 33.3%, and negative predictive value (NPV) was 98.8%. Antigen test performance was improved among 227 (21%) paired swabs from participants who reported one or more symptoms at specimen collection (sensitivity = 80.0%; specificity = 98.9%; PPV = 94.1%; NPV = 95.9%). Virus was isolated from 34 (46.6%) of 73 antigen-positive or real-time RT-PCR–positive nasal swab specimens, including two of 18 that were antigen-negative and real-time RT-PCR–positive (false-negatives). The advantages of antigen tests such as low cost and rapid turnaround might allow for rapid identification of infectious persons. However, these advantages need to be balanced against lower sensitivity and lower PPV, especially among asymptomatic persons. Confirmatory testing with an FDA-authorized nucleic acid amplification test (NAAT), such as RT-PCR, should be considered after negative antigen test results in symptomatic persons, and after positive antigen test results in asymptomatic persons (1).

Paired nasal swabs were collected from students, faculty, staff members, and other affiliates[†] at two Wisconsin university campuses during university-based testing programs. At university A, all persons tested (screening or diagnostic) at the university testing center during October 1–9 were eligible to participate. At university B, only students who were quarantined during September 28–October 6 after exposure to persons with COVID-19 could participate.

All participants completed a questionnaire and provided information on demographic characteristics, current and past (14 days) symptoms,[§] and recent exposure[¶] to persons with COVID-19. For each participant, two mid-turbinate nasal swabs were collected by health care personnel at university A and were self-collected under supervision at university B. Both nostrils were sampled with each of the two swabs. Swabs for antigen testing were analyzed according to the manufacturer’s instructions.** Swabs for real-time RT-PCR were stored in viral transport media at 39°F (4°C) and analyzed within 24–72 hours of collection. At university A, real-time RT-PCR was performed using the CDC 2019-nCoV real-time RT-PCR diagnostic panel (6), with cycle threshold (Ct) values reported for the N1 and N2 viral nucleocapsid protein gene regions. At university B, real-time RT-PCR was performed using the TaqPath COVID-19 Combo Kit (Thermo Fisher Scientific). Viral culture^{††} (7) was attempted on residual RT-PCR specimens if the RT-PCR or antigen test result was positive.

Statistical analyses were performed using Stata (version 16.1; StataCorp). Sensitivity, specificity, PPV, and NPV were calculated for antigen testing compared with real-time RT-PCR results. Ninety-five percent confidence intervals (CIs) were calculated using the exact binomial method; t-tests were used for Ct value comparisons^{§§}; p-values <0.05 were considered statistically significant. This investigation was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy.^{¶¶} Ethical review boards at both universities determined the activity to be nonresearch public health surveillance (2).

Among a total of 1,105 nasal swab pairs submitted, seven (0.6%) were excluded for having inconclusive antigen or real-time RT-PCR results. Test comparisons were performed on 1,098 paired nasal swabs (2,196 total swabs), including 1,051 pairs (95.7%) from university A and 47 pairs (4.3%) from university B (Table 1). Among the 1,098 pairs evaluated, 994 (90.5%) were provided by students aged 17–53 years (median = 19 years), 82 (7.5%) by university faculty or staff members aged 22–63 years (median = 38 years), and 22 (2.0%) by other university affiliates aged 15–64 years (median = 29 years). Fifty-seven persons participated more than once on different testing days. Overall, 453 (41.3%) participants were male, and 917 (83.5%) were non-Hispanic White. At specimen collection, 227 (20.7%) participants reported experiencing one or more COVID-19 symptoms, and 871 (79.3%) reported no symptoms.

Among 227 paired specimens from symptomatic participants, 34 (15.0%) were antigen-positive, and 40 (17.6%) were real-time RT-PCR–positive. The median interval from symptom onset to specimen collection was 3 days (interquartile range = 1–6 days; 7.5% missing). Among symptomatic participants, antigen testing sensitivity was 80.0% (32 of 40), specificity was 98.9% (185 of 187), PPV was 94.1% (32 of 34), and NPV was 95.9% (185 of 193) (Table 2). For specimens collected within 5 days of reported symptom onset (72.4%; 152 of 210), sensitivity was 74.2% (23 of 31), and specificity was 99.2% (120 of 121).

Among 871 paired specimens from asymptomatic participants, 21 (2.4%) were antigen-positive and 17 (2.0%) were real-time RT-PCR–positive. Antigen testing sensitivity was 41.2% (seven of 17), specificity was 98.4% (840 of 854), PPV was 33.3% (seven of 21), and NPV was 98.8% (840 of 850). Test performance was not significantly (p>0.05) different when excluding 53 (6.1%) of 871 participants who were asymptomatic at the time of testing but had reported one or more symptoms in the preceding 14 days.

Sixteen paired swabs were antigen-positive and real-time RT-PCR–negative (i.e., false-positive), including 14 (66.7%) of 21 positive antigen results from asymptomatic participants and two (5.9%) of 34 from symptomatic participants. Eight of the 16 false-positive results were recorded during a 1-hour period at university A. In this instance, a series of consecutive positive results in asymptomatic persons was noted, and investigators offered repeat antigen testing to the affected participants. Six of eight participants were reswabbed within 1 hour, and all six received negative test results on a second antigen test. All eight initial paired swabs from these participants were negative on real-time RT-PCR. Because no user errors could be identified, the false-positive results were included in analysis. Eighteen false-negative antigen test results were obtained, including 10 (58.8%) of 17 real-time RT-PCR–positive tests from asymptomatic participants, and eight (20.0%) of 40 from symptomatic participants. All false-negative results from symptomatic participants were from specimens collected <5 days after onset of symptoms (median = 2 days). Ct values for specimens with false-negative antigen results were significantly higher compared with antigen- and real-time RT-PCR–positive specimens (mean N1 Ct = 32.3 versus 23.7; p<0.01) (Figure).

higher compared with antigen- and real-time RT-PCR-positive specimens (mean NP Ct = 32.3 versus 25.7, $p < 0.01$) (Figure). Virus was recovered from 34 (46.6%) of 73 positive specimens, including 32 (82.1%) of 39 specimens with concordant positive results and two (11.1%) of 18 with false-negative antigen results; no virus was recovered from 16 specimens with false-positive antigen test results. The two specimens with false-negative antigen results that were culture-positive were from two symptomatic participants who had specimens collected at day 2 and day 4 after symptom onset.***

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Discussion

The Sofia SARS Antigen FIA received FDA EUA on May 8, 2020, for use in symptomatic persons within 5 days of symptom onset (2). In this investigation, among persons reporting COVID-19-compatible symptoms at specimen collection, the test was less accurate (sensitivity = 80.0%; specificity = 98.9%) than reported in the FDA EUA (sensitivity = 96.7%; specificity = 100%) (2). Two of eight specimens from symptomatic persons that had false-negative antigen test results were positive by viral culture, indicating that potentially infectious persons might not be detected by antigen testing. To reduce the impact of false-negative antigen test results, confirmatory testing with an FDA-authorized NAAT, such as RT-PCR, should be considered following negative antigen test results in symptomatic persons (1).

Among asymptomatic participants, antigen test sensitivity was 41.2%, specificity was 98.4%, and PPV in this population was 33.3%. This low PPV was observed despite a relatively high prevalence of SARS-CoV-2 in this population (5.2% prevalence overall; 2.0% among asymptomatic persons), suggesting that PPV could be even lower when using this antigen test among populations with lower expected SARS-CoV-2 prevalence. To account for false-positive results when using antigen tests for asymptomatic screening, confirmatory NAAT testing should be considered following positive antigen test results in asymptomatic persons, particularly when pretest probability of SARS-CoV-2 infection is low (1). The NPV of antigen testing among asymptomatic participants was 98.8%, and virus was not cultured from asymptomatic participants with antigen-negative results, indicating that asymptomatic persons with negative antigen results are unlikely to be infected with SARS-CoV-2 and would not require confirmatory NAAT (1).

The findings in this report are subject to at least four limitations. First, participants were predominantly young adults in university settings where ongoing serial testing was being conducted. Antigen test performance might differ in other populations with different characteristics and testing schedules. Second, given the limitations of RT-PCR, some false-positive antigen test results might represent true infections not identified by RT-PCR. Third, the ability to recover infectious virus in culture is limited and decreases for specimens with higher Ct values (8); a lack of virus recovery by culture does not indicate that a person is not infectious. Finally, this investigation evaluated the Sofia SARS Antigen FIA, and cannot be generalized to other FDA-authorized SARS-CoV-2 antigen tests.

Serial testing of asymptomatic and symptomatic persons has been proposed for prevention and control of SARS-CoV-2 transmission (9,10) and is currently being implemented at U.S. colleges and universities and in other congregate settings (3–5). Despite reduced sensitivity compared with real-time RT-PCR, the use of antigen tests for serial testing in these settings, particularly when RT-PCR tests are not available or have a prolonged turnaround time, might still allow rapid identification of infectious persons and control of outbreaks (1). However, antigen-based testing strategies should account for the lower sensitivity and lower PPV when used for asymptomatic screening by considering confirmatory testing with an FDA-authorized NAAT, such as RT-PCR, after a positive antigen test result in an asymptomatic person. Confirmatory testing should also be considered following a negative antigen test result in a person experiencing COVID-19-compatible symptoms. All persons with negative antigen test results should continue to take measures to prevent SARS-CoV-2 transmission, including wearing a mask, reducing contact with nonhousehold members, and getting tested if they experience symptoms or have close contact with someone who has COVID-19.*** Symptomatic persons with negative antigen test results should continue to follow CDC guidance^{sss} for persons who might have COVID-19, including staying home except to get medical care and protecting household members by staying in a separate room, wearing a mask indoors, washing hands often, and frequently disinfecting surfaces.

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Acknowledgments

Edward Samuel Rivera, Daniel J. O'Donnell, University of Wisconsin-Oshkosh; Margaret Okomo-Adhiambo, Umesh Parashar, Paul Rota, Lauren Franco, Gerardo Garcia-Lerma, CDC; Neeti Dahal, Wisconsin Veterinary Diagnostic Laboratory-Wisconsin State Laboratory of Hygiene COVID Laboratory, University of Wisconsin-Madison.

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¹CDC COVID-19 Response Team; ²Epidemic Intelligence Service, CDC; ³Wisconsin Department of Health Services; ⁴School of Medicine and Public Health, University of Wisconsin-Madison; ⁵Laboratory Leadership Service, CDC; ⁶Agency for Toxic Substances and Disease Registry, Atlanta, Georgia; ⁷University of Wisconsin-Oshkosh; ⁸University Health Services, University of Wisconsin-Madison; ⁹Wisconsin Veterinary Diagnostic Laboratory, University of Wisconsin-Madison; ¹⁰Winnebago County Health Department, Oshkosh, Wisconsin; ¹¹Wisconsin State Laboratory of Hygiene.



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All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

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* These authors contributed equally to this report.

[†] Other affiliates were participants who did not mark “student” or “staff” on the questionnaire (they selected “other” or did not respond); the majority of these persons were family members of staff members.

[§] Symptom list was based on the interim position statement for COVID-19 case definitions from the Council of State and Territorial Epidemiologists, updated August 7, 2020. Clinical criteria for COVID-19 included fever, cough, shortness of breath, fatigue, sore throat, headache, muscle aches, chills, nasal congestion, difficulty breathing, diarrhea, nausea, vomiting, abdominal pain, rigors, loss of taste, and loss of smell. https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/positionstatement2020/Interim-20-ID-02_COVID-19.pdf  .

[¶] Recent exposure was defined as being within 6 feet of a person with a COVID-19 diagnosis for ≥15 minutes in the past 14 days.

****** <https://www.fda.gov/media/137885/download> .

^{††} Specimens were used to perform a limiting-dilution inoculation of Vero CCL-81 cells, and cultures showing evidence of cytopathic effect (CPE) were tested by real-time RT-PCR for the presence of SARS-CoV-2 RNA. Viral recovery was defined as any culture in which the first passage had an N1 Ct at least twofold lower than the corresponding clinical specimen.

^{§§} Ct values from real-time RT-PCR were only compared for specimens collected at university A that were analyzed with the CDC 2019-nCoV real-time RT-PCR diagnostic panel for detection of SARS-CoV-2.

^{¶¶} 45 C.F.R. part 46.102(l)(2), 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 3501 et seq.






******* The participant with a false-negative result 2 days after symptom onset had a repeat specimen 2 days later; the results of testing were positive by antigen test and by real-time RT-PCR.

^{†††} <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.

^{§§§} <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

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TABLE 1. Characteristics and symptoms of persons providing paired nasal swabs (N = 1,098),* by results for SARS-CoV-2 real-time reverse transcription–polymerase chain reaction (RT-PCR) and Sofia SARS Antigen Fluorescent Immunoassay testing† — two universities, Wisconsin, September–October 2020

Characteristic	No (%)				
	True positives (N = 39)	False negatives (N = 18)	False positives (N = 16)	True negatives (N = 1,025)	Total (N = 1,098)
Testing site					
University A [§]	37 (94.9)	17 (94.4)	15 (93.8)	982 (95.8)	1,051 (95.7)
University B [¶]	2 (5.1)	1 (5.6)	1 (6.3)	43 (4.2)	47 (4.3)
Sex					
Male	16 (41.0)	9 (50.0)	12 (75.0)	416 (40.6)	453 (41.3)
Female	23 (59.0)	9 (50.0)	4 (25.0)	609 (59.4)	645 (58.7)
Age group (yrs)					
15–24**	35 (89.7)	16 (88.9)	11 (68.8)	909 (88.7)	971 (88.4)
≥25	4 (10.3)	2 (11.1)	5 (31.3)	116 (11.3)	127 (11.6)
Race/Ethnicity**					
White	31 (79.5)	17 (94.4)	12 (75.0)	857 (83.6)	917 (83.5)
Hispanic/Latino	6 (15.4)	0 (0)	1 (6.3)	54 (5.3)	61 (5.6)
Black/African-American	0 (0)	1 (5.6)	2 (12.5)	26 (2.5)	29 (2.6)
Asian/Pacific Islander	0 (0)	0 (0)	0 (0)	49 (4.8)	49 (4.5)
American Indian/Alaska Native	0 (0)	0 (0)	0 (0)	3 (0.3)	3 (0.3)
Other/Unknown/Multiple races	2 (5.1)	0 (0)	1 (6.3)	36 (3.5)	39 (3.6)
University status					
Student	35 (89.7)	17 (94.4)	13 (81.3)	929 (90.6)	994 (90.5)

Characteristic	No (%)				
	True positives (N = 39)	False negatives (N = 18)	False positives (N = 16)	True negatives (N = 1,025)	Total (N = 1,098)
Faculty or staff member	4 (10.3)	1 (5.6)	3 (18.8)	74 (7.2)	82 (7.5)
Other affiliate or unknown ^{SS}	0 (0)	0 (0)	0 (0)	22 (2.2)	22 (2.0)
Exposure ^{¶¶} to a COVID-19 case					
Been in close contact in the past 14 days	13 (33.3)	9 (50.0)	4 (25.0)	128 (12.5)	154 (14.0)
Quarantine status					
Quarantined at time of specimen collection	17 (43.6)	6 (33.3)	3 (18.8)	109 (10.6)	135 (12.3)
Time between quarantine initiation to specimen collection, median days (range)	1 (0–8)	3.5 (0–6)	1 (0–4)	4 (0–28)	4 (0–28)
Reported symptoms					
No current symptoms	7 (17.9)	10 (55.6)	14 (87.5)	840 (82.0)	871 (79.3)
One or more symptoms in the past 14 days	2 (28.6)	1 (10.0)	0 (0)	50 (6.0)	53 (6.1)
No symptoms in the past 14 days	5 (71.4)	9 (90.0)	14 (100.0)	790 (94.0)	818 (93.9)
One or more current symptoms	32 (82.1)	8 (44.4)	2 (12.5)	185 (18.0)	227 (20.7)
Nasal congestion	24 (75.0)	2 (25.0)	1 (50.0)	87 (47.0)	114 (50.2)
Sore throat	12 (37.5)	5 (62.5)	1 (50.0)	79 (42.7)	97 (42.7)
Headache	17 (53.1)	3 (37.5)	1 (50.0)	66 (35.7)	87 (38.3)
Cough	18 (56.3)	6 (75.0)	1 (50.0)	45 (24.3)	70 (30.8)
Fatigue	14 (43.8)	3 (37.5)	1 (50.0)	42 (22.7)	60 (26.4)
Muscle aches	11 (34.4)	2 (25.0)	0 (0)	30 (16.2)	43 (18.9)
Shortness of breath	7 (21.9)	1 (12.5)	0 (0)	16 (8.6)	24 (10.6)
Chills	4 (12.5)	0 (0)	0 (0)	14 (7.6)	18 (7.9)
Diarrhea	3 (9.4)	0 (0)	0 (0)	15 (8.1)	18 (7.9)
Nausea or vomiting	3 (9.4)	0 (0)	0 (0)	14 (7.6)	17 (7.5)
Loss of taste	8 (25.0)	2 (25.0)	1 (50.0)	3 (1.6)	14 (6.2)
Loss of smell	8 (25.0)	2 (25.0)	1 (50.0)	2 (1.1)	13 (5.7)

Characteristic	No (%)				
	True positives (N = 39)	False negatives (N = 18)	False positives (N = 16)	True negatives (N = 1,025)	Total (N = 1,098)
Fever	6 (18.8)	0 (0)	0 (0)	5 (2.7)	11 (4.8)
Difficulty breathing	3 (9.4)	0 (0)	0 (0)	8 (4.3)	11 (4.8)
Abdominal pain	1 (3.1)	0 (0)	0 (0)	6 (3.2)	7 (3.1)
Rigors	0 (0)	0 (0)	0 (0)	0 (0)	0 (0.0)
Other reported symptoms***	1 (3.1)	0 (0)	0 (0)	4 (2.2)	5 (2.2)
Symptom onset date reported	31 (96.9)	8 (100.0)	2 (100.0)	169 (91.4)	210 (92.5)
≤5 days between reported symptom onset and specimen collection	23 (74.2)	8 (100.0)	1 (50.0)	120 (71.0)	152 (72.4)

* Includes 57 participants who received multiple tests and were included more than once in the analysis.

† True positive = antigen-positive and real-time RT-PCR–positive; false negative = antigen-negative and real-time RT-PCR–positive; false positive = antigen-positive and real-time RT-PCR–negative; true negative = antigen-negative and real-time RT-PCR–negative; these definitions do not reflect results from viral culture.

§ At university A, real-time RT-PCR was performed using the CDC 2019-nCoV real-time RT-PCR diagnostic panel for detection of SARS-CoV-2.

¶ At university B, real-time RT-PCR was performed using Thermo Fisher Scientific’s TaqPath COVID-19 Combo Kit for detection of SARS-CoV-2.

** One university staff member’s child aged 15 years. All other participants were aged ≥17 years.

†† Non-Hispanic ethnicity represented for all White, Black/African-American, Asian/Pacific Islander, American Indian/Alaska Native, Other/Unknown/Multiple races.

§§ Other affiliates were participants who did not mark “student” or “staff” on the questionnaire (they selected “other” or did not respond); the majority of these persons were family members of staff members.

¶¶ Ever in close contact was defined as within 6 feet for ≥15 minutes of a person with a diagnosis of COVID-19.

*** Other reported symptoms included allergies, cough that is not dry, and difficulty breathing from anxiety.

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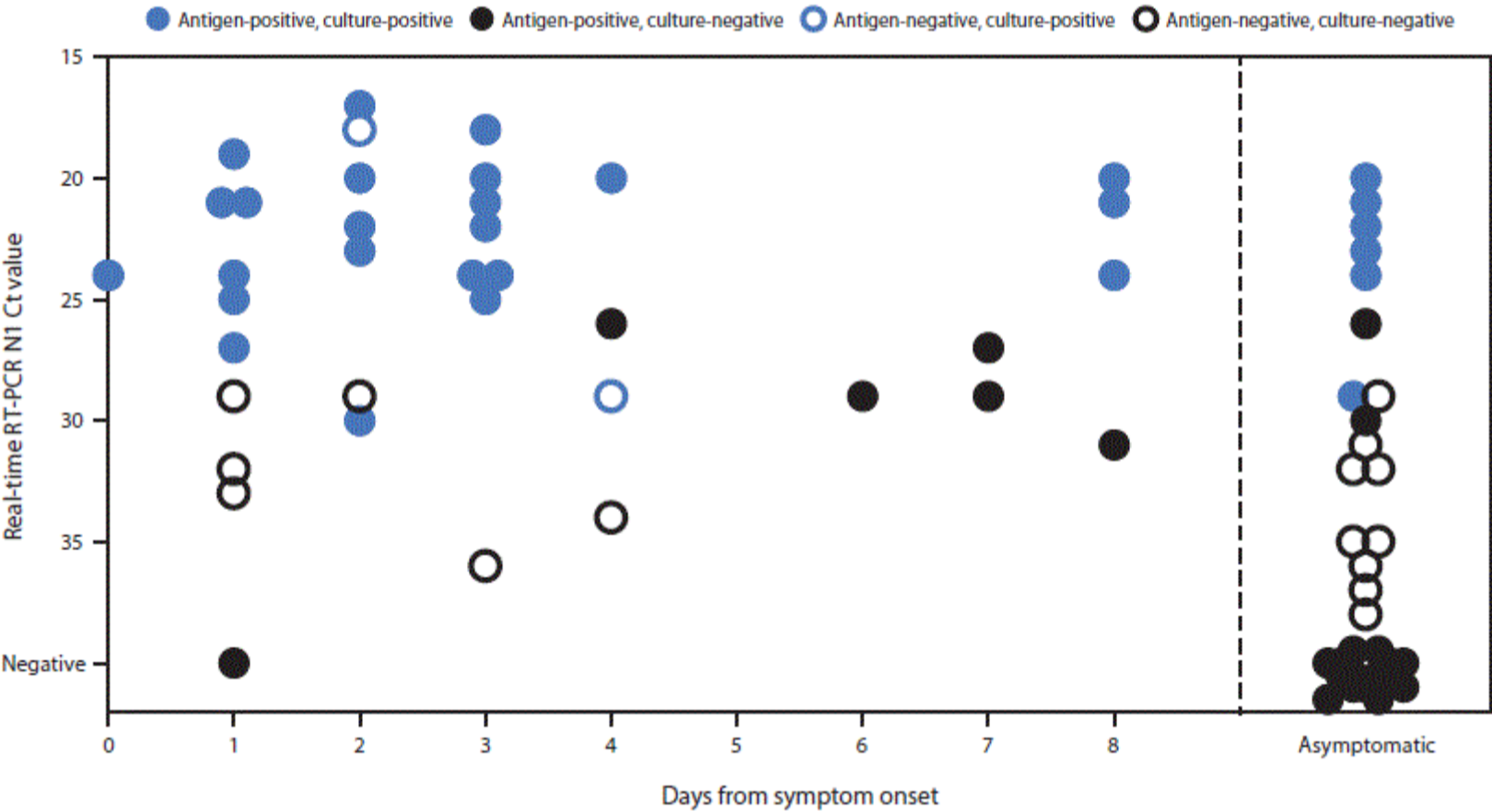
TABLE 2. Sensitivity, specificity, positive predictive value, and negative predictive value of Sofia SARS Antigen Fluorescent Immunoassay compared with real-time reverse transcription–polymerase chain reaction (RT-PCR) among asymptomatic and symptomatic persons — two universities, Wisconsin, September–October 2020						
Antigen test result	Real-time RT-PCR result, no.					
	Asymptomatic (N = 871)			Symptomatic* (N = 227)		
	Positive	Negative	Total	Positive	Negative	Total
Positive	7	14	21	32	2	34
Negative	10	840	850	8	185	193
Total	17	854	871	40	187	227
Test evaluation, % (95% CI)						
Sensitivity	41.2 (18.4–67.1)			80.0 (64.4–90.9)		



Antigen test result	Real-time RT-PCR result, no.					
	Asymptomatic (N = 871)			Symptomatic* (N = 227)		
	Positive	Negative	Total	Positive	Negative	Total
Specificity	98.4 (97.3–99.1)			98.9 (96.2–99.9)		
Positive predictive value	33.3 (14.6–57.0)			94.1 (80.3–99.3)		
Negative predictive value	98.8 (97.8–99.4)			95.9 (92.0–98.2)		

Abbreviation: CI = confidence interval.
* One or more symptoms reported.

FIGURE. Viral culture results among participants with positive Sofia SARS Antigen Fluorescent Immunoassay or positive SARS-CoV-2 real-time reverse transcription–polymerase chain reaction (RT-PCR) results (n = 69),* by cycle threshold (Ct) value† and the interval between specimen collection and reported symptom onset or asymptomatic status — university A, Wisconsin, September–October 2020



* n = 30 antigen- and culture-positive; n = 22 antigen-positive and culture-negative; n = 15 antigen- and culture-negative; n = two antigen-negative and culture-positive.

† Ct values represent cycle thresholds for the N1 target probe during SARS-CoV-2 real-time RT-PCR; Ct values are represented on the y-axis in descending order to indicate that lower Ct values represent higher levels of RNA in the specimen.

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CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel

For Emergency Use Only

Instructions for Use

**Catalog # 2019-nCoV EUA-01
1000 reactions**

For *In-vitro* Diagnostic (IVD) Use

Rx Only

Centers for Disease Control and Prevention
Division of Viral Diseases
1600 Clifton Rd NE
Atlanta GA 30329



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Intended Use

The CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel is a real-time RT-PCR test intended for the qualitative detection of nucleic acid from SARS-CoV-2 in upper and lower respiratory specimens (such as nasopharyngeal or oropharyngeal swabs, sputum, lower respiratory tract aspirates, bronchoalveolar lavage, and nasopharyngeal wash/aspirate or nasal aspirate) collected from individuals suspected of COVID-19 by their healthcare provider¹.

This test is also for the qualitative detection of nucleic acid from the SARS-CoV-2 in pooled samples containing up to four of the individual upper respiratory swab specimens (nasopharyngeal (NP), oropharyngeal (OP), NP/OP combined, or nasal swabs) that were collected using individual vials containing transport media from individuals suspected of COVID-19 by their healthcare provider. Negative results from pooled testing should not be treated as definitive. If a patient's clinical signs and symptoms are inconsistent with a negative result or results are necessary for patient management, then the patient should be considered for individual testing. Specimens included in pools with a positive, inconclusive, or invalid result must be tested individually prior to reporting a result. Specimens with low viral loads may not be detected in sample pools due to the decreased sensitivity of pooled testing.

Testing is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, that meet the requirements to perform high complexity tests.

Results are for the identification of SARS-CoV-2 RNA. SARS-CoV-2 RNA is generally detectable in upper and lower respiratory specimens during infection. Positive results are indicative of active infection with SARS-CoV-2 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all results to the appropriate public health authorities.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Testing with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel is intended for use by trained laboratory personnel who are proficient in performing real-time RT-PCR assays. The CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency Use Authorization.

¹ For this EUA, a healthcare provider includes, but is not limited to, physicians, nurses, pharmacists, technologists, laboratory directors, epidemiologists, or any other practitioners or allied health professionals.

Summary and Explanation

An outbreak of pneumonia of unknown etiology in Wuhan City, Hubei Province, China was initially reported to WHO on December 31, 2019. Chinese authorities identified a novel coronavirus (2019-nCoV, also referred to as SARS-CoV-2), which has resulted in millions of confirmed human infections globally. Cases of asymptomatic infection, mild illness, severe illness, and deaths have been reported.

The CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel is a molecular *in vitro* diagnostic test that aids in the detection and diagnosis of SARS-CoV-2 infection and is based on widely used nucleic acid amplification technology. The product contains oligonucleotide primers and dual-labeled hydrolysis probes (TaqMan®) and control material used in rRT-PCR for the *in vitro* qualitative detection of 2019-nCoV RNA in respiratory specimens.

The term “qualified laboratories” refers to laboratories in which all users, analysts, and any person reporting results from use of this device should be trained to perform and interpret the results from this procedure by a competent instructor prior to use.

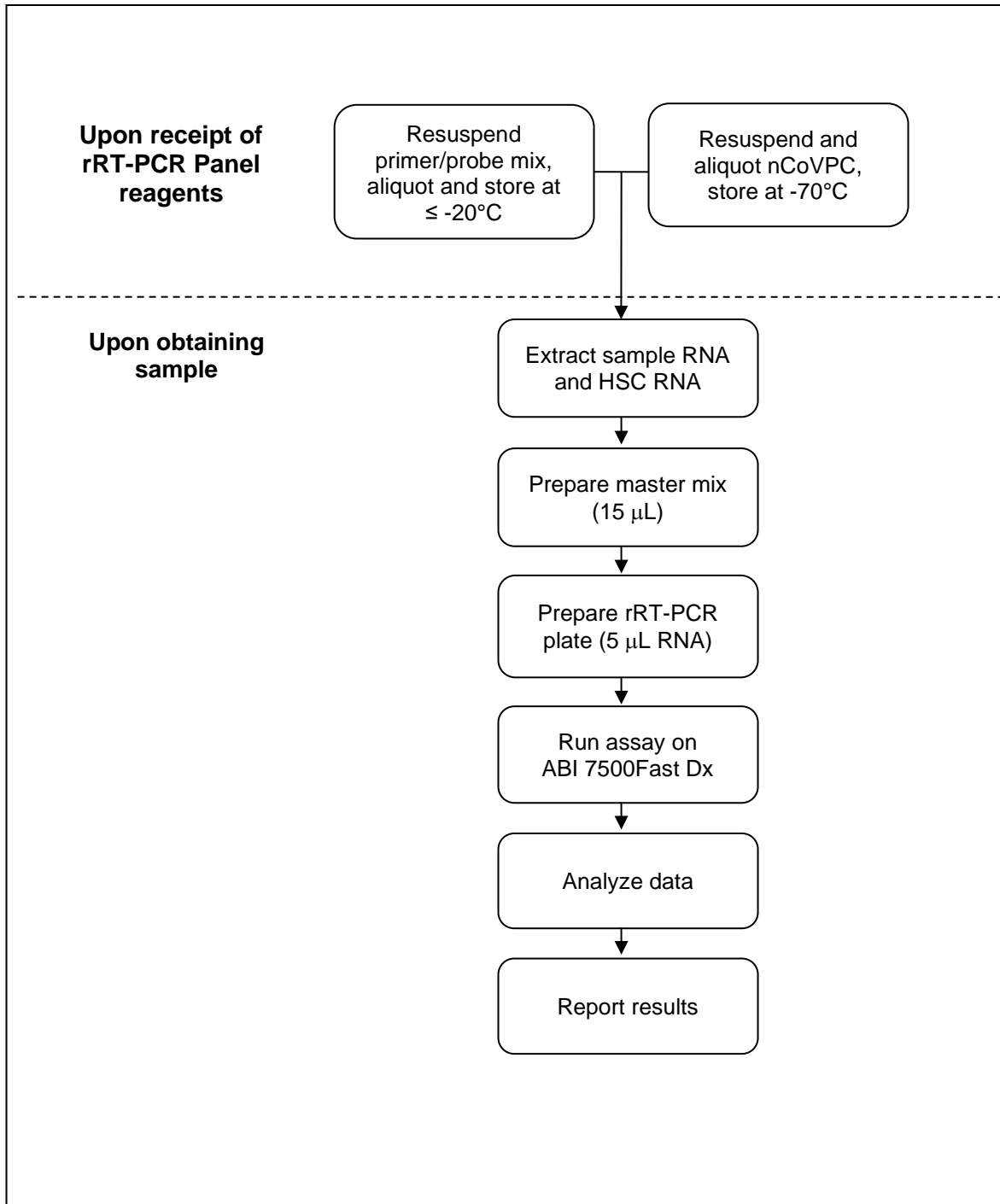
Principles of the Procedure

The oligonucleotide primers and probes for detection of 2019-nCoV were selected from regions of the virus nucleocapsid (N) gene. The panel is designed for specific detection of SARS-CoV-2 (two primer/probe sets). An additional primer/probe set to detect the human RNase P gene (RP) in control samples and clinical specimens is also included in the panel.

RNA isolated and purified from upper and lower respiratory specimens is reverse transcribed to cDNA and subsequently amplified in the Applied Biosystems 7500 Fast Dx Real-Time PCR Instrument with SDS version 1.4 software. In the process, the probe anneals to a specific target sequence located between the forward and reverse primers. During the extension phase of the PCR cycle, the 5' nuclease activity of Taq polymerase degrades the probe, causing the reporter dye to separate from the quencher dye, generating a fluorescent signal. With each cycle, additional reporter dye molecules are cleaved from their respective probes, increasing the fluorescence intensity. Fluorescence intensity is monitored at each PCR cycle by Applied Biosystems 7500 Fast Dx Real-Time PCR System with SDS version 1.4 software.

Detection of viral RNA not only aids in the diagnosis of illness but also provides epidemiological and surveillance information.

Summary of Preparation and Testing Process



Materials Required (Provided)

Note: CDC will maintain on its website a list of commercially available lots of primer and probe sets and/or positive control materials that are acceptable alternatives to the CDC primer and probe set and/or positive control included in the Diagnostic Panel. Only material distributed through the CDC International Reagent Resource and specific lots of material posted to the CDC website are acceptable for use with this assay under CDC's Emergency Use Authorization.

This list of acceptable alternative lots of primer and probe materials and/or positive control materials will be available at:

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/virus-requests.html>

Primers and Probes:

Catalog #2019-nCoV EUA-01 Diagnostic Panel Box #1:

<i>Reagent Label</i>	<i>Part #</i>	<i>Description</i>	<i>Quantity / Tube</i>	<i>Reactions / Tube</i>
2019-nCoV_N1	RV202001 RV202015	2019-nCoV_N1 Combined Primer/Probe Mix	22.5 nmol	1000
2019-nCoV_N2	RV202002 RV202016	2019-nCoV_N2 Combined Primer/Probe Mix	22.5 nmol	1000
RP	RV202004 RV202018	Human RNase P Combined Primer/Probe Mix	22.5 nmol	1000

Positive Control (either of the following products are acceptable):

Catalog #2019-nCoV EUA-01 Diagnostic Panel Box #2:

<i>Reagent Label</i>	<i>Part #</i>	<i>Description</i>	<i>Quantity</i>	<i>Notes</i>
nCoVPC	RV202005	2019-nCoV Positive Control (nCoVPC) For use as a positive control with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel procedure. The nCoVPC contains noninfectious positive control material supplied in a dried state and must be resuspended before use. nCoVPC consists of <i>in vitro</i> transcribed RNA. nCoVPC will yield a positive result with each assay in the 2019-nCoV Real-Time RT-PCR Diagnostic Panel including RP.	4 tubes	Provides (800) 5 µL test reactions

Catalog #VTC-04 CDC 2019-nCoV Positive Control (nCoVPC)

Reagent Label	Part #	Description	Quantity	Notes
nCoVPC	RV202005	2019-nCoV Positive Control (nCoVPC) For use as a positive control with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel procedure. The nCoVPC contains noninfectious positive control material supplied in a dried state and must be resuspended before use. nCoVPC consists of <i>in vitro</i> transcribed RNA. nCoVPC will yield a positive result with each assay in the 2019-nCoV Real-Time RT-PCR Diagnostic Panel including RP.	4 tubes	Provides (800) 5 µL test reactions

Materials Required (But Not Provided)**Human Specimen Control (HSC)**

Description	Quantity	CDC Catalog No.
Manufactured by CDC. For use as a nucleic acid extraction procedural control to demonstrate successful recovery of nucleic acid as well as extraction reagent integrity. The HSC consists of noninfectious (beta-Propiolactone treated) cultured human cell material supplied as a liquid suspended in 0.01 M PBS at pH 7.2-7.4.	10 vials x 500 µL	KT0189

Acceptable alternatives to HSC:

- Negative human specimen material: Laboratories may prepare a volume of human specimen material (e.g., human sera or pooled leftover negative respiratory specimens) to extract and run alongside clinical samples as an extraction control. This material should be prepared in sufficient volume to be used across multiple runs. Material should be tested prior to use as the extraction control to ensure it generates the expected results for the HSC listed in these instructions for use.
- Contrived human specimen material: Laboratories may prepare contrived human specimen materials by suspending any human cell line (e.g., A549, Hela, or 293) in PBS. This material should be prepared in sufficient volume to be used across multiple runs. Material should be tested prior to use as the extraction control to ensure it generates the expected results for the HSC listed in these instructions for use.

CDC will maintain on its website a list of commercially alternative extraction controls, if applicable, that are acceptable for use with this assay under CDC's Emergency Use Authorization, at:

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/virus-requests.html>

rRT-PCR Enzyme Mastermix Options

Reagent	Quantity	Catalog No.
Quantabio qScript XLT One-Step RT-qPCR ToughMix	100 x 20 µL rxns (1 x 1 mL)	95132-100
	2000 x 20 µL rxns (1 x 20 mL)	95132-02K
	500 x 20 µL rxns (5 x 1 mL)	95132-500
Quantabio UltraPlex 1-Step ToughMix (4X)	100 x 20 µL rxns (500 µL)	95166-100
	500 x 20 µL rxns (5 x 500 µL)	95166-500
	1000 x 20 µL rxns (1 x 5 mL)	95166-01K
Promega GoTaq® Probe 1- Step RT-qPCR System	200 x 20 µL rxns (2 mL)	A6120
	1250 x 20 µL rxns (12.5 mL)	A6121
Thermofisher TaqPath™ 1-Step RT-qPCR Master Mix, CG	1000 reactions	A15299
	2000 reactions	A15300

RNA Extraction Options

For each of the kits listed below, CDC has confirmed that the external lysis buffer is effective for inactivation of SARS-CoV-2.

Instrument/Manufacturer	Extraction Kit	Catalog No.
QIAGEN	² QIAamp DSP Viral RNA Mini Kit	50 extractions (61904)
	² QIAamp Viral RNA Mini Kit	50 extractions (52904) 250 extractions (52906)
QIAGEN EZ1 Advanced XL	² EZ1 DSP Virus Kit	48 extractions (62724) Buffer AVL (19073 or 19089) EZ1 Advanced XL DSP Virus Card (9018703)
	² EZ1 Virus Mini Kit v2.0	48 extractions (955134) Buffer AVL (19073 or 19089) EZ1 Advanced XL Virus Card v2.0 (9018708)
Roche MagNA Pure 24	² MagNA Pure 24 Total NA Isolation Kit	96 extractions (07 658 036 001) External Lysis Buffer (06 374 913 001, 12 239 469 103, 03 246 779 001 or 03 246 752 001)
Roche MagNA Pure 96	² DNA and Viral NA Small Volume Kit	576 extractions (06 543 588 001) External Lysis Buffer (06 374 913 001, 12 239 469 103, 03 246 779 001 or 03 246 752 001)
¹ Roche MagNA Pure LC	² Total Nucleic Acid Kit	192 extractions (03 038 505 001)

Instrument/Manufacturer	Extraction Kit	Catalog No.
¹ Roche MagNA Pure Compact	² Nucleic Acid Isolation Kit I	32 extractions (03 730 964 001)
Promega Maxwell® RSC 48 and Maxwell® CSC 48	³ Maxwell® RSC Viral Total Nucleic Acid Purification Kit	48 extractions (AS1330) 144 extractions (ASB1330)
¹ QIAGEN QIAcube	² QIAamp DSP Viral RNA Mini Kit	50 extractions (61904)
	² QIAamp Viral RNA Mini Kit	50 extractions (52904) 250 extractions (52906)
^{1,3} bioMérieux NucliSENS® easyMAG® and ^{1,3} bioMérieux EMAG® (Automated magnetic extraction reagents sold separately. Both instruments use the same reagents and disposables, with the exception of tips.)		EasyMAG® Magnetic Silica (280133) EasyMAG® Lysis Buffer (280134) EasyMAG® Lysis Buffer, 2 mL (200292) EasyMAG® Wash Buffers 1,2, and 3 (280130, 280131, 280132) EasyMAG® Disposables (280135) Biohit Pipette Tips (easyMAG® only) (280146) EMAG®1000µL Tips (418922)

¹Equivalence and performance of these extraction platforms for extraction of viral RNA were demonstrated with the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (K190302). Performance characteristics of these extraction platforms with 2019-nCoV (SARS CoV-2) have not been demonstrated.

² CDC has confirmed that the external lysis buffer used with this extraction method is effective for inactivation of SARS-CoV-2.

³ CDC has compared the concentration of inactivating agent in the lysis buffer used with this extraction method and has determined the concentration to be within the range of concentrations found effective in inactivation of SARS-CoV-2.

Alternative to Extraction:

If a laboratory cannot access adequate extraction reagents to support testing demand due to the global shortage of reagents, CDC has evaluated a heat treatment procedure for upper respiratory specimens using the Quantabio UltraPlex 1-Step ToughMix (4X), CG. Though performance was comparable, this method has been evaluated with a limited number of clinical specimens and a potential reduction in sensitivity due to carryover of inhibitory substances or RNA degradation cannot be ruled out. It should only be used when a jurisdiction determines that the testing need is great enough to justify the risk of a potential loss of sensitivity. Heat-treated specimens generating inconclusive or invalid results should be extracted with an authorized extraction method prior to retesting. Details and procedure for the heat treatment alternative to extraction may be found in Appendix A.

Equipment and Consumables Required (But Not Provided)

- Vortex mixer
- Microcentrifuge
- Micropipettes (2 or 10 µL, 200 µL and 1000 µL)

- Multichannel micropipettes (5-50 µL)
- Racks for 1.5 mL microcentrifuge tubes
- 2 x 96-well -20°C cold blocks
- 7500 Fast Dx Real-Time PCR Systems with SDS 1.4 software (Applied Biosystems; catalog #4406985 or #4406984)
- Extraction systems (instruments): QIAGEN EZ1 Advanced XL, QIAGEN QIAcube, Roche MagNA Pure 24, Roche MagNA Pure 96, Promega Maxwell® RSC 48, Roche MagNA Pure LC, Roche MagNA Pure Compact, bioMérieux easyMAG, and bioMérieux EMAG
- Molecular grade water, nuclease-free
- 10% bleach (1:10 dilution of commercial 5.25-6.0% hypochlorite bleach)
- DNAzap™ (Ambion, cat. #AM9890) or equivalent
- RNase AWAY™ (Fisher Scientific; cat. #21-236-21) or equivalent
- Disposable powder-free gloves and surgical gowns
- Aerosol barrier pipette tips
- 1.5 mL microcentrifuge tubes (DNase/RNase free)
- 0.2 mL PCR reaction plates (Applied Biosystems; catalog #4346906 or #4366932)
- MicroAmp Optical 8-cap Strips (Applied Biosystems; catalog #4323032)

Qualifying Alternative Components:

If a laboratory modifies this test by using unauthorized, alternative components (e.g., extraction methods or PCR instruments), the modified test is not authorized under this EUA. FDA's Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency, updated May 11, 2020, does not change this. As part of this policy, FDA does not intend to object when a laboratory modifies an EUA-authorized test, which could include using unauthorized components, without obtaining an EUA or EUA amendment, where the modified test is validated using a bridging study to the EUA-authorized test.

Warnings and Precautions

- For *in vitro* diagnostic use (IVD).
 - This test has not been FDA cleared or approved; this test has been authorized by FDA under an EUA for use by laboratories certified under CLIA, 42 U.S.C. § 263a, that meet requirements to perform high complexity tests.
 - This test has been authorized only for the detection of nucleic acid from SARS CoV-2, not for any other viruses or pathogens.
 - This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of *in vitro* diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.
- Follow standard precautions. All patient specimens and positive controls should be considered potentially infectious and handled accordingly.
- Do not eat, drink, smoke, apply cosmetics or handle contact lenses in areas where reagents and human specimens are handled.

- Handle all specimens as if infectious using safe laboratory procedures. Refer to Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with 2019-nCoV <https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html>.
- Specimen processing should be performed in accordance with national biological safety regulations.
- If infection with 2019-nCoV is suspected based on current clinical and epidemiological screening criteria recommended by public health authorities, specimens should be collected with appropriate infection control precautions.
- Performance characteristics have been determined with human upper respiratory specimens and lower respiratory tract specimens from human patients with signs and symptoms of respiratory infection.
- Perform all manipulations of live virus samples within a Class II (or higher) biological safety cabinet (BSC).
- Use personal protective equipment such as (but not limited to) gloves, eye protection, and lab coats when handling kit reagents while performing this assay and handling materials including samples, reagents, pipettes, and other equipment and reagents.
- Amplification technologies such as PCR are sensitive to accidental introduction of PCR product from previous amplifications reactions. Incorrect results could occur if either the clinical specimen or the real-time reagents used in the amplification step become contaminated by accidental introduction of amplification product (amplicon). Workflow in the laboratory should proceed in a unidirectional manner.
 - Maintain separate areas for assay setup and handling of nucleic acids.
 - Always check the expiration date prior to use. Do not use expired reagents. Do not substitute or mix reagents from different kit lots or from other manufacturers.
 - Change aerosol barrier pipette tips between all manual liquid transfers.
 - During preparation of samples, compliance with good laboratory techniques is essential to minimize the risk of cross-contamination between samples and the inadvertent introduction of nucleases into samples during and after the extraction procedure. Proper aseptic technique should always be used when working with nucleic acids.
 - Maintain separate, dedicated equipment (e.g., pipettes, microcentrifuges) and supplies (e.g., microcentrifuge tubes, pipette tips) for assay setup and handling of extracted nucleic acids.
 - Wear a clean lab coat and powder-free disposable gloves (not previously worn) when setting up assays.
 - Change gloves between samples and whenever contamination is suspected.
 - Keep reagent and reaction tubes capped or covered as much as possible.
 - Primers, probes (including aliquots), and enzyme master mix must be thawed and maintained on a cold block at all times during preparation and use.
 - Work surfaces, pipettes, and centrifuges should be cleaned and decontaminated with cleaning products such as 10% bleach, DNAZap™ and RNase AWAY™ to minimize risk of nucleic acid contamination. Residual bleach should be removed using 70% ethanol.
- RNA should be maintained on a cold block or on ice during preparation and use to ensure stability.
- Dispose of unused kit reagents and human specimens according to local, state, and federal regulations.

Reagent Storage, Handling, and Stability

- Store all dried primers and probes and the positive control, nCoVPC, at 2-8°C until re-hydrated for use. Store liquid HSC control materials at $\leq -20^{\circ}\text{C}$.

Note: Storage information is for CDC primer and probe materials obtained through the International Reagent Resource. If using commercial primers and probes, please refer to the manufacturer's instructions for storage and handling.

- Always check the expiration date prior to use. Do not use expired reagents.
- Protect fluorogenic probes from light.
- Primers, probes (including aliquots), and enzyme master mix must be thawed and kept on a cold block at all times during preparation and use.
- Do not refreeze probes.
- Controls and aliquots of controls must be thawed and kept on ice at all times during preparation and use.

Specimen Collection, Handling, and Storage

Inadequate or inappropriate specimen collection, storage, and transport are likely to yield false test results. Training in specimen collection is highly recommended due to the importance of specimen quality. CLSI MM13-A may be referenced as an appropriate resource.

➤ Collecting the Specimen

- Refer to Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>
- Follow specimen collection device manufacturer instructions for proper collection methods.
- Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron®, and an aluminum or plastic shaft. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended. Place swabs immediately into sterile tubes containing 1-3 mL of appropriate transport media, such as viral transport media (VTM).

➤ Transporting Specimens

- Specimens must be packaged, shipped, and transported according to the current edition of the International Air Transport Association (IATA) Dangerous Goods Regulation. Follow shipping regulations for UN 3373 Biological Substance, Category B when sending potential 2019-nCoV specimens. Store specimens at 2-8°C and ship overnight to CDC on ice pack. If a specimen is frozen at -70°C or lower, ship overnight to CDC on dry ice.

➤ Storing Specimens

- Specimens can be stored at 2-8°C for up to 72 hours after collection.
- If a delay in extraction is expected, store specimens at -70°C or lower.
- Extracted nucleic acid should be stored at -70°C or lower.

[Specimen Referral to CDC](#)

For state and local public health laboratories:

- Ship all specimens overnight to CDC.
- Ship frozen specimens on dry ice and non-frozen specimens on cold packs.
- Refer to the International Air Transport Association (IATA - www.iata.org) for requirements for shipment of human or potentially infectious biological specimens. Follow shipping regulations for UN 3373 Biological Substance, Category B when sending potential 2019-nCoV specimens.
- Prior to shipping, notify CDC Division of Viral Diseases (see contact information below) that you are sending specimens.
- Send all samples to the following recipient:

Centers for Disease Control and Prevention
c/o STATT
Attention: Unit 66
1600 Clifton Rd., Atlanta, GA 30329-4027
Phone: (404) 639-3931

**The emergency contact number for CDC Emergency Operations Center (EOC) is
770-488-7100.**

[Reagent and Controls Preparation](#)

NOTE: Storage information is for materials obtained through the CDC International Reagent Resource. If using commercial products for testing, please refer to the manufacturer's instructions for storage, handling, and preparation instructions.

Primer and Probe Preparation:

- 1) Upon receipt, store dried primers and probes at 2-8°C.
- 2) Precautions: These reagents should only be handled in a clean area and stored at appropriate temperatures (see below) in the dark. Freeze-thaw cycles should be avoided. Maintain cold when thawed.
- 3) Using aseptic technique, suspend dried reagents in 1.5 mL of nuclease-free water and allow to rehydrate for 15 min at room temperature in the dark.
- 4) Mix gently and aliquot primers/probe in 300 µL volumes into 5 pre-labeled tubes. Store a single, working aliquot of primers/probes at 2-8°C in the dark. Store remaining aliquots at ≤ -20°C in a non-frost-free freezer. Do not refreeze thawed aliquots (stable for up to 4 months at 2-8°C).

2019-nCoV Positive Control (nCoVPC) Preparation:

- 1) Precautions: This reagent should be handled with caution in a dedicated nucleic acid handling area to prevent possible contamination. Freeze-thaw cycles should be avoided. Maintain on ice when thawed.
- 2) Resuspend dried reagent in each tube in 1 mL of nuclease-free water to achieve the proper concentration. Make single use aliquots (approximately 30 µL) and store at $\leq -70^{\circ}\text{C}$.
- 3) Thaw a single aliquot of diluted positive control for each experiment and hold on ice until adding to plate. Discard any unused portion of the aliquot.

Human Specimen Control (HSC) (not provided):

- 1) Human Specimen Control (HSC) or one of the listed acceptable alternative extraction controls must be extracted and processed with each specimen extraction run.
- 2) Refer to the Human Specimen Control (HSC) package insert for instructions for use.

No Template Control (NTC) (not provided):

- 1) Sterile, nuclease-free water
- 2) Aliquot in small volumes
- 3) Used to check for contamination during specimen extraction and/or plate set-up

General Preparation

Equipment Preparation

Clean and decontaminate all work surfaces, pipettes, centrifuges, and other equipment prior to use. Decontamination agents should be used including 10% bleach, DNAzap™ and RNase AWAY™ to minimize the risk of nucleic acid contamination. Residual bleach should be removed using 70% ethanol.

Nucleic Acid Extraction

NOTE: The extraction instructions below are for use when testing individual specimens ONLY. When pooling specimens, refer to Appendix B for modified extraction instructions.

Performance of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel is dependent upon the amount and quality of template RNA purified from human specimens. The following commercially available RNA extraction kits and procedures have been qualified and validated for recovery and purity of RNA for use with the panel:

Qiagen QIAamp® DSP Viral RNA Mini Kit or QIAamp® Viral RNA Mini Kit

Recommendation(s): Utilize 100 µL of sample and elute with 100 µL of buffer or utilize 140 µL of sample and elute with 140 µL of buffer.

Qiagen EZ1 Advanced XL

Kit: Qiagen EZ1 DSP Virus Kit and Buffer AVL (supplied separately) for offboard lysis

Card: EZ1 Advanced XL DSP Virus Card

Recommendation(s): Add 120 µL of sample to 280 µL of pre-aliquoted Buffer AVL (total input sample volume is 400 µL). Proceed with the extraction on the EZ1 Advanced XL. Elution volume is 120 µL.

Kit: Qiagen EZ1 Virus Mini Kit v2.0 and Buffer AVL (supplied separately) for offboard lysis

Card: EZ1 Advanced XL Virus Card v2.0

Recommendation(s): Add 120 µL of sample to 280 µL of pre-aliquoted Buffer AVL (total input sample volume is 400 µL). Proceed with the extraction on the EZ1 Advanced XL. Elution volume is 120 µL.

Roche MagNA Pure 96

Kit: Roche MagNA Pure 96 DNA and Viral NA Small Volume Kit

Protocol: Viral NA Plasma Ext LysExt Lys SV 4.0 Protocol or Viral NA Plasma Ext Lys SV Protocol

Recommendation(s): Add 100 µL of sample to 350 µL of pre-aliquoted External Lysis Buffer (supplied separately) (total input sample volume is 450 µL). Proceed with the extraction on the MagNA Pure 96. **(Internal Control = None)**. Elution volume is 100 µL.

Roche MagNA Pure 24

Kit: Roche MagNA Pure 24 Total NA Isolation Kit

Protocol: Pathogen 1000 2.0 Protocol

Recommendation(s): Add 100 µL of sample to 400 µL of pre-aliquoted External Lysis Buffer (supplied separately) (total input sample volume is 500 µL). Proceed with the extraction on the MagNA Pure 24. **(Internal Control = None)**. Elution volume is 100 µL.

Promega Maxwell® RSC 48 and Maxwell® CSC 48

Kit: Promega Maxwell® Viral Total Nucleic Acid Purification Kit

Protocol: Viral Total Nucleic Acid

Recommendation(s): Add 120 µL of sample to 330 µL of pre-aliquoted External Lysis Buffer (300 µL Lysis Buffer plus 30 µL Proteinase K; supplied within the kit) (total input volume is 450 µL). Proceed with the extraction on the Maxwell® RSC 48. Elution volume is 75 µL.

Equivalence and performance of the following extraction platforms were demonstrated with the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (K190302) and based on those data are acceptable for use with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel.

QIAGEN QIAcube

Kit: QIAGEN QIAamp® DSP Viral RNA Mini Kit or QIAamp® Viral RNA Mini Kit

Recommendations: Utilize 140 µL of sample and elute with 100 µL of buffer.

Roche MagNA Pure LC

Kit: Roche MagNA Pure Total Nucleic Acid Kit

Protocol: Total NA External_ lysis

Recommendation(s): Add 100 µL of sample to 300 µL of pre-aliquoted TNA isolation kit lysis buffer (total input sample volume is 400 µL). Elution volume is 100 µL.

Roche MagNA Pure Compact

Kit: Roche MagNA Pure Nucleic Acid Isolation Kit I

Protocol: Total_NA_Plasma100_400

Recommendation(s): Add 100 µL of sample to 300 µL of pre-aliquoted TNA isolation kit lysis buffer (total input sample volume is 400 µL). Elution volume is 100 µL.

bioMérieux NucliSENS® easyMAG® Instrument

Protocol: General protocol (not for blood) using “Off-board Lysis” reagent settings.

Recommendation(s): Add 100 µL of sample to 1000 µL of pre-aliquoted easyMAG lysis buffer (total input sample volume is 1100 µL). Incubate for 10 minutes at room temperature.

Elution volume is 100 µL.

bioMérieux EMAG® Instrument

Protocol: Custom protocol: **CDC Flu V1** using “Off-board Lysis” reagent settings.

Recommendation(s): Add 100 µL of samples to 2000 µL of pre-aliquoted easyMAG lysis buffer (total input sample volume is 2100 µL). Incubate for 10 minutes at room temperature. Elution volume is 100 µL. The custom protocol, **CDC Flu V1**, is programmed on the bioMérieux EMAG® instrument with the assistance of a bioMérieux service representative. Installation verification is documented at the time of installation. Laboratories are recommended to retain a record of the step-by-step verification of the bioMérieux custom protocol installation procedure.

Manufacturer’s recommended procedures (except as noted in recommendations above) are to be followed for sample extraction. HSC must be included in each extraction batch.

Disclaimer: Names of vendors or manufacturers are provided as examples of suitable product sources. Inclusion does not imply endorsement by the Centers for Disease Control and Prevention.

Assay Set Up

Reaction Master Mix and Plate Set Up

Note: Plate set-up configuration can vary with the number of specimens and workday organization. NTCs and nCoVPCs must be included in each run.

- 1) In the reagent set-up room clean hood, place rRT-PCR buffer, enzyme, and primer/probes on ice or cold-block. Keep cold during preparation and use.

- 2) Mix buffer, enzyme, and primer/probes by inversion 5 times.
- 3) Centrifuge reagents and primers/probes for 5 seconds to collect contents at the bottom of the tube, and then place the tube in a cold rack.
- 4) Label one 1.5 mL microcentrifuge tube for each primer/probe set.
- 5) Determine the number of reactions (N) to set up per assay. It is necessary to make excess reaction mix for the NTC, nCoVPC, HSC (if included in the rRT-PCR run), and RP reactions and for pipetting error. Use the following guide to determine N:
 - If number of samples (n) including controls equals 1 through 14, then $N = n + 1$
 - If number of samples (n) including controls is 15 or greater, then $N = n + 2$
- 6) For each primer/probe set, calculate the amount of each reagent to be added for each reaction mixture ($N = \#$ of reactions).

Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix

Step #	Reagent	Vol. of Reagent Added per Reaction
1	Nuclease-free Water	$N \times 8.5 \mu\text{L}$
2	Combined Primer/Probe Mix	$N \times 1.5 \mu\text{L}$
3	TaqPath™ 1-Step RT-qPCR Master Mix (4x)	$N \times 5.0 \mu\text{L}$
	Total Volume	$N \times 15.0 \mu\text{L}$

Promega GoTaq® Probe 1- Step RT-qPCR System

Step #	Reagent	Vol. of Reagent Added per Reaction
1	Nuclease-free Water	$N \times 3.1 \mu\text{L}$
2	Combined Primer/Probe Mix	$N \times 1.5 \mu\text{L}$
3	GoTaq Probe qPCR Master Mix with dUTP	$N \times 10.0 \mu\text{L}$
4	Go Script RT Mix for 1-Step RT-qPCR	$N \times 0.4 \mu\text{L}$
	Total Volume	$N \times 15.0 \mu\text{L}$

Quantabio qScript XLT One-Step RT-qPCR ToughMix

Step #	Reagent	Vol. of Reagent Added per Reaction
1	Nuclease-free Water	$N \times 3.5 \mu\text{L}$
2	Combined Primer/Probe Mix	$N \times 1.5 \mu\text{L}$
3	qScript XLT One-Step RT-qPCR ToughMix(2X)	$N \times 10.0 \mu\text{L}$
	Total Volume	$N \times 15.0 \mu\text{L}$

Quantabio UltraPlex 1-Step ToughMix (4X)

Step #	Reagent	Vol. of Reagent Added per Reaction
1	Nuclease-free Water	N x 8.5 µL
2	Combined Primer/Probe Mix	N x 1.5 µL
3	UltraPlex 1-Step ToughMix (4X)	N x 5.0 µL
	Total Volume	N x 15.0 µL

- 7) Dispense reagents into each respective labeled 1.5 mL microcentrifuge tube. After addition of the reagents, mix reaction mixtures by pipetting up and down. **Do not vortex.**
- 8) Centrifuge for 5 seconds to collect contents at the bottom of the tube, and then place the tube in a cold rack.
- 9) Set up reaction strip tubes or plates in a 96-well cooler rack.
- 10) Dispense 15 µL of each master mix into the appropriate wells going across the row as shown below (**Figure 1**):

Figure 1: Example of Reaction Master Mix Plate Set-Up

	1	2	3	4	5	6	7	8	9	10	11	12
A	N1	N1	N1	N1	N1	N1	N1	N1	N1	N1	N1	N1
B	N2	N2	N2	N2	N2	N2	N2	N2	N2	N2	N2	N2
C	RP	RP	RP	RP	RP	RP	RP	RP	RP	RP	RP	RP
D												
E												
F												
G												
H												

- 11) Prior to moving to the nucleic acid handling area, prepare the No Template Control (NTC) reactions for column #1 in the assay preparation area.
- 12) Pipette 5 µL of nuclease-free water into the NTC sample wells (**Figure 2**, column 1). Securely cap NTC wells before proceeding.
- 13) Cover the entire reaction plate and move the reaction plate to the specimen nucleic acid handling area.

Nucleic Acid Template Addition

- 1) Gently vortex nucleic acid sample tubes for approximately 5 seconds.
- 2) Centrifuge for 5 seconds to collect contents at the bottom of the tube.

- 3) After centrifugation, place extracted nucleic acid sample tubes in the cold rack.
- 4) Samples should be added to columns 2-11 (column 1 and 12 are for controls) to the specific assay that is being tested as illustrated in **Figure 2**. Carefully pipette 5.0 µL of the first sample into all the wells labeled for that sample (i.e. Sample "S1" down column #2). *Keep other sample wells covered during addition. Change tips after each addition.*
- 5) Securely cap the column to which the sample has been added to prevent cross contamination and to ensure sample tracking.
- 6) Change gloves often and when necessary to avoid contamination.
- 7) Repeat steps #4 and #5 for the remaining samples.
- 8) If necessary, add 5 µL of Human Specimen Control (HSC) extracted sample to the HSC wells (**Figure 2**, column 11). Securely cap wells after addition. NOTE: Per CLIA regulations, HSC must be tested at least once per day.
- 9) Cover the entire reaction plate and move the reaction plate to the positive template control handling area.

Assay Control Addition

- 1) Pipette 5 µL of nCoVPC RNA to the sample wells of column 12 (**Figure 2**). Securely cap wells after addition of the control RNA.
NOTE: If using 8-tube strips, label the TAB of each strip to indicate sample position. DO NOT LABEL THE TOPS OF THE REACTION TUBES!
- 2) Briefly centrifuge reaction tube strips for 10-15 seconds. After centrifugation return to cold rack.
NOTE: If using 96-well plates, centrifuge plates for 30 seconds at 500 x g, 4°C.

Figure 2. 2019-nCoV rRT-PCR Diagnostic Panel: Example of Sample and Control Set-up

	1	2	3	4	5	6	7	8	9	10	11 ^a	12
A	NTC	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	nCoV PC
B	NTC	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	nCoV PC
C	NTC	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	nCoV PC
D												
E												
F												
G												
H												

^aReplace the sample in this column with extracted HSC if necessary

Create a Run Template on the Applied Biosystems 7500 Fast Dx Real-time PCR Instrument (Required if no template exists)

If the template already exists on your instrument, please proceed to the **RUNNING A TEST** section.

- 1) Launch the Applied Biosystems 7500 Fast Dx Real-time PCR Instrument by double clicking on the Applied Biosystems 7500 Fast Dx System icon on the desktop.
- 2) A new window should appear, select **Create New Document** from the menu.

Figure 3. New Document Wizard Window

New Document Wizard

Define Document
Select the assay, container, and template for the document, and enter the operator name and comments.

Assay: Standard Curve (Absolute Quantitation)

Container: 96-Well Clear

Template: Blank Document

Run Mode: Standard 7500

Operator: Training User

Comments: SDS v1.4

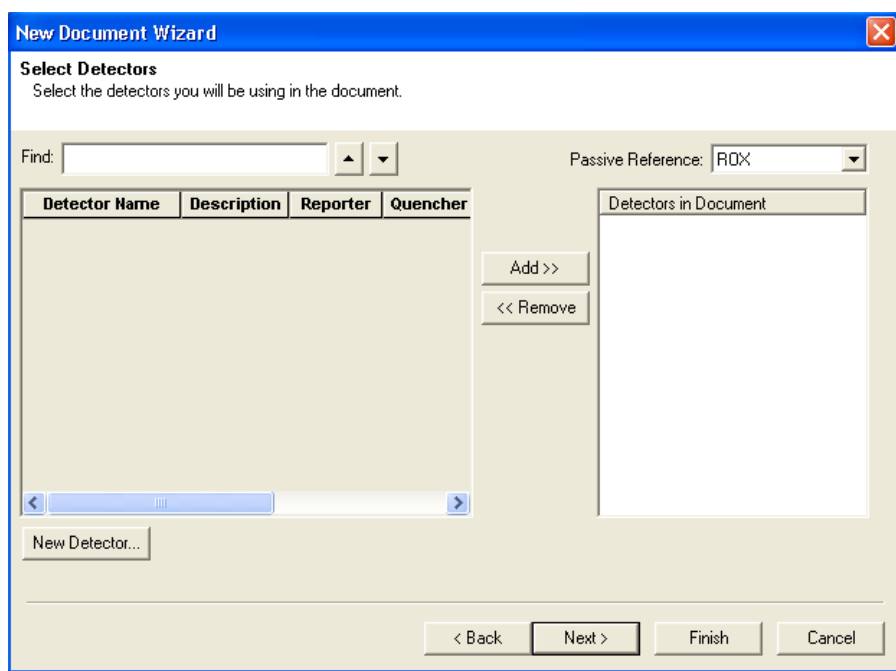
Plate Name: Training Plate

< Back Next > Finish Cancel

Make sure to change Run Mode to **STANDARD 7500**

- 3) The **New Document Wizard** screen in **Figure 3** will appear. Select:
 - a. Assay: **Standard Curve (Absolute Quantitation)**
 - b. Container: **96-Well Clear**
 - c. Template: **Blank Document**
 - d. Run Mode: **Standard 7500**
 - e. Operator: **Your Name**
 - f. Comments: **SDS v1.4**
 - g. Plate Name: **Your Choice**
- 4) After making selections click **Next** at the bottom of the window.

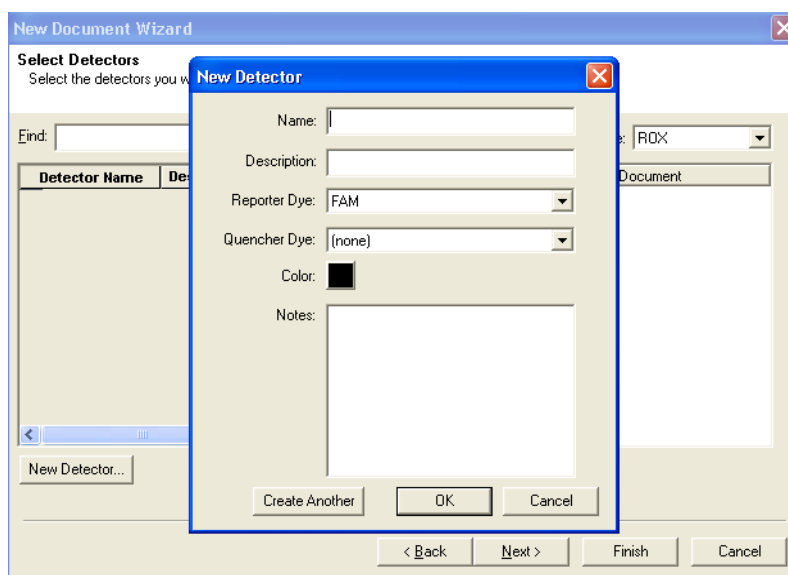
Figure 4. Creating New Detectors



NOTE: ROX is the default passive reference. This will be changed to “none” in step 12.

- 5) After selecting next, the **Select Detectors** screen (**Figure 4**) will appear.
- 6) Click the **New Detector** button (see **Figure 4**).
- 7) The **New Detector** window will appear (**Figure 5**). A new detector will need to be defined for each primer and probe set. Creating these detectors will enable you to analyze each primer and probe set individually at the end of the reaction.

Figure 5. New Detector Window

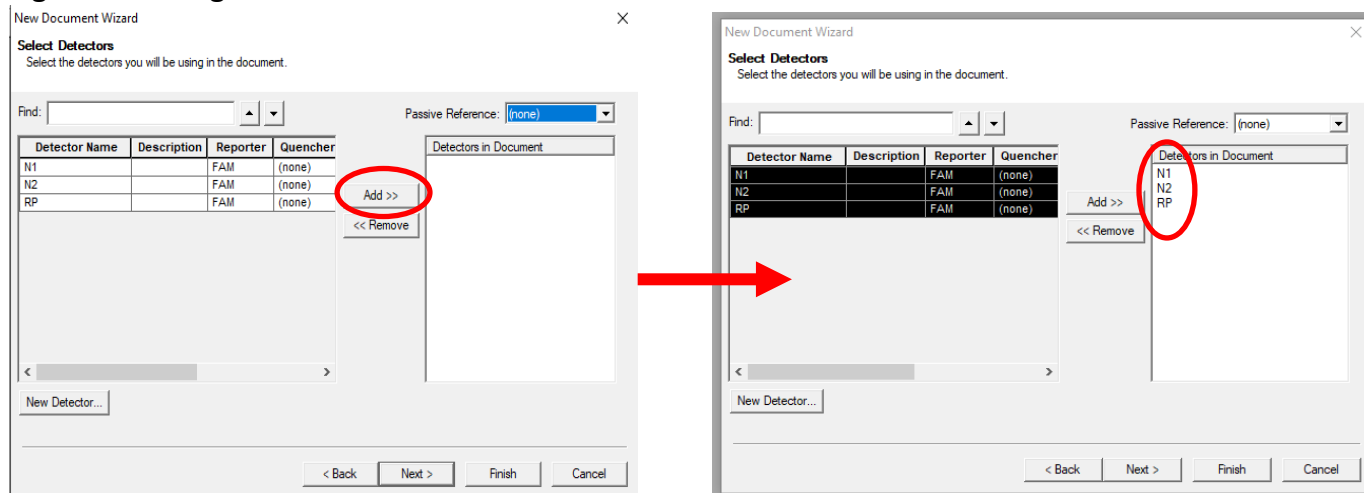


- 8) Start by creating the N1 Detector. Include the following:
 - a. Name: **N1**
 - b. Description: *leave blank*
 - c. Reporter Dye: **FAM**
 - d. Quencher Dye: **(none)**
 - e. Color: *to change the color of the detector indicator do the following:*
 - ⇒ Click on the color square to reveal the color chart
 - ⇒ Select a color by clicking on one of the squares
 - ⇒ After selecting a color click **OK** to return to the New Detector screen
 - f. Click the **OK** button of the New Detector screen to return to the screen shown in **Figure 4**.
- 9) Repeat step 6-8 for each target in the panel.

Name	Reporter Dye	Quencher Dye
N1	FAM	(none)
N2	FAM	(none)
RP	FAM	(none)

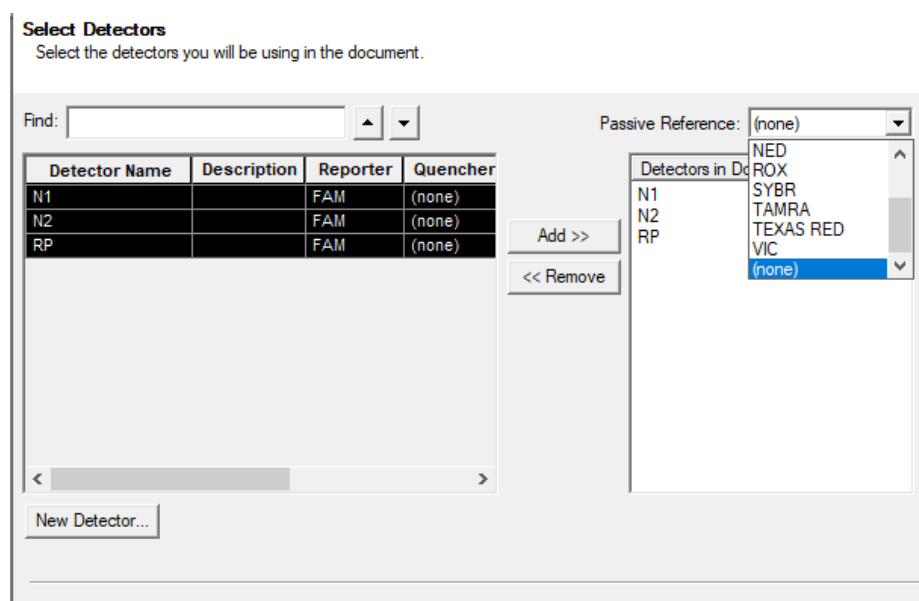
- 10) After each Detector is added, the **Detector Name**, **Description**, **Reporter** and **Quencher** fields will become populated in the **Select Detectors** screen (Figure 6).
- 11) Before proceeding, the newly created detectors must be added to the document. To add the new detectors to the document, click **ADD** (see Figure 6). Detector names will appear on the right-hand side of the **Select Detectors** window (Figure 6).

Figure 6. Adding New Detectors to Document



- 12) Once all detectors have been added, select **(none)** for **Passive Reference** at the top right-hand drop-down menu (Figure 7).

Figure 7. Select Passive Reference



Passive reference should be set to “(none)” as described above.

- 13) Click **Next** at the bottom of the **Select Detectors** window to proceed to the **Set Up Sample Plate** window (**Figure 8**).
- 14) In the **Set Up Sample Plate** window (**Figure 8**), use your mouse to select row A from the lower portion of the window, in the spreadsheet (see **Figure 8**).
- 15) In the top portion of the window, select detector **N1**. A check will appear next to the detector you have selected (**Figure 8**). You will also notice the row in the spreadsheet will be populated with a colored “U” icon to indicate which detector you’ve selected.
- 16) Repeat step 14-15 for each detector that will be used in the assay.

Figure 8. Sample Plate Set-up

New Document Wizard
Set Up Sample Plate
 Setup the sample plate with tasks, quantities and detectors.

Use	Detector	Reporter	Quencher	Task	Quantity
<input checked="" type="checkbox"/>	N1	FAM	(none)	Unknown	
<input type="checkbox"/>	N2	FAM	(none)	Unknown	
<input type="checkbox"/>	RP	FAM	(none)	Unknown	

	1	2	3	4	5	6	7	8	9	10	11	12
A	U	U	U	U	U	U	U	U	U	U	U	U
B												
C												
D												
E												
F												
G												
H												

< Back Next > Finish Cancel

- 17) Select **Finish** after detectors have been assigned to their respective rows. (**Figure 9**).

Figure 9. Finished Plate Set-up

New Document Wizard
Set Up Sample Plate
 Setup the sample plate with tasks, quantities and detectors.

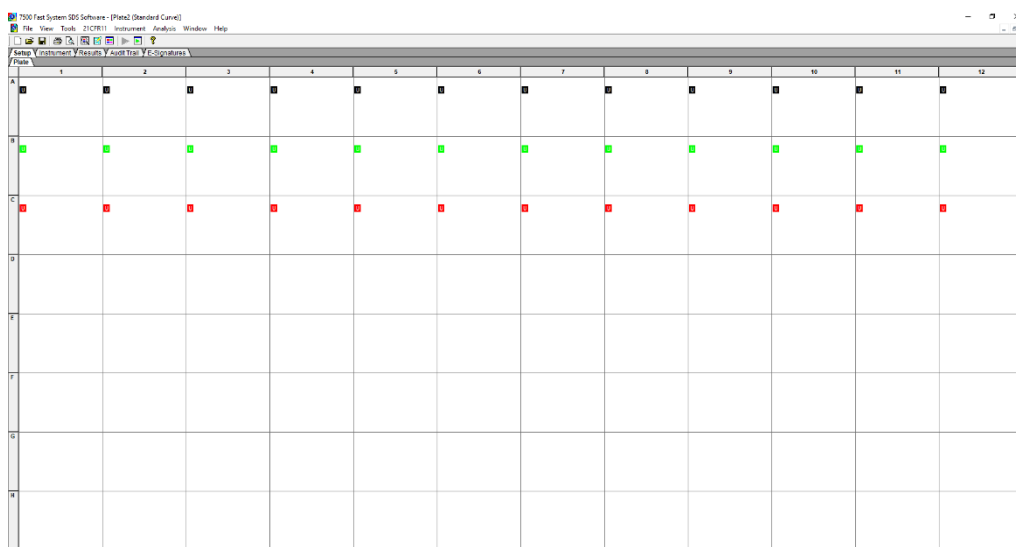
Use	Detector	Reporter	Quencher	Task	Quantity
<input type="checkbox"/>	N1	FAM	(none)	Unknown	
<input type="checkbox"/>	N2	FAM	(none)	Unknown	
<input checked="" type="checkbox"/>	RP	FAM	(none)	Unknown	

	1	2	3	4	5	6	7	8	9	10	11	12
A	U	U	U	U	U	U	U	U	U	U	U	U
B	U	U	U	U	U	U	U	U	U	U	U	U
C	U	U	U	U	U	U	U	U	U	U	U	U
D												
E												
F												
G												
H												

< Back Next > Finish Cancel

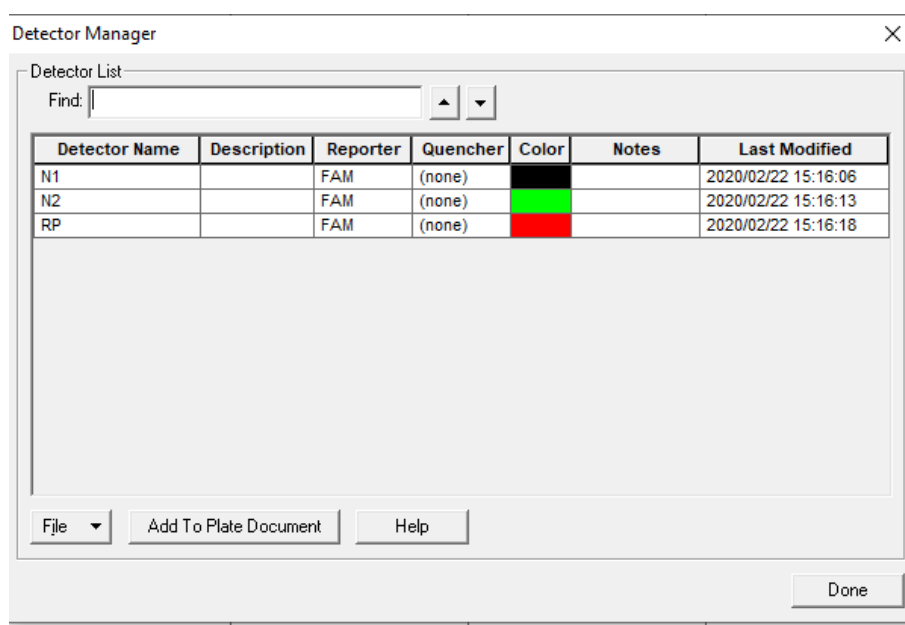
- 18) After clicking “Finish”, there will be a brief pause allowing the Applied Biosystems 7500 Fast Dx to initialize. This initialization is followed by a clicking noise. **Note: The machine must be turned on for initialization.**
- 19) After initialization, the **Plate** tab of the Setup (**Figure 10**) will appear.
- 20) Each well of the plate should contain colored U icons that correspond with the detector labels that were previously chosen. To confirm detector assignments, select **Tools** from the file menu, then select **Detector Manager**.

Figure 10. Plate Set-up Window



- 21) The Detector Manager window will appear (**Figure 11**).

Figure 11. Detector Manager Window



- 22) Confirm all detectors are included and that each target has a **Reporter** set to **FAM** and the **Quencher** is set to **(none)**.
- 23) If all detectors are present, select **Done**. The detector information has been created and assigned to wells on the plate.

Defining the Instrument Settings

- 1) After detectors have been created and assigned, proceed to instrument set up.
- 2) Select the **Instrument** tab to define thermal cycling conditions.
- 3) Modify the thermal cycling conditions as follows (**Figure 12**):

Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix, CG

- a. In Stage 1, Set to 2 min at **25°C; 1 Rep.**
- b. In Stage 2, Set to 15 min at **50°C; 1 Rep.**
- c. In Stage 3, Set to 2 min at **95°C, 1 Rep.**
- d. In Stage 4, Step 1 set to **3 sec at 95°C.**
- e. In Stage 4, Step 2 set to **30 sec at 55.0°C.**
- f. In Stage 4, Reps should be set to **45.**
- g. Under **Settings (Figure 12)**, bottom left-hand box, change volume to 20 µL.
- h. Under **Settings, Run Mode** selection should be **Standard 7500.**
- i. Step 2 of Stage 4 should be highlighted in yellow to indicate data collection (see **Figure 12**).

OR

Quantabio qScript™ XLT One-Step RT-qPCR ToughMix or UltraPlex 1-Step ToughMix (4X)

- a. In Stage 1, Set to 10 min at **50°C; 1 Rep.**
- b. In Stage 2, Set to 3 min at **95°C, 1 Rep.**
- c. In Stage 3, Step 1 set to **3 sec at 95°C.**
- d. In Stage 3, Step 2 set to **30 sec at 55.0°C.**
- e. In Stage 3, Reps should be set to **45.**
- f. Under **Settings (Figure 12)**, bottom left-hand box, change volume to 20 µL.
- g. Under **Settings, Run Mode** selection should be **Standard 7500.**
- h. Step 2 of Stage 3 should be highlighted in yellow to indicate data collection (see **Figure 12**).

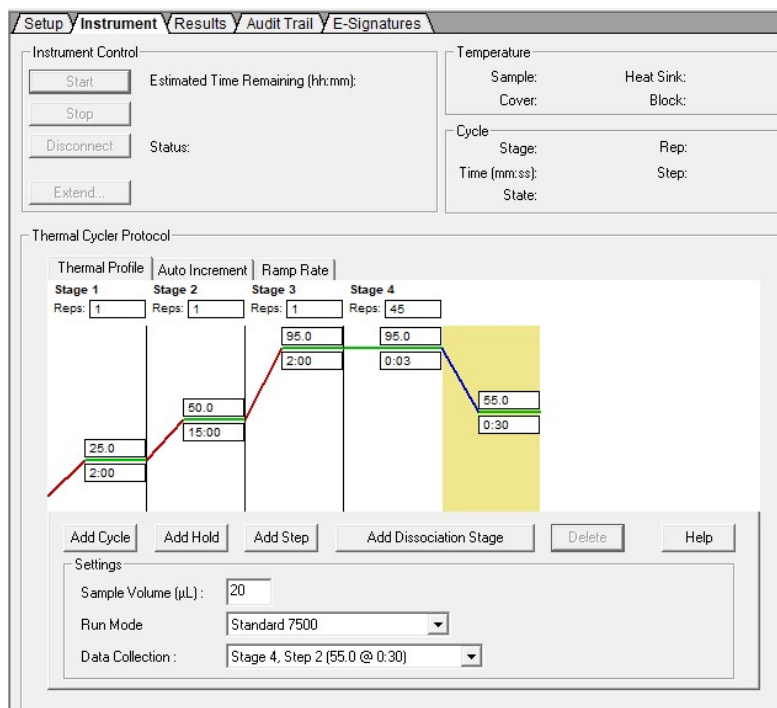
OR

Promega GoTaq® Probe 1-Step RT-qPCR System

- a. In Stage 1, Set to 15 min at **45°C; 1 Rep.**
- b. In Stage 2, Set to 2 min at **95°C, 1 Rep.**

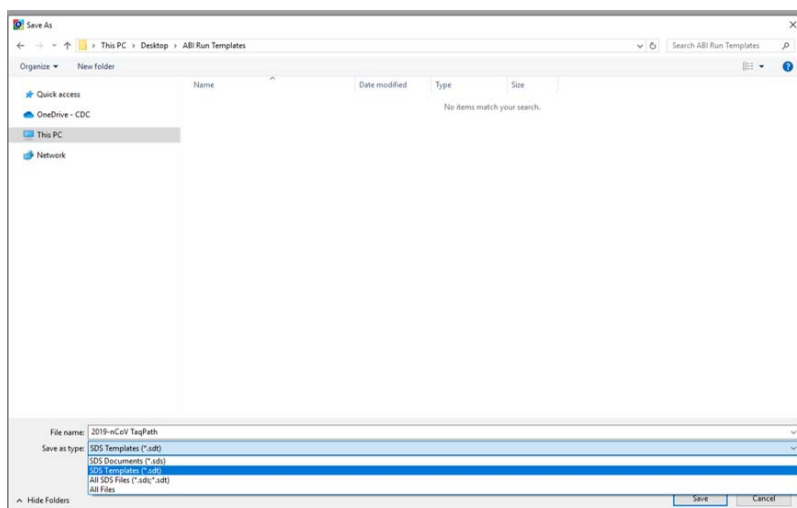
- c. In Stage 3, Step 1 set to **3 sec** at **95°C**.
- d. In Stage 3, Step 2 set to **30 sec** at **55.0°C**.
- e. In Stage 3, Reps should be set to **45**.
- f. Under **Settings** (**Figure 12**), bottom left-hand box, change volume to 20 µL.
- g. Under **Settings**, **Run Mode** selection should be **Standard 7500**.
- h. Step 2 of Stage 3 should be highlighted in yellow to indicate data collection (see **Figure 12**).

Figure 12. Instrument Window



- 4) After making changes to the **Instrument** tab, the template file is ready to be saved. To save the template, select **File** from the top menu, then select **Save As**. Since the enzyme options have different instrument settings, it is recommended that the template be saved with a name indicating the enzyme option.
- 5) Save the template as **2019-nCoV Dx Panel TaqPath** or **2019-nCoV Dx Panel Quanta** or **2019-nCoV Dx Panel Promega** as appropriate in the desktop folder labeled **"ABI Run Templates"** (*you must create this folder*). Save as type should be SDS Templates (*.sdt) (**Figure 13**).

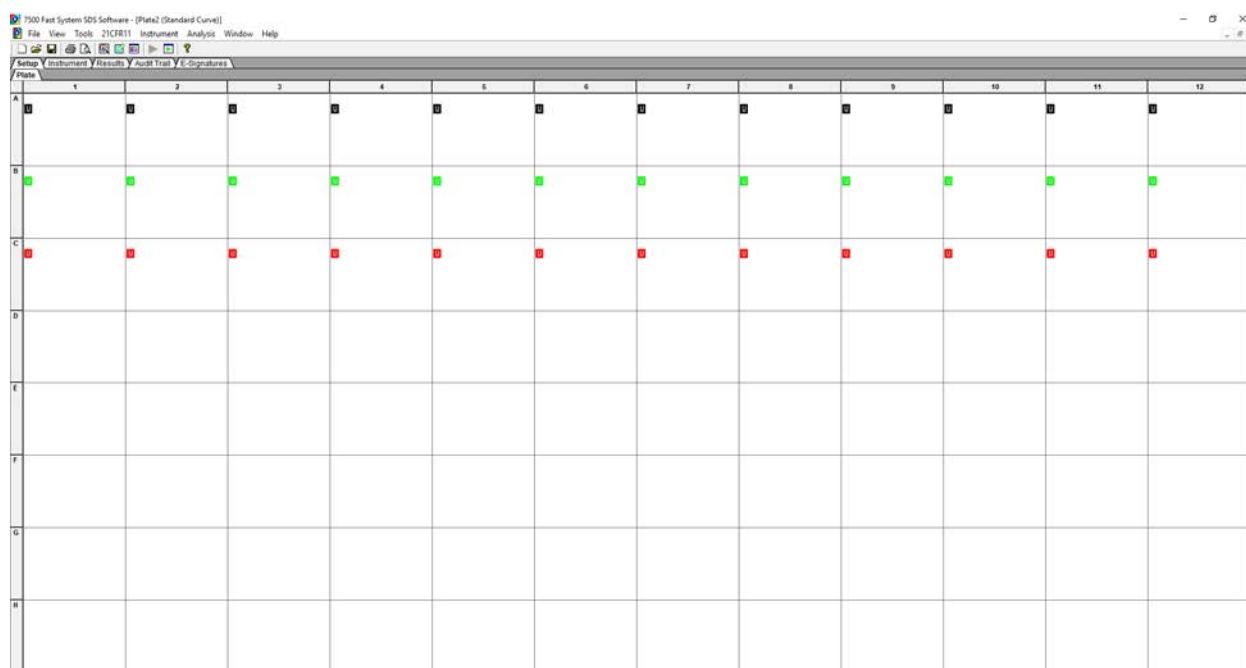
Figure 13. Saving Template



Running a Test

- 1) Turn on the ABI 7500 Fast Dx Real-Time PCR Instrument.
- 2) Launch the Applied Biosystems 7500 Fast Dx Real-time PCR System by double clicking on the 7500 Fast Dx System icon on the desktop.
- 3) A new window should appear, select **Open Existing Document** from the menu.
- 4) Navigate to select your ABI Run Template folder from the desktop.
- 5) Double click on the appropriate template file (**2019-nCoV Dx Panel TaqPath** or **2019-nCoV Dx Panel Quanta** or **2019-nCoV Dx Panel Promega**)
- 6) There will be a brief pause allowing the Applied Biosystems 7500 Fast Dx Real-Time PCR Instrument to initialize. This initialization is followed by a clicking noise. ***Note: The machine must be turned on for initialization.***

Figure 14. Plate Set-up Window




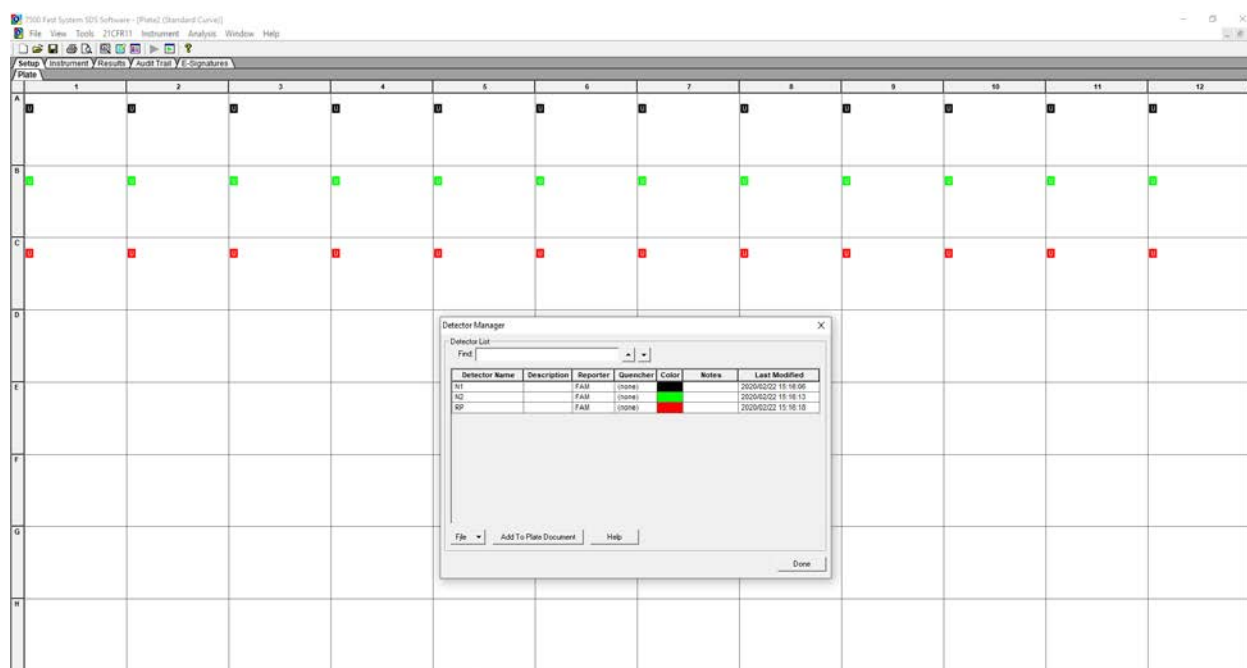
- 7) After the instrument initializes, a plate map will appear (**Figure 14**). The detectors and controls should already be labeled as they were assigned in the original template.
- 8) Click the **Well Inspector** icon  from the top menu.
- 9) Highlight specimen wells of interest on the plate map.
- 10) Type sample identifiers to **Sample Name** box in the **Well Inspector** window (**Figure 15**).

Figure 15. Labeling Wells



- 11) Repeat steps 9-10 until all sample identifiers are added to the plate setup.
- 12) Once all specimen and control identifiers are added click the **Close** button on the **Well Inspector** window to return to the **Plate** set up tab.
- 13) Click the **Instrument** tab at the upper left corner.
- 14) The reaction conditions, volumes, and type of 7500 reaction should already be loaded (**Figure 16**).

Figure 16. Instrument Settings

The screenshot displays the 'Instrument Settings' window. At the top is a menu bar with 'Setup', 'Instrument', 'Results', 'Audit Trail', and 'E-Signatures'. The 'Instrument' tab is selected. The main area is divided into several sections:

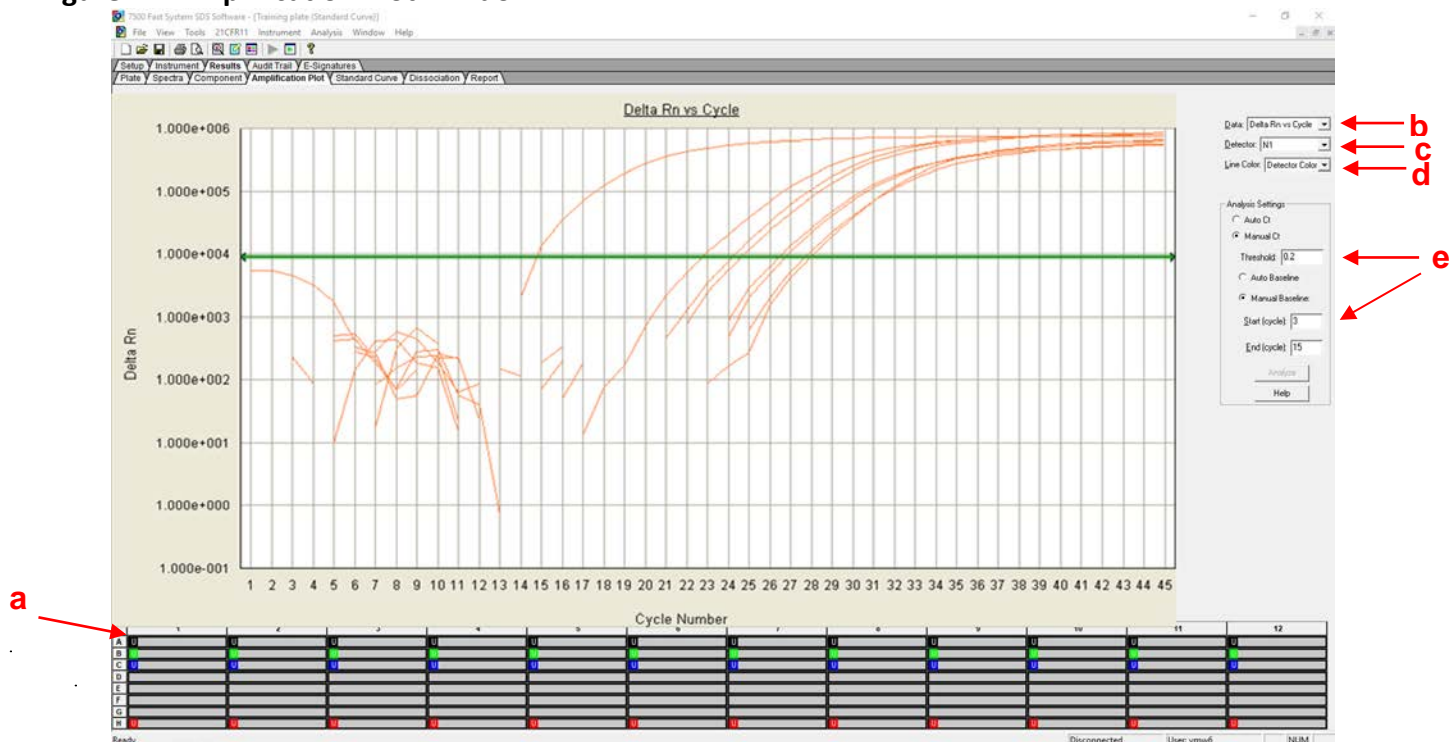
- Instrument Control:** Contains buttons for 'Start', 'Stop', 'Disconnect', and 'Extend...'. It also shows 'Estimated Time Remaining (hh:mm):' and 'Status:'.
- Temperature:** Fields for 'Sample:', 'Cover:', 'Heat Sink:', and 'Block:'.
- Cycle:** Fields for 'Stage:', 'Rep:', 'Time (mm:ss):', and 'State:'.
- Thermal Cycler Protocol:** A graph showing a thermal profile with four stages:
 - Stage 1:** Temperature 25.0, Reps: 1, Time 2:00.
 - Stage 2:** Temperature 50.0, Reps: 1, Time 15:00.
 - Stage 3:** Temperature 95.0, Reps: 1, Time 2:00.
 - Stage 4:** Temperature 95.0, Reps: 45, Time 0:03, followed by 55.0, Time 0:30.
- Settings:** Includes 'Sample Volume (µL): 20', 'Run Mode: Standard 7500', and 'Data Collection: Stage 4, Step 2 (55.0 @ 0:30)'. Buttons for 'Add Cycle', 'Add Hold', 'Add Step', 'Add Dissociation Stage', 'Delete', and 'Help' are also present.

- 15) Ensure settings are correct (refer to the *Defining Instrument Settings*).
- 16) Before proceeding, the run file must be saved; from the main menu, select **File**, then **Save As**. Save in appropriate run folder designation.
- 17) Load the plate into the plate holder in the instrument. Ensure that the plate is properly aligned in the holder.
- 18) Once the run file is saved, click the **Start** button. *Note: The run should take approximately 1 hour and 20 minutes to complete.*

Data Analysis

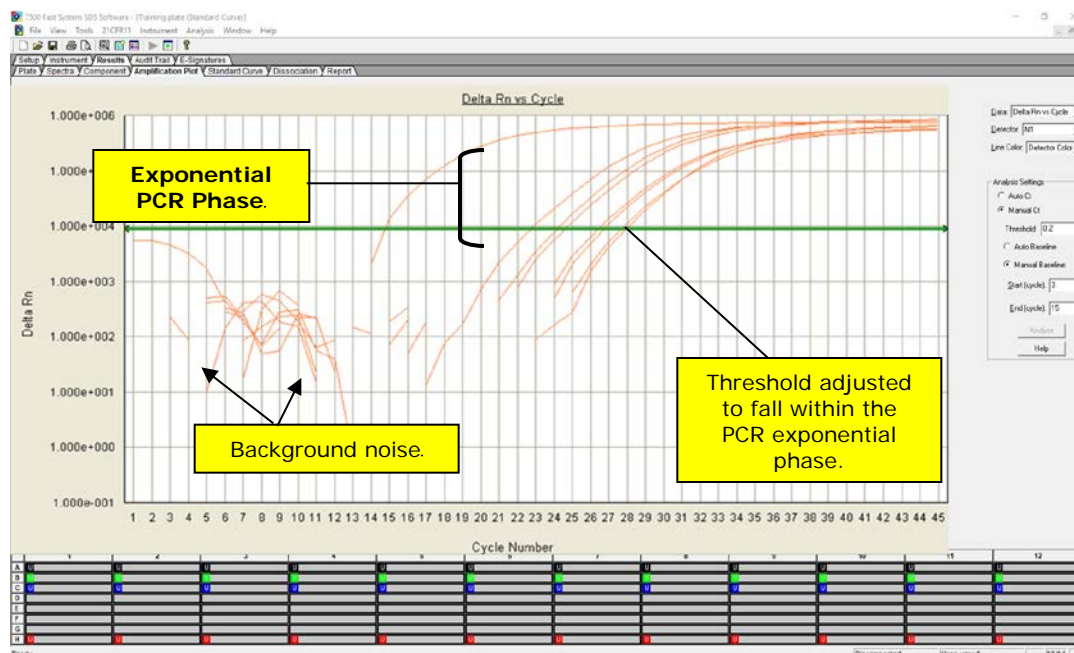
- 1) After the run has completed, select the **Results** tab at the upper left corner of the software.
- 2) Select the **Amplification Plot** tab to view the raw data (**Figure 17**).

Figure 17. Amplification Plot Window



- 3) Start by highlighting all the samples from the run; to do this, click on the upper left-hand box (**a**) of the sample wells (**Figure 17**). All the growth curves should appear on the graph.
- 4) On the right-hand side of the window (**b**), the **Data** drop down selection should be set to **Delta Rn vs. Cycle**.
- 5) Select **N1** from (**c**), the **Detector** drop down menu, using the downward arrow.
 - a. Please note that each detector is analyzed individually to reflect different performance profiles of each primer and probe set.
- 6) In the **Line Color** drop down (**d**), **Detector Color** should be selected.
- 7) Under **Analysis Settings** select **Manual Ct** (**e**).
 - b. Do not change the **Manual Baseline** default numbers.
- 8) Using the mouse, click and drag the red threshold line until it lies within the exponential phase of the fluorescence curves and above any background signal (**Figure 18**).

Figure 18. Amplification Plot



- 9) Click the **Analyze** button in the lower right corner of the window. The red threshold line will turn to green, indicating the data has been analyzed.
- 10) Repeat steps 5-9 to analyze results generated for each set of markers (N1, N2, RP).
- 11) Save analysis file by selecting **File** then **Save As** from the main menu.
- 12) After completing analysis for each of the markers, select the **Report** tab above the graph to display the Ct values (**Figure 19**). To filter report by sample name in ascending or descending order, simply click on **Sample Name** in the table.

Figure 19. Report

Well	Sample Name	Detector	Task	Ct	StdDev Ct	Quantity	Mean Qty	StdDev Qty	Filtered	Em
A1	NTC	N1	Unknown	Undet						
A2	ncgVRC 1	N1	Unknown	20.2502						
A3	ncgVRC 2	N1	Unknown	20.8418						
A4	ncgVRC 3	N1	Unknown	20.4563						
A5	APC	N1	Unknown	20.4229						
B1	NTC	N2	Unknown	Undet						
B2	ncgVRC 1	N2	Unknown	20.6161						
B3	ncgVRC 2	N2	Unknown	21.6637						
B4	ncgVRC 3	N2	Unknown	21.2075						
B5	APC	N2	Unknown	20.440						
C1	NTC	RP	Unknown	Undet						
C2	ncgVRC 1	RP	Unknown	20.9188						
C3	ncgVRC 2	RP	Unknown	21.5667						
C4	ncgVRC 3	RP	Unknown	20.7028						
C5	APC	RP	Unknown	20.9688						

Interpretation of Results and Reporting

Extraction and Positive Control Results and Interpretation

No Template Control (NTC)

The NTC consists of using nuclease-free water in the rRT-PCR reactions instead of RNA. The NTC reactions for all primer and probe sets should not exhibit fluorescence growth curves that cross the threshold line. If any of the NTC reactions exhibit a growth curve that crosses the cycle threshold, sample contamination may have occurred. Invalidate the run and repeat the assay with strict adherence to the guidelines.

2019-nCoV Positive Control (nCoVPC)

The nCoVPC consists of in vitro transcribed RNA. The nCoVPC will yield a positive result with the following primer and probe sets: N1, N2, and RP.

Human Specimen Control (HSC) (Extraction Control)

When HSC is run with the CDC 2019-nCoV rRT-PCR Diagnostic Panel (see previous section on Assay Set Up), the HSC is used as a nucleic acid extraction procedural control to demonstrate successful recovery of nucleic acid as well as extraction reagent integrity. The HSC control consists of noninfectious cultured human cell (A549) material. Purified nucleic acid from the HSC should yield a positive result with the RP primer and probe set and negative results with all 2019-nCoV markers.

Expected Performance of Controls Included in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel

Control Type	External Control Name	Used to Monitor	2019 nCoV_N1	2019 nCoV_N2	RP	Expected Ct Values
Positive	nCoVPC	Substantial reagent failure including primer and probe integrity	+	+	+	< 40.00 Ct
Negative	NTC	Reagent and/or environmental contamination	-	-	-	None detected
Extraction	HSC	Failure in lysis and extraction procedure, potential contamination during extraction	-	-	+	< 40.00 Ct

If any of the above controls do not exhibit the expected performance as described, the assay may have been set up and/or executed improperly, or reagent or equipment malfunction could have occurred. Invalidate the run and re-test.

RNase P (Extraction Control)

- All clinical samples should exhibit fluorescence growth curves in the RNase P reaction that cross the threshold line within 40.00 cycles (< 40.00 Ct), thus indicating the presence of the human RNase P gene. Failure to detect RNase P in any clinical specimens may indicate:
 - Improper extraction of nucleic acid from clinical materials resulting in loss of RNA and/or RNA degradation.
 - Absence of sufficient human cellular material due to poor collection or loss of specimen integrity.
 - Improper assay set up and execution.
 - Reagent or equipment malfunction.
- If the RP assay does not produce a positive result for human clinical specimens, interpret as follows:
 - If the 2019-nCoV N1 and N2 are positive even in the absence of a positive RP, the result should be considered valid. It is possible, that some samples may fail to exhibit RNase P growth curves due to low cell numbers in the original clinical sample. A negative RP signal does not preclude the presence of 2019-nCoV virus RNA in a clinical specimen.
 - If all 2019-nCoV markers AND RNase P are negative for the specimen, the result should be considered invalid for the specimen. If residual specimen is available, repeat the extraction procedure and repeat the test. If all markers remain negative after re-test, report the results as invalid and a new specimen should be collected if possible.

2019-nCoV Markers (N1 and N2)

- When all controls exhibit the expected performance, a specimen is considered negative if all 2019-nCoV marker (N1, N2) cycle threshold growth curves DO NOT cross the threshold line within 40.00 cycles (< 40.00 Ct) AND the RNase P growth curve DOES cross the threshold line within 40.00 cycles (< 40.00 Ct).
- When all controls exhibit the expected performance, a specimen is considered positive for 2019-nCoV if all 2019-nCoV marker (N1, N2) cycle threshold growth curves cross the threshold line within 40.00 cycles (< 40.00 Ct). The RNase P may or may not be positive as described above, but the 2019-nCoV result is still valid.
- When all controls exhibit the expected performance and the growth curves for the 2019-nCoV markers (N1, N2) AND the RNase P marker DO NOT cross the cycle threshold growth curve within 40.00 cycles (< 40.00 Ct), the result is invalid. The extracted RNA from the specimen should be re-tested. If residual RNA is not available, re-extract RNA from residual specimen and re-test. If the re-tested sample is negative for all markers and RNase P, the result is invalid and collection of a new specimen from the patient should be considered.
- When all controls exhibit the expected performance and the cycle threshold growth curve for any one marker (N1 or N2, but not both markers) crosses the threshold line within 40.00 cycles (< 40.00 Ct) the result is inconclusive. The extracted RNA should be retested. If residual RNA is not available, re-extract RNA from residual specimen and re-test. If the same result is obtained,

report the inconclusive result. Consult with your state public health laboratory or CDC, as appropriate, to request guidance and/or to coordinate transfer of the specimen for additional analysis.

- If HSC is positive for N1 or N2, then contamination may have occurred during extraction or sample processing. Invalidate all results for specimens extracted alongside the HSC. Re-extract specimens and HSC and re-test.

2019-nCoV rRT-PCR Diagnostic Panel Results Interpretation Guide

The table below lists the expected results for the 2019-nCoV rRT-PCR Diagnostic Panel. If a laboratory obtains unexpected results for assay controls or if inconclusive or invalid results are obtained and cannot be resolved through the recommended re-testing, please contact CDC for consultation and possible specimen referral. See pages 13 and 53 for referral and contact information.

2019 nCoV_N1	2019 nCoV_N2	RP	Result Interpretation ^a	Report	Actions
+	+	±	2019-nCoV detected	Positive 2019-nCoV	Report results to CDC and sender.
If only one of the two targets is positive		±	Inconclusive Result	Inconclusive	Repeat testing of nucleic acid and/or re-extract and repeat rRT-PCR. If the repeated result remains inconclusive, contact your State Public Health Laboratory or CDC for instructions for transfer of the specimen or further guidance.
-	-	+	2019-nCoV not detected	Not Detected	Report results to sender. Consider testing for other respiratory viruses. ^b
-	-	-	Invalid Result	Invalid	Repeat extraction and rRT-PCR. If the repeated result remains invalid, consider collecting a new specimen from the patient.

^aLaboratories should report their diagnostic result as appropriate and in compliance with their specific reporting system.

^bOptimum specimen types and timing for peak viral levels during infections caused by 2019-nCoV have not been determined. Collection of multiple specimens from the same patient may be necessary to detect the virus. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation suggest that 2019-nCoV infection is possible, and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative. If 2019-nCoV infection is still suspected, re-testing should be considered in consultation with public health authorities.

Quality Control

- Quality control requirements must be performed in conformance with local, state, and federal regulations or accreditation requirements and the user's laboratory's standard quality control procedures. For further guidance on appropriate quality control practices, refer to 42 CFR 493.1256.
- Quality control procedures are intended to monitor reagent and assay performance.
- Test all positive controls prior to running diagnostic samples with each new kit lot to ensure all reagents and kit components are working properly.
- Good laboratory practice (cGLP) recommends including a positive extraction control in each nucleic acid isolation batch.
- Although HSC is not included with the 2019-nCoV rRT-PCR Diagnostic Panel, the HSC extraction control must proceed through nucleic acid isolation per batch of specimens to be tested.
- Always include a negative template control (NTC) and the appropriate positive control (nCoVPC) in each amplification and detection run. All clinical samples should be tested for human RNase P gene to control for specimen quality and extraction.

Limitations

- All users, analysts, and any person reporting diagnostic results should be trained to perform this procedure by a competent instructor. They should demonstrate their ability to perform the test and interpret the results prior to performing the assay independently.
- Performance of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel has only been established in upper and lower respiratory specimens (such as nasopharyngeal or oropharyngeal swabs, sputum, lower respiratory tract aspirates, bronchoalveolar lavage, and nasopharyngeal wash/aspirate or nasal aspirate).
- Negative results do not preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Optimum specimen types and timing for peak viral levels during infections caused by 2019-nCoV have not been determined. Collection of multiple specimens (types and time points) from the same patient may be necessary to detect the virus.
- A false-negative result may occur if a specimen is improperly collected, transported or handled. False-negative results may also occur if amplification inhibitors are present in the specimen or if inadequate numbers of organisms are present in the specimen.
- Positive and negative predictive values are highly dependent on prevalence. False-negative test results are more likely when prevalence of disease is high. False-positive test results are more likely when prevalence is moderate to low.
- Do not use any reagent past the expiration date.
- If the virus mutates in the rRT-PCR target region, 2019-nCoV may not be detected or may be detected less predictably. The clinical performance has not been established in all circulating variants but is anticipated to be reflective of the prevalent variants in circulation at the time and location of the clinical evaluation. Performance at the time of testing may vary depending on the variants circulating, including newly emerging strains of SARSCoV-2 and their prevalence, which change over time.

- Inhibitors or other types of interference may produce a false-negative result. An interference study evaluating the effect of common cold medications was not performed.
- Test performance can be affected because the epidemiology and clinical spectrum of infection caused by 2019-nCoV is not fully known. For example, clinicians and laboratories may not know the optimum types of specimens to collect, and, during the course of infection, when these specimens are most likely to contain levels of viral RNA that can be readily detected.
- Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.
- The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.
- The performance of this test has not been established for screening of blood or blood products for the presence of 2019-nCoV.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.

Conditions of Authorization for the Laboratory

The CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Letter of Authorization, along with the authorized Fact Sheet for Healthcare Providers, the authorized Fact Sheet for Patients, and authorized labeling are available on the FDA website: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas>.

However, to assist clinical laboratories using the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel (“your product” in the conditions below), the relevant Conditions of Authorization are listed below:

- Authorized laboratories using your product will include with test result reports, all authorized Fact Sheets available on the CDC website. Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media.
- Authorized laboratories using your product will use your product as outlined in the authorized labeling available on the CDC website. Deviations from the authorized procedures, including the authorized RT-PCR instruments, authorized extraction methods, authorized clinical specimen types, authorized control materials, authorized other ancillary reagents and authorized materials required to use your product are not permitted under this authorization.
- Authorized laboratories that receive the commercially manufactured and distributed primer and probe sets identified as acceptable on the CDC website for use with your product, and are not able to obtain the authorized Human Specimen Control and authorized Positive Control for 2019-nCoV (NCoVPC) materials described in your product’s authorized labeling, may use appropriate materials identified as acceptable materials on the CDC website for use with your product. Authorized laboratories that receive your product will notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- Authorized laboratories using your product will have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.

- Authorized laboratories will collect information on the performance of your product and report to DMD/OHT7-OIR/OPEQ/CDRH (via email: CDRH-EUA-Reporting@fda.hhs.gov) and CDC (respvirus@cdc.gov) any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the test of which they become aware.
- Authorized laboratories using specimen pooling strategies when testing patient specimens with your product will include with negative test result reports for specific patients whose specimen(s) were the subject of pooling, a notice that pooling was used during testing and that “Patient specimens with low viral loads may not be detected in sample pools due to the decreased sensitivity of pooled testing.”
- Authorized laboratories implementing pooling strategies for testing patient specimens must use the “Implementation and Monitoring of Pooled Specimen Testing” available in the authorized labeling to evaluate the appropriateness of continuing to use such strategies based on the recommendations in the protocol.
- Authorized laboratories will keep records of specimen pooling strategies implemented including type of strategy, date implemented, and quantities tested, and test result data generated as part of the Protocol for Monitoring of Specimen Pooling Testing Strategies. For the first 12 months from the date of their creation, such records will be made available to FDA within 48 business hours (2 business days) for inspection upon request, and will be made available within a reasonable time after 12 months from the date of their creation.
- Authorized laboratories will report adverse events, including problems with your products performance or results, to MedWatch by submitting the online FDA Form 3500 (<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home>) or by calling 1-800-FDA-1088.
- All laboratory personnel using the test must be appropriately trained in RT-PCR techniques and use appropriate laboratory and personal protective equipment when handling this kit and use the test in accordance with the authorized labeling.
- CDC, IRR, manufacturers and distributors of commercial materials identified as acceptable on the CDC website, and authorized laboratories using your product will ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

Performance Characteristics

Analytical Performance:

Limit of Detection (LoD):

LoD studies determine the lowest detectable concentration of 2019-nCoV at which approximately 95% of all (true positive) replicates test positive. The LoD was determined by limiting dilution studies using characterized samples.

The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies. Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/μL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen. Samples were extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit (Cat# 62724) and manually with the QIAGEN DSP Viral RNA Mini Kit (Cat# 61904). Real-Time RT-PCR assays were performed using the Thermo Fisher Scientific TaqPath™ 1-Step RT-qPCR Master Mix, CG (Cat# A15299) on the Applied Biosystems™ 7500 Fast Dx Real-Time PCR Instrument according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel instructions for use.

A preliminary LoD for each assay was determined testing triplicate samples of RNA purified using each extraction method. The approximate LoD was identified by extracting and testing 10-fold serial dilutions of characterized stocks of in vitro transcribed full-length RNA. A confirmation of the LoD was determined using 3-fold serial dilution RNA samples with 20 extracted replicates. The LoD was determined as the lowest concentration where ≥ 95% (19/20) of the replicates were positive.

Table 4. Limit of Detection Confirmation of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel with QIAGEN EZ1 DSP

Targets	2019-nCoV_N1			2019-nCoV_N2		
RNA Concentration ¹	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}
Positives/Total	20/20	19/20	13/20	20/20	17/20	9/20
Mean Ct ²	32.5	35.4	NA	35.8	NA	NA
Standard Deviation (Ct)	0.5	0.8	NA	1.3	NA	NA

¹ Concentration is presented in RNA copies/μL

² Mean Ct reported for dilutions that are ≥ 95% positive. Calculations only include positive results.

NA not applicable

Table 5. Limit of Detection Confirmation CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel with QIAGEN QIAmp DSP Viral RNA Mini Kit

Targets	2019-nCoV_N1			2019-nCoV_N2			
RNA Concentration ¹	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{-1.0}
Positives/Total	20/20	20/20	6/20	20/20	20/20	20/20	8/20
Mean Ct ²	32.0	32.8	NA	33.0	35.4	36.2	NA
Standard Deviation (Ct)	0.7	0.8	NA	1.4	0.9	1.9	NA

¹ Concentration is presented in RNA copies/μL

² Mean Ct reported for dilutions that are ≥ 95% positive. Calculations only include positive results.

NA not applicable

Table 6. Limit of Detection of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel

Virus	Material	Limit of Detection (RNA copies/μL)	
		QIAGEN EZ1 Advanced XL	QIAGEN DSP Viral RNA Mini Kit
2019 Novel Coronavirus	N Gene RNA Transcript	10 ^{0.5}	10 ⁰

FDA Sensitivity Evaluation: The analytical sensitivity of the test will be further assessed by evaluating an FDA-recommended reference material using an FDA developed protocol if applicable and/or when available.

FDA SARS-CoV-2 Reference Panel Testing

The evaluation of sensitivity and MERS-CoV cross-reactivity was performed using reference material (T1), blinded samples and a standard protocol provided by the FDA. The study included a range finding study and a confirmatory study for LoD. Blinded sample testing was used to establish specificity and to confirm the LoD. Samples were extracted using the QIAGEN EZ1 Advanced XL with the QIAGEN EZ1 DSP Virus Kit. Extracted samples were then tested using the 2019-nCoV Real-Time RT-PCR Diagnostic Panel on the Applied BioSystems 7500 Fast Dx Real-Time PCR Instrument using the ThermoFisher TaqPath™ 1-Step RT-qPCR Master Mix. The results are summarized in Table 7.

Table 7: Summary of LoD Confirmation Result using the FDA SARS-CoV-2 Reference Panel

Reference Materials Provided by FDA	Specimen Type	Product LoD	Cross-Reactivity
SARS-CoV-2	NP swab	1.8x10 ⁴ NDU/mL	N/A
MERS-CoV		N/A	ND

NDU/mL = RNA NAAT detectable units/mL

N/A: Not applicable

ND: Not detected

In Silico Analysis of Primer and Probe Sequences:

The oligonucleotide primer and probe sequences of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel were evaluated against 831,910 recent high-quality genome sequences available in Global Initiative on Sharing All Influenza Data (GISAID, <https://www.gisaid.org>) as of June 6, 2021 to demonstrate the predicted inclusivity of the 2019-nCoV real-time RT-PCR Diagnostic panel. In silico analysis monitoring for changes to the primer and probe binding regions are regularly conducted using a sliding window of the most recent 3 months of sequence data. The sliding window is employed to ensure that mismatches in newly reported sequences are easy to identify and their frequency among currently circulating strains and variants is emphasized. The analysis is conducted twice: once using the global GISAID database and again with U.S. sequences only.

Nucleotide mismatches in the primer/probe regions with frequency of >0.1% among currently circulating strains in the global and/or US strain analysis are shown in the Table 8 below. One thousand twenty-nine sequences out of 831,910 had two nucleotide mismatches within the same primer/probe sequence accounting for <1% of all global sequences deposited in GISAID in the past 3 months.

Two independent mismatches identified in an in-silico analysis performed on April 28, 2021 led CDC to further evaluate the impact on performance of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. The first mismatch of interest was the single nucleotide change from C to T at position 3 (5' > 3') of the N1 probe. The mismatch, associated with the B.1.526.2 variant, was found to be present in 2.84% of recent U.S. sequences. As of June 6, 2021, the prevalence of this mutation is 3.69% of recent U.S. sequences. Though the likelihood of significant impact from this single mismatch was low, the increasing frequency of the mismatch coupled with its position close to the FAM fluorophore toward the 5' end of the probe led CDC to check for impact on performance. 5 RNA samples from 5 separate clinical specimens containing the B.1.526.2 SARS-CoV-2 variant were tested with the 2019-nCoV Real-Time RT-PCR Diagnostic Panel using both the BioSearch and the IDT builds of the CDC Diagnostic Panel primer and probe sets. The specimens selected had been sequenced and confirmed to contain the mismatch. All 5 specimens generated positive results with the assay (both builds). However, with both builds, the Ct values generated by the N1 primer and probe set were observed to be slightly higher than the Ct values observed for the N2 primer and probe set. The difference ranged from 0.55 cycles to 2.07 cycles, with an average difference of 1.35 cycles. Testing of a 5-fold dilution series prepared from one of the B.1.526.2 RNA samples demonstrated a possible 0 to 0.5 log difference in sensitivity of the N1 primer and probe set compared to the N2 primer and probe set with this mutation. The impact of this mutation on the performance of the N1 primer and probe set is minimal. Overall diagnostic performance of the CDC 2019-nCoV Real-Time Rt-PCR should not be significantly impacted. Current presence of this mutation can be found in Table 8, from the in-silico analysis performed on June 6, 2021.

The second mismatch of interest identified in the in-silico analysis performed on April 28, 2021 was the single nucleotide change from C to T at position 10 (5' > 3') of the N2 probe. The mismatch, associated with the B.1.1.519 variant, was found to be present in 4.20% of recent U.S. sequences. As of June 6, 2021, the prevalence of this mutation is 3.04% of recent U.S. sequences. Though the likelihood of significant impact from this single mismatch was low, the increasing frequency of the mismatch coupled with its position adjacent to the internal quencher on the IDT version of the N2 probe led CDC to check for impact on performance. 5 RNA samples from 5 separate clinical specimens containing the B.1.1.519 SARS-CoV-2 variant were tested with the 2019-nCoV Real-Time RT-PCR Diagnostic Panel using both the BioSearch and the IDT builds of the CDC Diagnostic Panel primer and probe sets. The specimens had been sequenced and confirmed to contain the mismatch. All 5 specimens generated positive results with the assay using both the IDT build (with internal quencher) and with the BioSearch build (no internal quencher). The Ct values for the N1 and N2 primer and probe sets across both builds of the primer and probe set were very

similar. Thus, no performance impact was observed with this mismatch. Current presence of this mutation—can be found in Table 8, from the in-silico analysis performed on June 6, 2021.

In summary, the assessment of homology between available sequences of SARS CoV-2 as of June 6, 2021 and the CDC panel assay primers and probes shows that the risk of significant loss in reactivity and false negative results is very low due to the absence of significant numbers of mismatches. The design of the primers and probes, with melting temperatures of >60°C and an annealing temperature of 55°C, can tolerate up to two mismatches depending on location without significant loss in assay sensitivity.

Table 8. In Silico Inclusivity Analysis of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Among 831,910 Global Genome Sequences and 295,775 U.S. Sequences Submitted to GISAID within three months of June 6, 2021.

Primer/probe	N2 forward			N2 probe			N2 reverse	
Location (5'>3')	4	8	16	7	10	13	4	13
Mismatch Nucleotide	C>T	C>T	G>T	T>C	C>T	C>T	C>A	G>A
Mismatch No. (global sequences)	1010	1,723	2,362	1051	13,621	1583	2,004	959
Mismatch Frequency (% global sequences)	0.12	0.21	0.28	0.13	1.64	0.19	0.24	0.12
Mismatch No. (U.S. sequences)	285	873	231	1,018	8,997	569	1,273	377
Mismatch Frequency (% U.S. sequences)	0.10	0.30	0.08	0.34	3.04	0.19	0.43	0.13

Primer/probe	N1 forward				N1 reverse	N1 probe							
Location (5'>3')	4	5	9	14	15	2	3	4	5	13	18	22	24
Mismatch Nucleotide	C>T	C>T	A>G	G>T	G>T	C>T	C>T	C>T	C>T	G>T	G>T	A>G	C>T
Mismatch No. (global sequences)	909	1,175	3,247	2,092	440	2,073	12,899	1958	2,387	699	859	753	397
Mismatch Frequency (% global sequences)	0.11	0.14	0.39	0.70	0.05	0.03	1.55	0.24	0.29	0.12	0.10	.091	0.05
Mismatch No. (U.S. sequences)	131	526	1,024	520	425	193	10,915	1,163	1,107	147	373	716	310
Mismatch Frequency (% U.S. sequences)	0.04	0.18	0.35	0.18	0.14	0.07	3.69	0.39	0.37	0.08	0.13	0.24	0.11

Specificity/Exclusivity Testing: In Silico Analysis

BLASTn analysis queries of the 2019-nCoV rRT-PCR assays primers and probes were performed against public domain nucleotide sequences. The database search parameters were as follows: 1) The nucleotide collection consists of GenBank+EMBL+DDBJ+PDB+RefSeq sequences, but excludes EST, STS, GSS, WGS, TSA, patent sequences as well as phase 0, 1, and 2 HTGS sequences and sequences longer than 100Mb; 2) The database is non-redundant. Identical sequences have been merged into one entry, while preserving the accession, GI, title and taxonomy information for each entry; 3) Database was updated on 10/03/2019; 4) The search parameters automatically adjust for short input sequences and the expect threshold is 1000; 5) The match and mismatch scores are 1 and -3, respectively; 6) The penalty to create and extend a gap in an alignment is 5 and 2 respectively.

2019-nCoV_N1 Assay:

Probe sequence of 2019-nCoV rRT-PCR assay N1 showed high sequence homology with SARS coronavirus and Bat SARS-like coronavirus genome. However, forward and reverse primers showed no sequence homology with SARS coronavirus and Bat SARS-like coronavirus genome. Combining primers and probe, there is no significant homologies with human genome, other coronaviruses or human microflora that would predict potential false positive rRT-PCR results.

2019-nCoV_N2 Assay:

The forward primer sequence of 2019-nCoV rRT-PCR assay N2 showed high sequence homology to Bat SARS-like coronaviruses. The reverse primer and probe sequences showed no significant homology with human genome, other coronaviruses or human microflora. Combining primers and probe, there is no prediction of potential false positive rRT-PCR results.

In summary, the 2019-nCoV rRT-PCR assay N1 and N2, designed for the specific detection of 2019-nCoV, showed no significant combined homologies with human genome, other coronaviruses, or human microflora that would predict potential false positive rRT-PCR results.

In addition to the *in silico* analysis, several organisms were extracted and tested with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel to demonstrate analytical specificity and exclusivity. Studies were performed with nucleic acids extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit. Nucleic acids were extracted from high titer preparations (typically $\geq 10^5$ PFU/mL or $\geq 10^6$ CFU/mL). Testing was performed using the Thermo Fisher Scientific TaqPath™ 1-Step RT-qPCR Master Mix, CG on the Applied Biosystems™ 7500 Fast Dx Real-Time PCR instrument. The data demonstrate that the expected results are obtained for each organism when tested with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel.

Table 9. Specificity/Exclusivity of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel

Virus	Strain	Source	2019-nCoV_N1	2019-nCoV_N2	Final Result
Human coronavirus	229E	Isolate	0/3	0/3	Neg.
Human coronavirus	OC43	Isolate	0/3	0/3	Neg.
Human coronavirus	NL63	clinical specimen	0/3	0/3	Neg.
Human coronavirus	HKU1	clinical specimen	0/3	0/3	Neg.
MERS-coronavirus		Isolate	0/3	0/3	Neg.
SARS-coronavirus		Isolate	0/3	0/3	Neg.
bocavirus	-	clinical specimen	0/3	0/3	Neg.
<i>Mycoplasma pneumoniae</i>		Isolate	0/3	0/3	Neg.
<i>Streptococcus</i>		Isolate	0/3	0/3	Neg.
Influenza A(H1N1)		Isolate	0/3	0/3	Neg.
Influenza A(H3N2)		Isolate	0/3	0/3	Neg.
Influenza B		Isolate	0/3	0/3	Neg.
Human adenovirus, type 1	Ad71	Isolate	0/3	0/3	Neg.
Human metapneumovirus	-	Isolate	0/3	0/3	Neg.
respiratory syncytial virus	Long A	Isolate	0/3	0/3	Neg.
rhinovirus		Isolate	0/3	0/3	Neg.
parainfluenza 1	C35	Isolate	0/3	0/3	Neg.
parainfluenza 2	Greer	Isolate	0/3	0/3	Neg.
parainfluenza 3	C-43	Isolate	0/3	0/3	Neg.
parainfluenza 4	M-25	Isolate	0/3	0/3	Neg.

Endogenous Interference Substances Studies:

The CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel uses conventional well-established nucleic acid extraction methods and based on our experience with CDC's other EUA assays, including the CDC Novel Coronavirus 2012 Real-time RT-PCR Assay for the presumptive detection of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay for the presumptive detection of novel influenza A (H7N9) virus that are both intended for use with a number of respiratory specimens, we do not anticipate interference from common endogenous substances.

Specimen Stability and Fresh-frozen Testing:

To increase the likelihood of detecting infection, CDC recommends collection of lower respiratory and upper respiratory specimens for testing. If possible, additional specimen types (e.g., stool, urine) should be collected and should be stored initially until decision is made by CDC whether additional specimen sources should be tested. Specimens should be collected as soon as possible once a PUI is identified regardless of symptom onset. Maintain proper infection control when collecting specimens. Store specimens at 2-8°C and ship overnight to CDC on ice pack. Label each specimen container with the patient's ID number (e.g., medical record number), unique specimen ID (e.g., laboratory requisition number), specimen type (e.g., nasal swabs) and the date the sample was collected. Complete a CDC Form 50.34 for each specimen submitted.

Clinical Performance:

As of February 22, 2020, CDC has tested 2071 respiratory specimens from persons under investigation (PUI) in the U.S. using the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. Specimen types include bronchial fluid/wash, buccal swab, nasal wash/aspirate, nasopharyngeal swab, nasopharyngeal/throat swab, oral swab, sputum, oropharyngeal (throat) swab, swab (unspecified), and throat swab.

Table 10: Summary of CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel Data Generated by Testing Human Respiratory Specimens Collected from PUI Subjects in the U.S.

Specimen Type	2019 nCoV Negative	2019 nCoV Positive	Inconclusive	Invalid	Total
Bronchial fluid/wash	2	0	0	0	2
Buccal swab	5	1	0	0	6
Nasal wash/aspirate	6	0	0	0	6
Nasopharyngeal swab	927	23	0	0	950
Nasopharyngeal swab/throat swab	4	0	0	0	4
Oral swab	476	9	0	0	485
Pharyngeal (throat) swab	363	10	0	1	374
Sputum	165	5	0	0	170
Swab (unspecified)¹	71	1	0	0	72
Tissue (lung)	2	0	0	0	2
Total	2021	49	0	1	2071

¹Actual swab type information was missing from these upper respiratory tract specimens.

Two thousand twenty-one (2021) respiratory specimens of the 2071 respiratory specimens tested negative by the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. Forty-nine (49) of the 2071 respiratory specimens tested positive by the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. Only one specimen (oropharyngeal (throat) swab) was invalid. Of the 49 respiratory specimens that tested positive by the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel, seventeen (17) were confirmed by genetic sequencing and/or virus culture (positive percent agreement = 17/17, 95% CI: 81.6%-100%)

During the early phase of the testing, a total of 117 respiratory specimens collected from 46 PUI subjects were also tested with two analytically validated real-time RT-PCR assays that target separate and independent regions of the nucleocapsid protein gene of the 2019-nCoV, N4 and N5 assays. The nucleocapsid protein gene targets for the N4 and N5 assays are different and independent from the nucleocapsid protein gene targets for the two RT-PCR assays included in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel, N1 and N2. Any positive result from the N4 and/or the N5 assay was further investigated by genetic sequencing.

Performance of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel testing these 117 respiratory specimens was estimated against a composite comparator. A specimen was considered comparator negative if both the N4 and the N5 assays were negative. A specimen was considered comparator positive when the N4 and/or the N5 assay generated a positive result, and the comparator positive result(s) were further investigated and confirmed to be 2019-nCoV RNA positive by genetic sequencing.

Table 11: Percent Agreement of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel with the Composite Comparator

CDC 2019-nCoV Panel Result	Composite Comparator Result	
	Positive	Negative
Positive	13 ¹	0
Inconclusive	0	0
Negative	0	104

¹Composite comparator results were available for 13 of 49 CDC 2019-nCoV Panel positive specimens only.

Positive percent agreement = $13/13 = 100\%$ (95% CI: 77.2% - 100%)

Negative percent agreement = $104/104 = 100\%$ (95% CI: 96.4% - 100%)

Enzyme Master Mix Evaluation:

The limit of detection equivalence between the Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix and the following enzyme master mixes was evaluated: Quantabio qScript XLT One-Step RT-qPCR ToughMix, Quantabio UltraPlex 1-Step ToughMix (4X), and Promega GoTaq® Probe 1- Step RT-qPCR System. Serial dilutions of 2019 novel coronavirus (SARS CoV-2) transcript were tested in triplicate with the CDC 2019-nCoV Real-time RT-PCR Diagnostic Panel using all four enzyme master mixes. Both manufactured versions of oligonucleotide probe, BHQ and ZEN, were used in the comparison. The lowest detectable concentration of transcript at which all replicates tested positive using the Quantabio qScript XLT One-Step RT-qPCR ToughMix and Quantabio UltraPlex 1-Step ToughMix (4X) was similar to that observed for the Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix. The lowest detectable concentration of transcript when using the Promega GoTaq® Probe 1- Step RT-qPCR System was one dilution above that observed for the other candidates when evaluated with the BHQ version of the CDC assays. The candidate master mixes all performed equivalently or at one dilution below the Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix when evaluated with the ZEN version of the CDC assays.

Table 12: Limit of Detection Comparison for Enzyme Master Mixes – BHQ Probe Summary Results

Copy Number	Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix		Quantabio qScript XLT One-Step RT-qPCR ToughMix		Quantabio UltraPlex 1-Step ToughMix (4X)		Promega GoTaq® Probe 1- Step RT-qPCR System	
	2019-nCoV_N1	2019-nCoV_N2	2019-nCoV_N1	2019-nCoV_N2	2019-nCoV_N1	2019-nCoV_N2	2019-nCoV_N1	2019-nCoV_N2
10 ² copies/μL	3/3	3/3	3/3	3/3	3/3	3/3	3/3	3/3
10 ¹ copies/μL	3/3	3/3	3/3	3/3	3/3	3/3	3/3	3/3
10 ⁰ copies/μL	3/3	3/3	3/3	3/3	3/3	3/3	3/3	2/3
10 ⁻¹ copies μL	2/3	0/3	1/3	1/3	1/3	1/3	0/3	0/3

Table 13: Limit of Detection Comparison for Enzyme Master Mixes – ZEN Probe Summary Results

Copy Number	Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix		Quantabio qScript XLT One-Step RT-qPCR ToughMix		Quantabio UltraPlex 1-Step ToughMix (4X)		Promega GoTaq® Probe 1- Step RT-qPCR System	
	2019-nCoV_N1	2019-nCoV_N2	2019-nCoV_N1	2019-nCoV_N2	2019-nCoV_N1	2019-nCoV_N2	2019-nCoV_N1	2019-nCoV_N2
10 ² copies/μL	3/3	3/3	3/3	3/3	3/3	3/3	3/3	3/3
10 ¹ copies/μL	3/3	3/3	3/3	3/3	3/3	3/3	3/3	3/3
10 ⁰ copies/μL	3/3	2/3	3/3	3/3	3/3	2/3	3/3	3/3
10 ⁻¹ copies μL	1/3	1/3	0/3	0/3	0/3	1/3	1/3	1/3

Retrospective positive (18) and negative (17) clinical respiratory specimens were extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit and were tested with the CDC 2019-nCoV Real-time RT-PCR Diagnostic Panel using the Quantabio qScript XLT One-Step RT-qPCR ToughMix, Quantabio UltraPlex 1-Step ToughMix (4X), and Promega GoTaq® Probe 1- Step RT-qPCR System master mixes. All three enzyme master mixes performed equivalently, demonstrating 100% positive and 100% negative agreement with expected results and a 95% confidence interval of 82.4%-100% and 81.6%-100%, respectively.

Table 14: Clinical Comparison – Retrospective Study Summary Results

CDC 2019-nCoV Real-time RT-PCR Diagnostic Panel Result	Quantabio qScript XLT One-Step RT-qPCR ToughMix		Quantabio UltraPlex 1-Step ToughMix (4X)		Promega GoTaq® Probe 1- Step RT-qPCR System	
	Positive	Negative	Positive	Negative	Positive	Negative
Positive	18	0	18	0	18	0
Negative	0	17	0	17	0	17

Roche MagNA Pure 24 and MagNA Pure 96 Extraction Platform Evaluation:

Performance of the 2019-CoV Real-time RT-PCR Diagnostic Panel using the Roche MagNA Pure 24 and MagNA Pure 96 extraction platforms was compared to performance with an authorized extraction method. Serial dilutions of quantified inactivated SARS-CoV-2 virus (USA-WA1/2020; 100 RNA copies/ μ L) in lysis buffer were added to pooled negative upper respiratory tract specimen matrix. Five samples of each dilution were extracted in parallel with the QIAGEN EZ1 Advanced XL (EZ1 DSP Virus Kit Cat# 62724) and the Roche MagNA Pure 24 (MagNA Pure 24 Total NA Isolation Kit Cat# 07658036001) and Roche MagNA Pure 96 (MagNA Pure 96 DNA and Viral Nucleic Acid Small Volume Kit Cat# 06543588001) extraction platforms and evaluated using the 2019-nCoV Real-Time RT-PCR Diagnostic Panel and ThermoFisher TaqPath™ 1-Step RT-qPCR Master Mix. The observed LoD was defined as the lowest concentration at which 100% (5 out of 5 total) of all replicates tested positive for both primer/probe sets (N1 and N2) in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. The acceptance criteria for equivalence were defined as demonstrating an observed LoD either at the same endpoint or within a 3-fold dilution. The results showed that both the MagNA Pure 24 and MagNA Pure 96 extraction platforms performed equivalently or within one 3-fold dilution of the LoD observed when using the QIAGEN EZ1 Advanced XL extraction platform.

Table 15. Limit of Detection Comparison between the QIAGEN EZ1 Advanced XL, Roche MagNA Pure 96, and Roche MagNA Pure 24 Extraction Platforms using the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel

Platform	Parameter	2019-nCoV_N1 Assay			2019-nCoV_N2 Assay			Observed LoD ¹
QIAGEN EZ1 Advanced XL	RNA copies/ μ L	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{0.5}
	# pos./total	5/5	5/5	5/5	5/5	5/5	3/5	
	Mean Ct ²	34.0	35.0	36.3	33.9	36.6	NA	
	Std. Deviation	0.2	0.8	0.2	0.4	0.9	NA	
Roche MagNA Pure 96	RNA copies/ μ L	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{0.5}
	# pos./total	5/5	5/5	5/5	5/5	5/5	2/5	
	Mean Ct ²	33.3	34.6	36.1	33.2	35.7	NA	
	Std. Deviation	0.5	0.5	0.3	0.3	0.4	NA	
Roche MagNA Pure 24	RNA copies/ μ L	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{1.0}
	# pos./total	5/5	3/5	3/5	5/5	5/5	5/5	
	Mean Ct ²	34.4	NA	NA	35.2	36.9	36.2	
	Std. Deviation	0.6	NA	NA	0.5	1.0	0.8	

¹Concentration is presented in RNA copies/ μ L. The observed LoD is the lowest concentration where both assays showed 100% positive detection.

²Mean Ct reported for dilutions that show 100% positivity. Calculations only include positive results.

NA = not applicable

Previously characterized clinical remainder specimens (14 positive and 15 negative) were extracted using both the Roche MagNA Pure 96 and MagNA Pure 24 extraction platforms and evaluated using the 2019-nCoV Real-Time RT-PCR Diagnostic Panel and Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix. Acceptance criteria for clinical equivalence was defined as demonstrating 100% concurrence with qualitative results shown with the authorized comparator method (QIAGEN EZ1 Advanced XL). Results from this study showed 100% concurrence with the comparator method for both the Roche MagNA Pure

96 and Roche MagNA Pure 24 extraction platforms when used with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic panel.

Table 16. Clinical Comparison Results – Retrospective Study Results

Test Platform	Test Platform Result	QIAGEN EZ1 Advanced XL Result		Positive % Agreement (CI) ¹	Negative % Agreement (CI) ¹
		Positive	Negative		
Roche MagNA Pure 96	Positive	14	0	100.0 (78.5 – 100.0)	100.0 (79.6 – 100.0)
	Negative	0	15		
Roche MagNA Pure 24	Positive	14	0	100.0 (78.5 – 100.0)	100.0 (79.6 – 100.0)
	Negative	0	15		

¹ CI = 95% confidence interval

Promega Maxwell® RSC 48 Extraction Platform Evaluation:

Performance of the 2019-CoV Real-time RT-PCR Diagnostic Panel using the Promega Maxwell® RSC 48 extraction platform was compared to performance with an authorized extraction method. Serial dilutions of quantified inactivated SARS-CoV-2 virus (USA-WA1/2020; 100 RNA copies/μL) in VTM were added to pooled negative upper respiratory tract specimen matrix. Five samples of each dilution were extracted in parallel with the QIAGEN EZ1® Advanced XL (EZ1 DSP Virus Kit Cat# 62724) and the Promega Maxwell® RSC 48 (Promega Maxwell® Viral Total Nucleic Acid Purification Kit Cat# AS1330) extraction platforms and evaluated using the 2019-nCoV Real-Time RT-PCR Diagnostic Panel and ThermoFisher TaqPath™ 1-Step RT-qPCR Master Mix. The observed LoD was defined as the lowest concentration at which 100% (5 out of 5 total) of all replicates tested positive for both primer/probe sets (N1 and N2) in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. The acceptance criteria for equivalence were defined as demonstrating an observed LoD either at the same endpoint or within a 3-fold dilution. The results showed that the performance of the Maxwell® RSC 48 extraction platform performed equivalently or within one 3-fold dilution of the LoD observed when using the QIAGEN EZ1® Advanced XL extraction platform.

Table 17. Limit of Detection Comparison Between the QIAGEN EZ1® Advanced XL and Promega Maxwell® RSC 48 Extraction Platforms Using the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel

Platform	Parameter	2019-nCoV_N1 Assay			2019-nCoV_N2 Assay			Observed LoD ¹
QIAGEN EZ1® Advanced XL	RNA copies/μL	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{0.0}
	# pos./total	5/5	5/5	0/5	5/5	5/5	3/5	
	Mean Ct ²	32.27	33.80	NA	35.13	36.41	NA	
	Std. Deviation	0.81	0.40	NA	0.81	0.40	NA	
Promega Maxwell® RSC 48	RNA copies/μL	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{0.0}
	# pos./total	5/5	5/5	3/5	5/5	5/5	5/5	
	Mean Ct ²	31.11	32.97	NA	31.89	33.95	35.17	
	Std. Deviation	0.24	0.34	NA	0.24	0.35	0.65	

¹Concentration is presented in RNA copies/μL. The observed LoD is the lowest concentration where both assays showed 100% positive detection.

²Mean cycle threshold (Ct) reported for dilutions that show 100% positivity. Calculations only include positive results. NA = not applicable

Previously characterized clinical remainder specimens (15 positive and 15 negative) were extracted using the Promega Maxwell® RSC 48 extraction platform alongside the currently authorized QIAGEN EZ1® Advanced XL extraction platform and evaluated using the 2019-nCoV Real-Time RT-PCR Diagnostic Panel and Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix. Results from the Maxwell® RSC 48 were compared with the QIAGEN EZ1® Advanced XL extraction performed in parallel showing 100% (15/15) qualitative concurrence on positive samples and 93.3% (14/15) qualitative concurrence on negative samples. This evaluation showed that two originally negative (QIAGEN QIAamp® DSP Viral RNA Mini Kit) specimens (Specimens 16 and 24) yielded an inconclusive result after extraction using the QIAGEN EZ1® Advanced XL. Repeat of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel resolved one of the two specimens (Specimen 24, negative result). The second specimen (Specimen 16) remained inconclusive. Both these specimens yielded a negative result on the Maxwell® RSC 48.

Table 18. Clinical Comparison Results – Retrospective Study Results

Test Platform	Result	Promega Maxwell® RSC 48			Positive % Agreement (CI) ¹	Negative % Agreement (CI) ¹
		Positive	Negative	Inconclusive		
QIAGEN EZ1® Advanced XL	Positive	15	0	0	100.0 (79.6-100.0)	93.3 (70.2-98.9)
	Negative	0	14	0		
	Inconclusive	0	1	0		

¹ CI = 95% confidence interval

Disposal

Dispose of hazardous or biologically contaminated materials according to the practices of your institution.

References

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2. Clinical Laboratory Standards Institute (CLSI), "Collection, Transport, Preparation and Storage of Specimens for Molecular Methods: Proposed Guideline," MM13-A
3. Lieber, M., *et al.* "A Continuous Tumor Cell Line from a Human Lung Carcinoma with Properties of Type II Alveolar Epithelial Cells." *International Journal of Cancer* 1976, 17(1), 62-70.

Revision History

Revision #	Effective Date	Summary of Revisions
1	February 4, 2020	Original Instructions for Use
2	March 15, 2020	<ul style="list-style-type: none"> • Intended use update • Removal of N3 primer and probe set from Diagnostic Panel • Performance data update • Addition of alternative nucleic acid extraction platforms • Addition of acceptable alternatives to HSC and addition of QIAGEN RUO extraction reagents • Positive results no longer presumptive. No confirmation of positive results required
3	March 30, 2020	<ul style="list-style-type: none"> • Addition of alternative enzyme master mix options
4	June 12, 2020	<ul style="list-style-type: none"> • Addition of MagNA Pure 24 extraction method • Addition of performance data for the MagNA Pure 96 extraction method with SARS-CoV-2 • Addition of heat treatment alternative to specimen extraction • Addition of Roche and QIAGEN external lysis buffer alternatives • Acknowledgment of FDA policy permitting end users to qualify alternative components without seeking an EUA or EUA amendment
5	July 13, 2020	<ul style="list-style-type: none"> • Addition of Promega Maxwell® RSC 48 extraction method • Update to <i>in silico</i> inclusivity analyses
6	December 1, 2020	<ul style="list-style-type: none"> • Addition of specimen pooling instructions and monitoring procedure (Appendices B and C) • Addition of Promega Maxwell CSC 48 extraction instrument • Addition of data for CDC testing of FDA reference panel
7	July 21, 2021	<ul style="list-style-type: none"> • Update in-silico analysis of primer/probe sequences

Contact Information, Ordering, and Product Support

For technical and product support, contact the CDC Division of Viral Diseases directly.

Send email to: respvirus@cdc.gov

Note: If your laboratory is using reagents sourced from someone other than the CDC International Reagent Resource, please refer to the manufacturer's instructions provided with the commercial materials.

Appendix A: Heat Treatment Alternative to Extraction

UltraPlex 1-Step ToughMix (4X)

This procedure is only for use by public health laboratories.

Purpose:

In response to a global shortage of nucleic acid extraction reagents causing significant delays in testing, the CDC has investigated the use of a heat treatment method requiring minimal reagents as a specimen processing alternative to nucleic acid extraction for use with the 2019-nCoV Real-Time RT-PCR Diagnostic Panel.

Where possible, laboratories should use qualified RNA or total nucleic acid extraction methods for processing of specimens for subsequent testing by the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. Extraction removes inhibitory substances from specimens that could negatively impact PCR performance.

This procedure for use of heat treatment for specimen processing is only recommended when a shortage of qualified extraction reagents is a limiting factor in a laboratory's ability to meet urgent COVID-19 testing demand.

Precautions/Warnings/Limitations:

- CDC has evaluated this heat treatment process and has determined that this process is effective for inactivation of SARS-CoV-2 in patient specimens.
- Performance was evaluated with only upper respiratory specimens. Heat treatment of lower respiratory specimens for subsequent testing by the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel has not been evaluated.
- This procedure for heat treatment of specimens is only for use with the Quantabio UltraPlex 1-Step ToughMix (4X).
- Heat treatment should only be conducted when a lab is ready to test the specimens by PCR. Testing of heat-treated specimens must be conducted the same day.

Acceptable Specimens:

- Upper respiratory specimens
Note: Do not use heat treatment to process specimens that appear bloody or that contain particulate matter. Such specimens should be extracted using a qualified RNA or TNA extraction method prior to testing.

Materials Required (not provided):

- 70% ethanol
- 10% bleach, freshly prepared
- 96-well PCR reaction plates (Applied Biosystems catalog # 4346906, 4366932, 4346907, or equivalent)
- Optical strip caps (Applied Biosystems 4323032, or equivalent)

- 1.5 mL Sarstedt tubes or equivalent
- Aerosol resistant micropipette tips
- Micropipettes
- 96-well cold block
- Cold blocks for 1.5 mL - 2.0 mL tubes
- Vortex mixer
- 96-well plate centrifuge or equivalent
- Thermal cycler or equivalent
- Class II Biological Safety Cabinet (BSC)

Procedure:

Sample Preparation

- 1) Decontaminate BSC with 10% bleach followed by 70% ethanol.
- 2) If samples are frozen, thaw on ice or at 4°C. Wipe the outside of the sample tube with 70% ethanol. Place thawed sample on cold rack or ice in BSC.
- 3) Pulse vortex each sample and briefly spin down in a centrifuge to collect the liquid at the bottom of the tube.

Heat Treatment

- 1) Place a thermal cycler in the BSC, turn on, and program for 95°C for 1 min followed by 4°C hold.
- 2) Place a 96-well PCR plate onto a cold rack or ice in the BSC.
- 3) Transfer 100 µL of each sample to the 96-well PCR plate and securely cap each well using optical strip caps.
NOTE: Ensure that an HSC extraction control is included in each batch run as required under CLIA.
- 4) Place this 96-well PCR plate on the pre-heated thermal cycler and start run. Leave plate on thermal cycler at 4°C, or place on ice or a cold block.
- 5) Remove plate and centrifuge for 1 minute at 500 x *g* to pellet cellular debris.
- 6) Place plate on a cold rack or ice and proceed to testing the supernatant by rRT-PCR.
- 7) Testing of heat-treated specimens must be conducted the same day heat treatment is performed. For long term storage, keep the original specimen at ≤-70°C.

Special Testing Considerations for Heat Treated Specimens:

Enzyme Master Mix

- Testing of specimens that have been processed with heat treatment should be conducted with the **Quantabio UltraPlex 1-Step ToughMix (4X)**, which demonstrated the best performance with heat treated specimens. PCR testing of heat-treated specimens should follow the instructions in the main body of this Instructions for Use document.

Resolution of Inconclusive and Invalid Results

- Retesting of heat-treated specimens that generated an inconclusive or invalid result must include extraction of the original specimen with a qualified RNA or total nucleic acid (TNA) extraction method, if available. Do not re-test the heat-treated specimen material to resolve inconclusive or invalid test results.

Verification:

CDC recommends performance of verification studies for the heat treatment method prior to diagnostic use that includes side-by-side preparation of a panel of positive and negative clinical specimens using a qualified extraction method and this heat treatment method with subsequent testing by the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel.

Performance Characteristics:

Quantabio UltraPlex 1-Step ToughMix (4X)

Limit of Detection Comparison

Serial dilutions of inactivated SARS-CoV-2 [SARS-CoV-2 USA-WA1/2020] were prepared in simulated specimen material (human A549 cells suspended in viral transport medium). Each concentration was prepared side-by-side five times by both EZ1 extraction and by heat treatment. Each extracted or heat-treated sample was subsequently tested by the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel using the Quantabio UltraPlex 1-Step ToughMix (4X) on the Applied Biosystems 7500 Fast Dx instrument. Observed detection was similar between the two specimen preparation methods.

Table 1: UltraPlex Limit of Detection Comparison between QIAGEN EZ1 Advanced XL extraction and heat treatment (95°C for 1 min) method – Summary Results

Enzyme	Platform	Parameter	2019-nCoV_N1 Assay					2019-nCoV_N2 Assay					Observed LoD ¹
Quantabio UltraPlex 1-Step ToughMix (4X) 5 µL Template Addition	QIAGEN EZ1 Advanced XL	RNA copies/µL	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{-1.0}	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{-1.0}	10 ^{0.5}
		# pos./total	5/5	5/5	4/5	4/5	3/5	5/5	5/5	5/5	2/5	2/5	
		Mean Ct ²	34.11	34.59	NA	NA	NA	32.97	33.76	34.70	NA	NA	
		Std. Deviation	0.75	0.99	NA	NA	NA	0.33	0.72	0.98	NA	NA	
	Heat Treatment 95°C for 1 min	RNA copies/µL	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{-1.0}	10 ^{1.0}	10 ^{0.5}	10 ^{0.0}	10 ^{-0.5}	10 ^{-1.0}	10 ^{0.5}
		# pos./total	5/5	5/5	4/5	5/5	1/5	5/5	5/5	4/5	2/5	1/5	
		Mean Ct ²	33.41	34.32	NA	36.73	NA	33.45	35.25	NA	NA	NA	
		Std. Deviation	0.62	0.40	NA	0.82	NA	0.40	0.80	NA	NA	NA	

¹Concentration is presented in RNA copies/µL. The observed LoD is the lowest concentration where both assays showed 100% positive detection.

²Mean Ct reported for dilutions that show 100% positivity. Calculations only include positive results.

NA = not applicable

Clinical Comparison

A panel of 39 upper respiratory specimens were tested side-by-side using extraction with the Qiagen EZ1 extraction instrument and heat treatment. Extracted and heat-treated specimens were subsequently tested with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel using the Quantabio UltraPlex 1-Step ToughMix (4X). Qualitative results were compared to demonstrate agreement.

Table 2: Clinical Comparison Results Summary – Heat Treatment versus QIAGEN EZ1 Advanced XL

	Test Result	Heat Treatment			Total	Positive % Agreement (CI) ¹	Negative % Agreement (CI) ¹
		Positive	Inconclusive	Negative			
QIAGEN EZ1 Advanced XL	Positive	18	1	0	19	94.7 (75.4-99.1)	100 (83.9-100)
	Inconclusive	0	0	0	0		
	Negative	0	0	20	20		
	Total	18	1	20	39		

¹ CI = 95% confidence interval

Questions and Comments:

If you have questions or comments about this procedure, please send by email to: respvirus@cdc.gov

Appendix B: Pooled Specimen Preparation and Processing

Purpose:

In response to strong demand for higher throughput testing approaches as well as a global shortage of nucleic acid extraction reagents causing significant delays in testing, the CDC has evaluated specimen pooling and determined that pooling of up to 4 specimens is suitable for use with the 2019-nCoV Real-Time RT-PCR Diagnostic Panel.

Specimen pooling may cause a slight reduction in test sensitivity and therefore may be most appropriate for screening or diagnostic testing when laboratory staff, equipment or reagents are insufficient to accommodate testing demand. Specimen pooling only presents a throughput advantage when the disease prevalence is low. Therefore, laboratories should monitor specimen positivity rates over time to determine if pooling of specimens continues to provide a test throughput advantage over individual specimen testing. Please see Appendix C for more detail on implementation considerations.

While this procedure describes the process to prepare, process and test a pool size of up to 4 specimens, specimen pool sizes from 2-4 are authorized for use with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. When using a pool size of less than 4 specimens, please use the following instructions as a model. Pooled specimen input volume and the pooled specimen to lysis buffer volume ratios must remain as prescribed below (not a lower proportion of lysis buffer) to ensure inactivation of SARS-CoV-2 in patient specimens. An N-pool specimen approach should include equal volumes of each of the N specimens pooled together to create the total pooled specimen input volume required under the below pooled specimen extraction instructions.

Precautions/Warnings/Limitations:

- Pooling of specimens has the potential to decrease sensitivity. The specimens in a pooled procedure are diluted, which could result in a low concentration of viral genetic material below the limit of detection of a given test.
- When pooling specimens, the laboratory cannot ensure the diagnostic integrity of an individual specimen because it is combined with other specimens before testing. Specimen integrity can be affected by the quality of swab specimen collection, which could result in some swabs having limited amounts of viral genetic material for detection. Inadequate individual specimens, including those with limited amounts of viral genetic material, might not be eliminated from the pooled specimen before testing and may be reported as negative through this process.
- Performance of this specimen pooling process was evaluated with nasopharyngeal (NP) swabs. Pooling of other types of specimens for subsequent testing with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel has not been evaluated, however evidence suggests the Ct value distribution for other upper respiratory swab specimens is similar to that observed for NP swab specimens.
- Pooling should only be implemented in laboratories with a minimum of 10 days experience using the CDC 2019-nCoV Real-time RT-PCR Diagnostic Panel for diagnostic testing in the population of specimens being considered for pooling.

- This procedure for pooling of specimens has only been evaluated for use with the QIAGEN EZ1 Advanced XL, Roche MagNA Pure 96, and the Promega Maxwell RSC 48 instruments. Pooling using other extraction methods is not authorized under this EUA.
- Sufficient volume of specimens must be available to allow subsequent extraction and testing of individual specimens should the specimen pool test positive, inconclusive or invalid.
- Appropriate interpretation, reporting and next steps may be different for surveillance testing and are not limited by the diagnostic interpretation instructions below.
- Laboratories are encouraged to revisit the question of whether pooling continues to make sense when testing demand no longer exceeds laboratory capacity and/or when testing reagents are no longer in short supply.

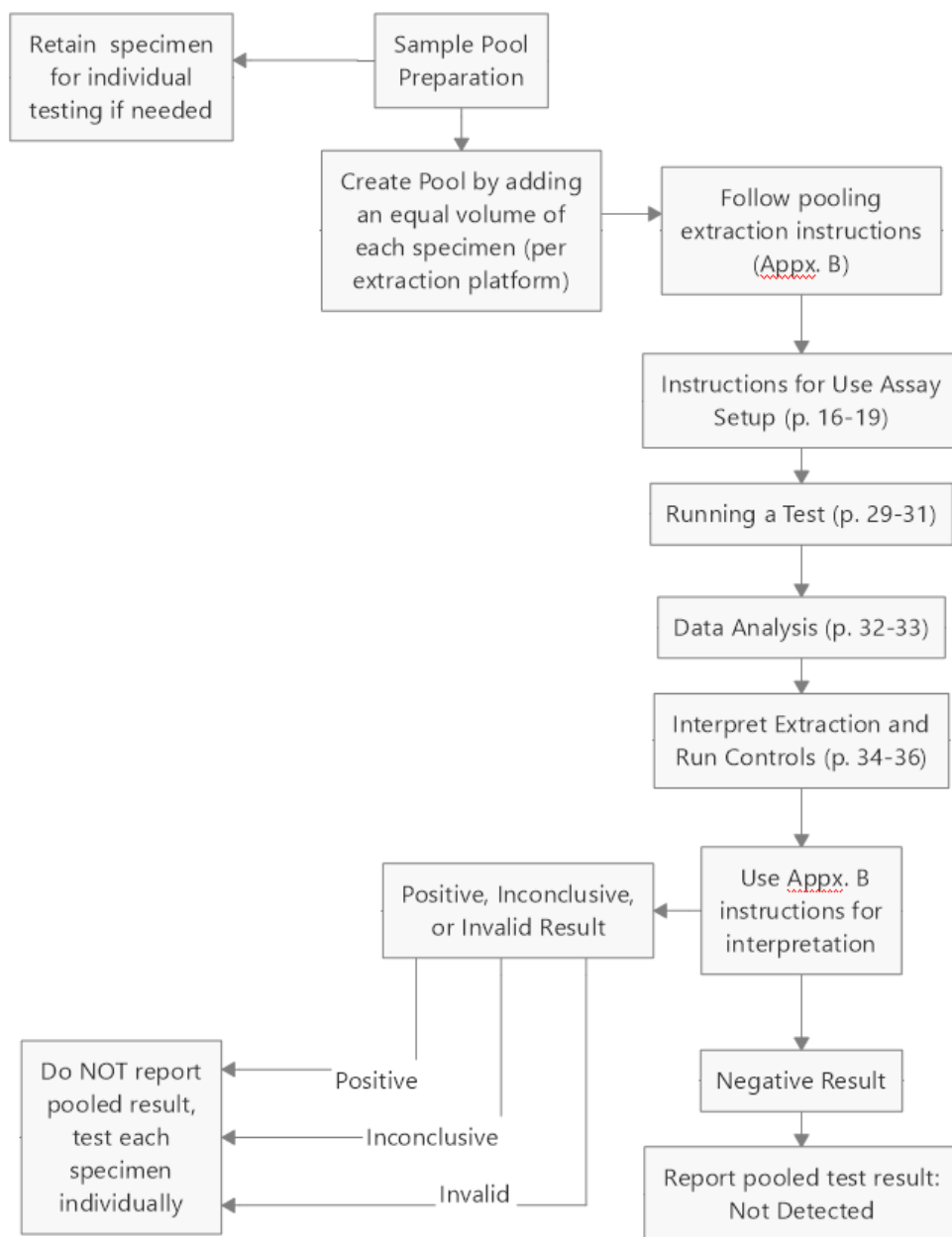
Acceptable Specimen Types:

- Upper respiratory swabs (e.g., nasopharyngeal (NP) swabs, oropharyngeal (OP) swabs, NP/OP swabs combined, nasal swabs)

Note: Specimens must have adequate volume to support pooled specimen testing and any subsequent individual re-testing.

Overview of Pooled Specimen Testing:

This flow chart provides an overview of the steps involved in pooled specimen testing and location of the instructions for each step within the document. For those steps that are identical for both individual specimen testing and for pooled specimen testing, instructions are found in the main body of the instructions for use. For steps in which pooled specimen testing differs from individual specimen testing, instructions specific to pooled specimen testing are presented in this Appendix.



Procedure:

Specimen Pool Preparation

- 1) Decontaminate BSC with 10% bleach followed by 70% ethanol.
- 2) If specimens are frozen, thaw on ice or at 4°C. Wipe the outside of the specimen tube with 70% ethanol. Place thawed specimen on cold rack or ice in BSC.
- 3) Pulse vortex each specimen and briefly spin down in a centrifuge to collect the liquid at the bottom of the tube.
- 4) For each specimen pool, add an equal volume of each specimen (depending on total volume needed for extraction platform) to be included into the pool, into a sterile, nuclease-free tube.
- 5) Pulse vortex each specimen pool and briefly centrifuge to collect the liquid at the bottom of the tube.
- 6) Proceed to extraction using the modified extraction parameters below.

Extraction Instructions

NOTE: These pooled specimen extraction instructions have been modified to optimize recovery of nucleic acid when processing pooled specimens. When testing individual specimens, please follow the individual specimen extraction instructions (p. 14-16).

QIAGEN EZ1 Advanced XL

- Kit: Qiagen EZ1 DSP Virus Kit and Buffer AVL (supplied separately) for offboard lysis
- Card: EZ1 Advanced XL DSP Virus Card
- Instructions: Add 200 µL of pooled specimen to 200 µL of pre-aliquoted Buffer AVL (total input sample volume is 400 µL). Proceed with the extraction on the EZ1 Advanced XL. Elution volume is 60 µL.

Roche MagNA Pure 96

- Kit: Roche MagNA Pure 96 DNA and Viral NA Small Volume Kit
- Protocol: Viral NA Plasma Ext LysExt Lys SV 4.0 Protocol or Viral NA Plasma Ext Lys SV Protocol
- Instructions: Add 225 µL of pooled specimen to 225 µL of pre-aliquoted MagNA Pure 96 External Lysis Buffer (supplied separately) for total input sample volume of 450 µL. Proceed with the extraction on the MagNA Pure 96. (Internal Control = none).
- Elution volume is 50 µL.

Promega Maxwell RSC 48 or Maxwell CSC 48

- Kit: Promega Maxwell® Viral Total Nucleic Acid Purification Kit
- Protocol: Viral Total Nucleic Acid
- Instructions: Add 240 µL of pooled specimen to 660 µL of pre-aliquoted External Lysis Buffer (600 µL Lysis Buffer plus 60 µL Proteinase K; supplied within the kit) (total input volume is 900 µL). Proceed with the extraction on the Maxwell® RSC 48 or Maxwell CSC 48.
- Elution volume is 50 µL.

Testing, Interpretation, and Reporting Instructions

- 1) After extraction, continue PCR testing using the steps outlined in the following sections of the Instructions for Use: Assay Set Up (p. 16-20), Running a Test (p. 29-32) and Data Analysis (p. 33-34).
- 2) Interpret controls and PCR test results as outlined in the following sections of the Instructions for Use: Interpretation of Results and Reporting (p. 35-37), 2019-nCoV rRT-PCR Diagnostic Panel Results Interpretation Guide (p. 38). All extraction and PCR run controls must perform as expected.
 - A. If a specimen pool generates **negative** results, report “Not Detected” for each specimen included in the pool. The test result report should include a statement that the specimen was tested in a pooled format. No further testing is required.
 - B. If a specimen pool generates a **positive** result, do not report the result. Test each specimen included in the pool individually, according to the Instructions for Use. Report the individual result for each specimen.
 - C. If a specimen pool generates an **inconclusive** result, do not report the result. Test each specimen included in the pool individually, according to the Instructions for Use. Report the individual result for each specimen.
 - D. If a specimen pool generates an **invalid** result, do not report the result. Test each specimen within the pool individually, according to the Instructions for Use. Report the individual result for each specimen.

Verification:

Verification should be conducted by all laboratories prior to implementing pooling for diagnostic testing. In addition to method verification studies, verification must include a validation of the accuracy and function of the laboratory’s process of specimen and pool labeling, tracking and reporting through the laboratory information management system(s).

Performance Characteristics:

Pooling Validation

A panel of 20 positive, previously characterized nasopharyngeal (NP) specimens, with 25% (5) representing the weak positive range (Ct 36.00-39.99), were used for evaluation of specimen pooling with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel; 80 negative NP specimens were also included. These specimens were used to create twenty positive 4-specimen pools, by combining one positive specimen with three negative specimens. Twenty negative pools were also created by combining equal volumes of four negative specimens. These pools were tested and qualitative results from pooled-testing were compared with the results from individual-testing to determine the positive and negative percent agreement of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel for testing using 4-specimen pools. The performance of 4-specimen pooling was evaluated using the QIAGEN EZ1® Advanced XL, the Promega Maxwell RSC 48, or the Roche MagNA Pure 96 platforms. Modifications were made to the input and output volume for each extraction platform, for pooling patient specimen, to compensate for the dilution effect due to pooling.

QIAGEN EZ1® Advanced XL

Individual positive panel members and positive and negative pools were extracted using the QIAGEN EZ1® Advanced XL platform for subsequent testing on the Applied Biosystems 7500 Fast Dx with the Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix, CG. Results obtained for twenty, 4-specimen pools were compared with the results from individual testing. Pools containing a positive specimen were considered to be in agreement with results from individual testing if the pool generated positive or inconclusive results (i.e., at least one of the SARS-CoV-2-specific primer and probe sets generated a Ct value less than 40). Negative specimen pools were considered to be in agreement with expected results if the pooled specimen result was negative (i.e., neither SARS-CoV-2-specific primer and probe set generated positive results).

A comparison of qualitative test results from individual testing of panel members with pooled specimen testing is summarized below in Table 1, along with testing agreement with results from individual testing for positive and negative specimen pools. Of the five positive specimen panel members in the weak positive category (determined by original diagnostic results): one returned an inconclusive result when tested individually, but returned a positive result when tested in a 4-specimen pool; one returned a negative result when tested individually, but returned a positive result when tested in a 4-specimen pool; and three were in agreement when tested individually and in 4-specimen pools.

Table 1 -Summary of Pooled vs. Individual-testing - QIAGEN EZ1® Advanced XL

Test Platform	Result	Individual testing result			Positive Pools Percent Agreement (CI) ¹	Negative Pools Percent Agreement (CI) ¹
		Positive	Inconclusive [†]	Negative		
4-specimen Pooling Result	Positive	17	1	1	100% (82.4-100)	95.2% (77.3-99.2)
	Inconclusive [‡]	1	0	0		
	Negative	0	0	20		

¹CI = 95% confidence interval

[†]Inconclusive individually-tested results are not included in the final performance calculations.

[‡]Inconclusive pooled results are considered in agreement with the positive individually-tested results for the final performance calculations.

Promega Maxwell RSC 48

Individual positive panel members and positive and negative pools were extracted using the Promega Maxwell RSC 48 platform for subsequent testing on the Applied Biosystems 7500 Fast Dx with the Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix, CG. Results obtained for twenty, 4-specimen pools were compared with the results from individual testing. Pools containing a positive specimen were considered to be in agreement with the results from individual testing if the pooled specimen generated positive or inconclusive results (i.e., at least one of the SARS-CoV-2-specific primer and probe sets generated a Ct value less than 40). Twenty negative specimen pools (made from 4 known negative specimens) were considered to be in agreement with expected results if the pooled specimen result was negative (i.e., neither SARS-CoV-2-specific primer and probe set generated positive results).

A comparison of qualitative test results from individual testing of panel members with pooled specimen testing is summarized below in Table 2, along with testing agreement with results from individual testing for positive and negative specimen pools. Of the five positive specimen panel members in the weak positive category (determined by original diagnostic results): one returned a positive result when tested

individually, but returned a negative result when tested in a 4-specimen pool; and four were in agreement when tested individually and in 4-specimen pools. Additionally, one moderate to high positive panel member returned an inconclusive result when tested individually but returned a positive result when tested in a 4-specimen pool.

Table 2 -Summary of Pooled vs. Individual-testing Results – Promega Maxwell RSC 48

Test Platform		Individual-testing result			Positive Pools Percent Agreement (CI) ¹	Negative Pools Percent Agreement (CI) ¹
	Result	Positive	Inconclusive [†]	Negative		
4-specimen Pooling Result	Positive	16	1	0	94.7% (75.4-99.1)	100% (83.9-100)
	Inconclusive [‡]	2	0	0		
	Negative	1	0	20		

¹CI = 95% confidence interval

[†]Inconclusive individually-tested results are not included in the final performance calculations.

[‡]Inconclusive pooled results are considered in agreement with the positive individually-tested results for the final performance calculations.

MagNA Pure 96

Individual positive panel members and positive and negative pools were extracted on the MagNA Pure 96 platform for subsequent testing on the Applied Biosystems 7500 Fast Dx using the Thermo Fisher TaqPath™ 1-Step RT-qPCR Master Mix, CG. Results obtained for twenty, 4-specimen pools were compared with the results from individual testing. Pools containing a positive specimen were considered to be in agreement with the results from individual testing if the pooled specimen generated positive or inconclusive results (i.e., at least one of the SARS-CoV-2-specific primer and probe sets generated a Ct value less than 40). Twenty negative specimen pools (made from 4 known negative specimens) were considered to be in agreement with expected results if the pooled specimen result was negative (i.e., neither SARS-CoV-2-specific primer and probe set generated positive results).

A comparison of qualitative test results from individual testing of panel members with pooled specimen testing is summarized below in Table 3, along with testing agreement with results from individual testing for positive and negative specimen pools. Of the five positive specimen panel members in the weak positive category (determined by original diagnostic results): one returned an inconclusive result when tested individually, but returned a positive result when tested in a 4-specimen pool; and four were in agreement when tested individually and in 4-specimen pools.

Table 3 -Summary of Pooled vs. Individual-testing Results – Roche MagNA Pure 96

Test Platform	Result	Individual-testing result			Positive Pools Percent Agreement (CI) ¹	Negative Pools Percent Agreement (CI) ¹
		Positive	Inconclusive [†]	Negative		
4-specimen Pooling Result	Positive	18	1	0	100% (83.2-100)	100% (83.9-100)
	Inconclusive [‡]	1	0	0		
	Negative	0	0	20		

¹CI = 95% confidence interval

[†]Inconclusive individually-tested results are not included in the final performance calculations.

[‡]Inconclusive pooled results are considered in agreement with the positive individually-tested results for the final performance calculations.

In Silico Sensitivity

An *in silico* analysis was conducted to evaluate the effect of 4-sample pooling on the clinical sensitivity of the CDC 2019-Novel Coronavirus Real-Time RT-PCR Diagnostic Panel using the QIAGEN EZ1® Advanced XL extraction platform. This analysis was conducted by performing a Passing-Bablok regression using the “Pooling Validation” data to calculate the Ct shifts resulting from the dilution effect of 4-specimen pools (1 positive specimen combined with 3 negative specimens) for each target. In the regression analysis, the X-axis displayed individual Ct values for positive specimens and the Y-axis displayed Ct values for the corresponding pools with one positive specimen and 3 negative specimens. The regression analysis was used to calculate an interval of Ct values [X*, 40] where individual specimens with Ct values within this interval would have negative results in 4-specimen pools (1 positive and 3 negative).

The results from individually-tested NP swab specimens processed at the CDC using the QIAGEN EZ1® Advanced XL extraction platform (n= 381), were analyzed to determine an *in silico* PPA for 4-specimen pooling. The number of individual specimens with Ct values ranging from [X*, 40] was determined. The X* value for the N1 target was 37.2 and the X* value for the N2 target was 37.5. The results, summarized Table 4, show that 97.1% (370/381 95% CI 94.9-98.3%) of the specimens would not have negative results when combined into 4-specimen pools.

Table 4. *in silico* Sensitivity for Pooled Specimens Extracted using the QIAGEN EZ1® Advanced XL

n	N1 Interval [X*, 40]	Number of samples with N1 Ct values in the interval	N2 Interval [X*, 40]	Number of samples with N2 Ct values in the interval	Number of Samples with both target Ct values in intervals	Neg	Inc	Pos	% Positive Percent Agreement*
381	[37.2, 40]	16	[37.5, 40]	63	11	11	57	313	97.1

*Since any pool that is not negative is re-tested as individual samples, the Positive Percent Agreement includes all pools that were not negative.

The specimens submitted to CDC for testing included many that had generated inconclusive results in the hands of public health laboratories and were forwarded to CDC for further testing. Thus, specimens received by CDC for testing overrepresent the weak positive category. The CDC also obtained the results of individually-tested NP swab specimens from three additional geographic locations: state lab 1 (n= 2217), state lab 2 (n= 6559), and state lab 3 (n= 2315). These data sets were analyzed with regard to the

percent of weak positives (Ct 36.00-39.99) collected at each site. The results, summarized in Table 5, suggest that the percent of weak positive NP specimens received at State Health Department laboratories is smaller than that obtained at CDC. Therefore, the *in silico* analysis, summarized in Table 4, presents a PPA in a scenario where 4-specimen pooling is applied to testing populations with a greater than average number of weak positive specimens.

Table 5. Percent of Weak Positive Specimens at CDC Compared with Three Geographic Locations

	n	Ct < 36.0		Ct 36.0 - 39.99	
		N1	N2	N1	N2
CDC	381	314 (82.4 %)	254 (66.7 %)	67 (17.6 %)	127 (33.3 %)
State 1	2217	2121 (95.7 %)	2021 (91.2 %)	150 (6.8 %)	250 (11.3%)
State 2	6559	6343 (96.7 %)	5883 (89.7 %)	216 (3.3%)	676 (10.3%)
State 3	2315	2073 (89.5 %)	1884 (81.4 %)	242 (10.5 %)	431 (18.6 %)

References:

1. Abdalhamid, B., *et al.* "Assessment of Specimen Pooling to Conserve SARS CoV-2 Testing Resources." *Am J Clin Path* 2020, 153, 715-718.

Questions and Comments:

If you have questions or comments about this procedure, please send by email to: respvirus@cdc.gov

Appendix C: Implementation and Monitoring of Pooled Specimen Testing

Purpose:

These instructions are intended to assist laboratories and jurisdictions to implement and monitor the efficiency and effectiveness of pooled specimen testing over time. A laboratory should have a minimum of 10 days experience performing the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel for diagnostic testing within the intended population prior to implementation of a pooling strategy.

Laboratories should weigh the potential risks associated with pooling as described in Appendix B against the benefits of pooling for their laboratory and patient population. When pooling has been implemented to address overwhelming testing demands and/or scarcity of testing materials, laboratories should consider a return to individual specimen testing when laboratory capacity and resources permit.

Prior to Implementation of a Specimen Pooling Strategy:

- Determine the individual specimen positivity rate ($P_{\text{Individual}}$) for your testing population.
Before implementation of specimen pooling, evaluate test data from the testing population for the previous 7-10 days to estimate the positivity rate ($P_{\text{Individual}}$) which is the number of positive results divided by the total number of specimens tested during these 7-10 days. $P_{\text{Individual}}$ will be used to determine if pooling should be considered and will be used to monitor the performance of your pooling strategy.

Note: To calculate the efficiency of 4-sample pooling, using $P_{\text{Individual}}$, apply the formula $F=1/(1+1/n-(1-P_{\text{Individual}})^n)$, where F is the efficiency and n is the pool size. For example, when $P_{\text{Individual}}$ is 1%, the efficiency, F , is 3.46 for $n = 4$. This means that 1,000 tests can cover testing of 3,460 patients on average, which translates to a reduction in test volume of 71%. Using this formula, a pool size of $n = 3$ produces a greater efficiency than $n = 4$ at $P_{\text{Individual}} \geq 13\%$.

- Identify your positivity thresholds.

Table 1: Association Between Individual Specimen Positivity Rates and Reduction in Test Volume with Pooling

Specimen Positivity Rate (P)	No. tests with 4 specimen pooling for 300 patients	Reduction in testing volume with 4 specimen pooling	No. tests with 3 specimen pooling for 300 patients	Reduction in testing volume with 3 specimen pooling	No. tests with 2 specimen pooling for 300 patients	Reduction in testing volume with 2 specimen pooling
1%	87	71%	109	64%	156	48%
2%	98	67%	118	61%	162	46%
3%	109	64%	126	58%	168	44%
4%	120	60%	135	55%	174	42%
5%	131	56%	143	52%	179	40%
6%	141	53%	151	50%	185	38%
8%	160	47%	166	45%	191	36%
10%	178	41%	181	40%	207	31%
11%	187	38%	189	37%	212	29%
12%	195	35%	196	35%	218	27%
13%	203	32%	202	33%	223	26%
14%	211	30%	209	30%	228	24%

Specimen Positivity Rate (P)	No. tests with 4 specimen pooling for 300 patients	Reduction in testing volume with 4 specimen pooling	No. tests with 3 specimen pooling for 300 patients	Reduction in testing volume with 3 specimen pooling	No. tests with 2 specimen pooling for 300 patients	Reduction in testing volume with 2 specimen pooling
15%	218	27%	216	28%	233	22%
16%	226	25%	222	26%	238	21%
17%	233	22%	228	24%	243	19%
18%	239	20%	235	22%	248	17%
19%	246	18%	241	20%	253	16%
20%	252	16%	246	18%	258	14%

Note: Table 1 does not account for running the positive, negative, and extraction controls with each plate.

Note: Unshaded cells indicate the optimal reduction in testing volume compared to other the pool sizes.

Table 1 presents the estimated increase in efficiency achieved through pooling at different rates of specimen positivity. Laboratories are encouraged to use this table and factor in additional testing necessary to monitor the effectiveness of pooling to determine the specimen positivity thresholds ($P_{\text{Threshold}}$) at which (1) four-specimen pooling is appropriate, (2) smaller specimen pools are appropriate, and (3) the threshold at which specimen pooling offers no testing capacity/reagent consumption advantages. These thresholds should be documented for your laboratory's pooling monitoring process.

Example: a laboratory might consider a 30% reduction in test volume as the minimum required reduction in test volume to be considered beneficial (this is subjective). Thus, the laboratory would set a positivity threshold ($P_{\text{Threshold}}$) at 12%² for 4 specimen pooling, 14% for 3 specimen pooling, and 10% or less for 2 specimen pooling.

NOTE: It is recommended that $P_{\text{Threshold}}$ should not be greater than 20% for any pool size. Moreover, laboratories may choose a threshold positivity rate lower than 20% for when to consider a pooling strategy.

- Define and document a specimen pooling strategy/process for your laboratory.
- Verify laboratory performance of pooled specimen testing (CLIA requirement).
- Establish and implement a pooling monitoring process appropriate to assure the quality of results generated through the laboratory's pooling strategy. The pooling monitoring process should document the laboratory's $P_{\text{Threshold}}$ for each pool size, $P_{\text{Individual}}$ and the laboratory's process to address the monitoring requirements below.
- Please note that information from the monitoring process described in this Appendix may not be the only information useful to monitor for pooling performance issues or to aid in decision-making for pooling strategy. Thus, laboratories are encouraged to monitor other sources of COVID-19 prevalence or test positivity rate information for their target population, comparing those trends to

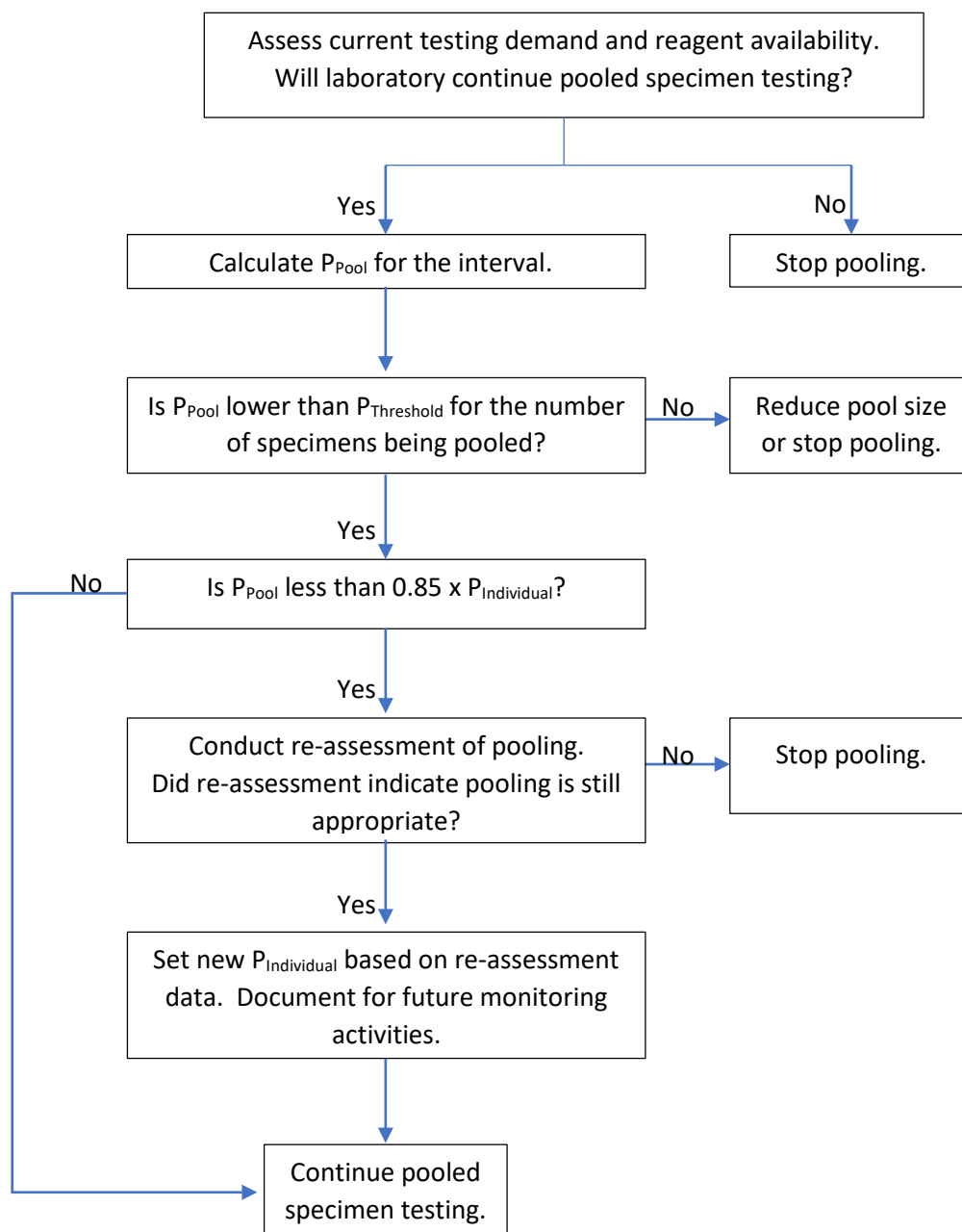
²At $P_{\text{Individual}} \geq 13\%$, $n=3$ offers a greater efficiency than $n=4$, therefore it is recommended that $P_{\text{Threshold}}$ should not be greater than 12% for $n=4$.

their pooling testing trends, as part of the laboratory’s pooling monitoring process in addition to the approach below.

Monitoring of the Pooling Strategy

At regular intervals (weekly at a minimum, continual analysis with a moving 7-10 day average preferred), laboratories must monitor the positivity rate of specimen pools as described below.

Figure 1: Overview of Pooling Monitoring Process to be Conducted at Defined Intervals



Data Monitoring Steps to Be Conducted at Each Interval

1. Evaluate need for pooled specimen testing going forward.

Evaluate test demand and testing resource availability. When testing capacity and resource availability are sufficient to meet testing demand without the use of specimen pooling, consider whether the risks of reduced test sensitivity with pooling and extra effort of pooling outweigh the benefits of pooled specimen testing.

2. Calculate Pooled Percent Positive (P_{Pool}) for the interval.

$$P_{Pool} = \frac{\text{Specimens tested under pooling strategy generating positive results}}{\text{Total specimens tested under pooling strategy}}$$

3. Check Interval P_{Pool} Against Positivity Threshold ($P_{Threshold}$) for the pool size in use.

Compare the P_{Pool} for the current interval to the specimen positivity threshold established during pooling implementation.

- If P_{Pool} is greater than $P_{Threshold}$ for the pool size in use, consider a reduction in pool size or discontinuation of specimen pooling until specimen positivity rates decrease in your testing population.
- If P_{Pool} is less than $P_{Threshold}$, proceed to step 4.

4. Check Interval P_{Pool} Against Re-assessment Criteria

Compare P_{Pool} to $P_{Individual}$.

- If P_{Pool} is equal to or greater than 85% of $P_{Individual}$. ($P_{Pools} \geq 0.85 \times P_{Individual}$), then monitoring checks are complete for this interval. Proceed with the current pooling strategy.
- If P_{Pool} is less than 85% of $P_{Individual}$. ($P_{Pools} < 0.85 \times P_{Individual}$), re-assessment is necessary to determine if pooled-specimen testing process is still acceptable. Please proceed to the Re-assessment of Pooling section below.

5. Update $P_{Individual}$ if Indicated by Re-assessment.

If re-assessment is conducted and indicates n-specimen pooling is still acceptable, re-establish $P_{Individual}$ in your laboratory using the data generated during re-assessment.

If 10 positive specimens were tested during re-assessment:

$$P_{Individual} = \frac{10 \text{ positive specimens used for re-assessment}}{\text{The total number of specimens tested to reach 10 positive specimens}} \times \frac{10}{11}$$

If 20 positive specimens were tested during re-assessment:

$$P_{Individual} = \frac{20 \text{ positive specimens used for re-assessment}}{\text{The total number of specimens tested to reach 20 positive specimens}} \times \frac{20}{21}$$

This updated new positivity rate should be used as $P_{Individual}$ in the future monitoring.

Explanation: This calculation attempts to estimate the individual testing positivity rate in the population from which the 10 (or 20) individual positive samples were collected for re-assessment. Since the total number of samples (N^*) that needed to be tested to obtain 10 (or 20) consecutive positive samples for re-assessment is stopped at the 10th (or 20th) positive sample, then the positivity rate of $10/N^*$ (or $20/N^*$) may be overestimated. $P_{\text{Individual}}$ is corrected in the above calculations by including an appropriate multiplier: estimated positivity rate for 10 positive sample re-assessment data is $(10/N^*) \times (10/11)$ and for 20 samples is $(20/N^*) \times (20/21)$.

Re-assessment of Pooling:

Re-assessment of pooling should be conducted as indicated by monitoring activities. Two possible approaches are presented below.

Option 1

Incoming patient specimens should be tested individually until the collection contains 10 positive specimens.

- Using these specimens, 10 n -specimen pools should be created and tested, each with 1 positive and $(n-1)$ negative specimens.
- Calculate the PPA between individual testing results and pooled testing results.

Note: For the calculation of the PPA, all pools that generate positive or inconclusive result are considered in agreement with the individually-tested positive result.

Option 2

Incoming patient specimens can continue to be tested in pools.

- Re-assessment study should start from time T_0 and should consist of individual sample testing in parallel with the pooled testing. However, since all non-negative sample pools require individual testing of all individual samples included in the pool as a part of the n -sample pooling and deconvoluting workflow, the re-assessment study essentially consists of testing individual samples from the negative n -sample pools.
- Re-assessment study may pause at time T_1 when a minimum of 10 consecutive positive individual results are obtained, including both positive individual results generated from individual testing of samples from the non-negative sample pools following the n -sample pooling and deconvoluting workflow, and positive individual results obtained from individual testing of samples from the negative sample pools for the time period from T_0 to T_1 [T_0, T_1].
- Considering that number of positive individual sample results among negative pools is K , PPA between testing n -sample pools and assaying single specimens using the candidate test should be calculated as $\text{PPA (EUA Test pool vs. EUA Test individual)} = 100\% \times (10-K)/10$. It is critical that all consecutive positive samples from time period [T_0, T_1] are included in the PPA calculations. With regard to calculating the PPA, all non-negative results testing pooled samples should be counted as in agreement with positive individually tested results.

Re-assessment Acceptance Criteria for Option 1 and Option 2

- If the PPA between pooled-testing results and individual-testing results is $\geq 90\%$ (9 out of 10 or 10 out of 10), then continuation of testing using n -specimen pooling is acceptable.
- If the PPA between pooled-testing results and individual-testing results is less than 85%:
 - If $PPA \leq 70\%$ (7 out of 10), reduce the pool size (consider $n = 3$) and repeat the re-assessment testing with the new pool size until PPA of pooled compared to individual testing is $\geq 90\%$ OR consider cessation of pooling patient specimens.
 - If PPA is 80% (8 out of 10), collect an additional 10 consecutive individually positive samples. Then, calculate the PPA from the combined data of 20 samples, between pooled testing results and individual testing results. If the PPA is $\geq 85\%$, then implementation of testing using n -sample pooling is acceptable. Or, to compensate for lost sensitivity, reduce the pool size (consider $n = 3$) and repeat the re-assessment testing with the new pool size until PPA of pooled compared to individual testing is $\geq 85\%$.
- If PPA of at least 85% cannot be reached for any pool size, cease pooling patient specimens.
- If n -sample pooling is acceptable, return to step 5 in “Data Monitoring” to re-establish $P_{\text{Individual}}$.

Additional Resources:

1. Abdalhamid, et al., Assessment of Specimen Pooling to Conserve SARS CoV-2 Testing resources, Amer J Clin Pathol., Vol 153, June 2020, Pages 715–718. <https://doi.org/10.1093/ajcp/aqaa064>.
2. Advisory on feasibility of using pooled samples for molecular testing of COVID-19. https://www.icmr.gov.in/pdf/covid/strategy/Advisory_on_feasibility_of_sample_pooling.pdf
3. CDC, Interim Guidance for Use of Pooling Procedures in SARS-CoV-2 Diagnostic, Screening and Surveillance Testing. <https://www.cdc.gov/coronavirus/2019-ncov/lab/pooling-procedures.html>

Questions and Comments:

If you have questions or comments about this procedure, please send by email to: respvirus@cdc.gov.

CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel – Verification Requirements

***** DO NOT DISCARD: Important product-specific information *****

CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel – Verification Requirements

Please consult the following guidance from the Centers for Medicare & Medicaid Services (CMS) regarding diagnostic tests under Emergency Use Authorization (EUA):

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/QSO18-19-CLIA>

INTENDED USE

The CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel is a real-time RT-PCR test intended for the qualitative detection of nucleic acid from SARS-CoV-2 in upper and lower respiratory specimens (such as nasopharyngeal or oropharyngeal swabs, sputum, lower respiratory tract aspirates, bronchoalveolar lavage, and nasopharyngeal wash/aspirate or nasal aspirate) collected from individuals suspected of COVID-19 by their healthcare provider¹.

This test is also for the qualitative detection of nucleic acid from the SARS-CoV-2 in pooled samples containing up to four of the individual upper respiratory swab specimens (nasopharyngeal (NP), oropharyngeal (OP), NP/OP combined, or nasal swabs) that were collected using individual vials containing transport media from individuals suspected of COVID-19 by their healthcare provider. Negative results from pooled testing should not be treated as definitive. If a patient's clinical signs and symptoms are inconsistent with a negative result or results are necessary for patient management, then the patient should be considered for individual testing. Specimens included in pools with a positive, inconclusive, or invalid result must be tested individually prior to reporting a result. Specimens with low viral loads may not be detected in sample pools due to the decreased sensitivity of pooled testing.

Testing is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, that meet the requirements to perform high complexity tests.

Results are for the identification of SARS-CoV-2 RNA. SARS-CoV-2 RNA is generally detectable in upper and lower respiratory specimens during infection. Positive results are indicative of active infection with SARS-CoV-2 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all results to the appropriate public health authorities.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Testing with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel is intended for use by trained laboratory personnel who are proficient in performing real-time RT-PCR assays. The CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency Use Authorization.

REQUIRED MATERIALS

The 2019 novel coronavirus positive control (nCoVPC) is provided with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel and should be prepared according to the Instructions for

¹ For this EUA, a healthcare provider includes, but is not limited to, physicians, nurses, pharmacists, technologists, laboratory directors, epidemiologists, or any other practitioners or allied health professionals.

CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel – Verification Requirements

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Use. The nCoVPC consists of an RNA transcript of the 2019-nCoV N gene as well as human RNase P gene segment. nCoVPC will yield a positive result with the following primer and probe sets: 2019-nCoV_N1, 2019-nCoV_N2, and RP.

Approximately 2 mL of an upper respiratory specimen (e.g. nasopharyngeal swab (NPS) in transport media) are needed for testing. Specimens may be pooled if less than 2 mL of one specimen is available.

Refer to CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel package insert (manufacturer instructions) for additional reagents, materials, and instructions.

PRECAUTIONS

This reagent should be handled in an approved biosafety level 2 (BSL-2) handling area to avoid contamination of laboratory equipment and reagents that could cause false positive results. This product is an RNA transcript and is non-infectious. However, the nCoVPC should be handled in accordance with Good Laboratory Practices.

Store reagent at appropriate temperatures (see Instructions for Use) and hold on ice when thawed.

Please use standard precautions when handling respiratory specimens.

INSTRUCTIONS FOR PREPARING SAMPLES BEFORE EXTRACTION WITH THE QIAamp® DSP VIRAL RNA MINI KIT OR THE QIAamp® VIRAL RNA MINI KIT

- Refer to the 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use for reconstitution of the materials for use. RNA should be kept cold during preparation and use.
- Make a 1/10 dilution of nCoVPC by adding 5 µL of nCoVPC into 45 µL of nuclease-free water or 10 mM Tris.
- Aliquot 560 µL of lysis buffer into each of nine tubes labeled 1-9.
- Add 140 µL of upper respiratory specimen (e.g. NPS in viral transport media) into each of the nine labeled tubes with lysis buffer.
- To prepare samples at a moderate concentration, spike 14 µL of undiluted nCoVPC (rehydrated as described in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use) into each tube labeled 1-3 containing lysis buffer and specimen.
- To prepare samples at a low concentration, spike 14 µL of 1/10 dilution of nCoVPC into each tube labeled 4-6 containing lysis buffer and specimen.
- To prepare negative samples, spike 14 µL of nuclease-free water into each tube labeled 7-9 containing lysis buffer and specimen.
- Perform extractions of all nine samples according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use.

INSTRUCTIONS FOR PREPARING SAMPLES BEFORE EXTRACTION WITH THE QIAGEN EZ1® ADVANCED XL

- Refer to the 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use for reconstitution of the materials for use. RNA should be kept cold during preparation and use.
- Make a 1/10 dilution of nCoVPC by adding 5 µL of nCoVPC into 45 µL of nuclease-free water or 10 mM Tris.
- Aliquot 280 µL of lysis buffer into each of nine tubes labeled 1-9.
- Add 120 µL of upper respiratory specimen (e.g. NPS in viral transport media) into each of the nine labeled tubes with lysis buffer.
- To prepare samples at a moderate concentration, spike 12 µL of undiluted nCoVPC (rehydrated as described in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use) into each tube labeled 1-3 containing lysis buffer and specimen.
- To prepare samples at a low concentration, spike 12 µL of 1/10 dilution of nCoVPC into each tube labeled 4-6 containing lysis buffer and specimen.
- To prepare negative samples, spike 12 µL of nuclease-free water into each tube labeled 7-9 containing lysis buffer and specimen.

CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel – Verification Requirements

*** **DO NOT DISCARD: Important product-specific information** ***

- Perform extractions of all nine samples according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use.

INSTRUCTIONS FOR PREPARING SAMPLES BEFORE EXTRACTION WITH THE ROCHE MagNA PURE TOTAL NUCLEIC ACID KIT OR THE ROCHE MagNA PURE NUCLEIC ACID ISOLATION KIT I

- Refer to the 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use for reconstitution of the materials for use. RNA should be kept cold during preparation and use.
- Make a 1/10 dilution of nCoVPC by adding 5 µL of nCoVPC into 45 µL of nuclease-free water or 10 mM Tris.
- Aliquot 300 µL of lysis buffer into each of nine tubes labeled 1-9.
- Add 100 µL of upper respiratory specimen (e.g. NPS in viral transport media) into each of the nine labeled tubes with lysis buffer.
- To prepare samples at a moderate concentration, spike 12 µL of undiluted nCoVPC (rehydrated as described in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use) into each tube labeled 1-3 containing lysis buffer and specimen.
- To prepare samples at a low concentration, spike 12 µL of 1/10 dilution of nCoVPC into each tube labeled 4-6 containing lysis buffer and specimen.
- To prepare negative samples, spike 12 µL of nuclease-free water into each tube labeled 7-9 containing lysis buffer and specimen.
- Perform extractions of all nine samples according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use.

INSTRUCTIONS FOR PREPARING SAMPLES BEFORE EXTRACTION WITH THE ROCHE MagNA PURE 24 AND TOTAL NUCLEIC ACID ISOLATION KIT

- Refer to the 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use for reconstitution of the materials for use. RNA should be kept cold during preparation and use.
- Make a 1/10 dilution of nCoVPC by adding 5 µL of nCoVPC into 45 µL of nuclease-free water or 10 mM Tris.
- Aliquot 400 µL of lysis buffer into each of nine tubes labeled 1-9.
- Add 100 µL of upper respiratory specimen (e.g. NPS in viral transport media) into each of the nine labeled tubes with lysis buffer.
- To prepare samples at a moderate concentration, spike 12 µL of undiluted nCoVPC (rehydrated as described in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use) into each tube labeled 1-3 containing lysis buffer and specimen.
- To prepare samples at a low concentration, spike 12 µL of 1/10 dilution of nCoVPC into each tube labeled 4-6 containing lysis buffer and specimen.
- To prepare negative samples, spike 12 µL of nuclease-free water into each tube labeled 7-9 containing lysis buffer and specimen.
- Perform extractions of all nine samples according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use.

INSTRUCTIONS FOR PREPARING SAMPLES BEFORE EXTRACTION WITH THE ROCHE MagNA PURE 96 DNA AND VIRAL NA SMALL VOLUME KIT

- Refer to the 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use for reconstitution of the materials for use. RNA should be kept cold during preparation and use.
- Make a 1/10 dilution of nCoVPC by adding 5 µL of nCoVPC into 45 µL of nuclease-free water or 10 mM Tris.
- Aliquot 350 µL of lysis buffer into each of nine tubes labeled 1-9.
- Add 100 µL of upper respiratory specimen (e.g. NPS in viral transport media) into each of the nine labeled tubes with lysis buffer.
- To prepare samples at a moderate concentration, spike 12 µL of undiluted nCoVPC (rehydrated as described in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use) into each tube labeled 1-3 containing lysis buffer and specimen.
- To prepare samples at a low concentration, spike 12 µL of 1/10 dilution of nCoVPC into each tube labeled 4-6 containing lysis buffer and specimen.

CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel – Verification Requirements

*** DO NOT DISCARD: Important product-specific information ***

- To prepare negative samples, spike 12 µL of nuclease-free water into each tube labeled 7-9 containing lysis buffer and specimen.
- Perform extractions of all nine samples according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use.

INSTRUCTIONS FOR PREPARING SAMPLES BEFORE EXTRACTION WITH THE PROMEGA MAXWELL® RSC 48

- Refer to the 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use for reconstitution of the materials for use. RNA should be kept cold during preparation and use.
- Make a 1/10 dilution of nCoVPC by adding 5 µL of nCoVPC into 45 µL of nuclease-free water or 10 mM Tris.
- Aliquot 330 µL of lysis buffer (300 µL of lysis buffer + 30 µL Proteinase K, included in the kit) into each of nine tubes labeled 1-9.
- Add 120 µL of upper respiratory specimen (e.g. NPS in viral transport media) into each of the nine labeled tubes with lysis buffer.
- To prepare samples at a moderate concentration, spike 12 µL of undiluted nCoVPC (rehydrated as described in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use) into each tube labeled 1-3 containing lysis buffer and specimen.
- To prepare samples at a low concentration, spike 12 µL of 1/10 dilution of nCoVPC into each tube labeled 4-6 containing lysis buffer and specimen.
- To prepare negative samples, spike 12 µL of nuclease-free water into each tube labeled 7-9 containing lysis buffer and specimen.
- Perform extractions of all nine samples according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use.

INSTRUCTIONS FOR PREPARING SAMPLES BEFORE EXTRACTION WITH THE BIOMÉRIEUX NucliSENS easyMAG OR THE BIOMÉRIEUX EMAG

- Refer to the 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use for reconstitution of the materials for use. RNA should be kept cold during preparation and use.
- Make a 1/10 dilution of nCoVPC by adding 5 µL of nCoVPC into 45 µL of nuclease-free water or 10 mM Tris.
- Aliquot 1000 µL or 2000 µL of pre-aliquoted easyMAG lysis buffer into each of nine tubes labeled 1-9 for the easyMAG or eMAG, respectively.
- Add 100 µL of upper respiratory specimen (e.g. NPS in viral transport media) into each of the nine labeled tubes with lysis buffer.
- To prepare samples at a moderate concentration, spike 12 µL of undiluted nCoVPC (rehydrated as described in the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use) into each tube labeled 1-3 containing lysis buffer and specimen.
- To prepare samples at a low concentration, spike 12 µL of 1/10 dilution of nCoVPC into each tube labeled 4-6 containing lysis buffer and specimen.
- To prepare negative samples, spike 12 µL of nuclease-free water into each tube labeled 7-9 containing lysis buffer and specimen.
- Perform extractions of all nine samples according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use.

PROCEDURE

Follow the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions for Use for testing the nine extracted samples at least once.

EXPECTED RESULTS

Moderate nCoVPC samples should be positive for 2019-nCoV.

Low nCoVPC samples should be positive for 2019-nCoV.

Negative upper respiratory samples should be negative for 2019-nCoV.

≥90% of test results should be in agreement with the expected results. If test results are <90% in agreement with expected results, contact CDC at respvirus@cdc.gov.



CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel – Verification Requirements

***** DO NOT DISCARD: Important product-specific information *****

LIMITATIONS

This test has not been FDA cleared or approved.

This test has been authorized by FDA under an EUA for use by authorized laboratories.

This test has been authorized only for the detection of nucleic acid from 2019-nCoV, not for any other viruses or pathogens.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of SARS-CoV-2 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

QUESTIONS

Please send questions or comments by email to respvirus@cdc.gov.

DISTRIBUTION

Distributed to qualified laboratories by Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA, 30329 USA



2019-nCoV-EUA-01

**CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel
Product Information Sheet**

DO NOT DISCARD: Important product-specific information

CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel
For use under EMERGENCY USE AUTHORIZATION (EUA) only.
Rx only

CATALOG: 2019-nCoV-EUA-01

KIT LOT:

EXPIRATION DATE:

INTENDED USE

The CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel is a real-time RT-PCR test intended for the qualitative detection of nucleic acid from SARS-CoV-2 in upper and lower respiratory specimens (such as nasopharyngeal or oropharyngeal swabs, sputum, lower respiratory tract aspirates, bronchoalveolar lavage, and nasopharyngeal wash/aspirate or nasal aspirate) collected from individuals suspected of COVID-19 by their healthcare provider¹.

This test is also for the qualitative detection of nucleic acid from the SARS-CoV-2 in pooled samples containing up to four of the individual upper respiratory swab specimens (nasopharyngeal (NP), oropharyngeal (OP), NP/OP combined, or nasal swabs) that were collected using individual vials containing transport media from individuals suspected of COVID-19 by their healthcare provider. Negative results from pooled testing should not be treated as definitive. If a patient's clinical signs and symptoms are inconsistent with a negative result or results are necessary for patient management, then the patient should be considered for individual testing. Specimens included in pools with a positive, inconclusive, or invalid result must be tested individually prior to reporting a result. Specimens with low viral loads may not be detected in sample pools due to the decreased sensitivity of pooled testing.

Testing is limited to laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, that meet the requirements to perform high complexity tests.

Results are for the identification of SARS-CoV-2 RNA. SARS-CoV-2 RNA is generally detectable in upper and lower respiratory specimens during infection. Positive results are indicative of active infection with SARS-CoV-2 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all results to the appropriate public health authorities.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Testing with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel is intended for use by trained laboratory personnel who are proficient in performing real-time RT-PCR assays. The CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency Use Authorization.

PACKAGE CONTENTS

PACKAGING	COMPONENT	PART NUMBER	COMPONENT LOT NUMBER	VIALS PER KIT	QUANTITY /VIAL	STATE
Oligonucleotide Box	2019-nCoV_N1 Combined Primer/Probe Mix			1	22.5 nmol	Dried
	2019-nCoV_N2 Combined Primer/Probe Mix			1	22.5 nmol	Dried
	RP Combined Primer/Probe Mix			1	22.5 nmol	Dried
Control Box	nCoVPC 2019-nCoV Positive Control (non-infectious)			4	1 x 10 ⁴ copies/μL	Dried

IVD

¹ For this EUA, a healthcare provider includes, but is not limited to, physicians, nurses, pharmacists, technologists, laboratory directors, epidemiologists, or any other practitioners or allied health professionals.



2019-nCoV EUA-01

**CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel
Product Information Sheet**

STORAGE INSTRUCTIONS

Upon receipt, store at 2-8°C. Refer to the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel Instructions for Use before opening and preparing reagents for use.

PROCEDURE/INTERPRETATION/LIMITATIONS

Users should refer to the **CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel Instructions for Use** posted on the FDA website for all IVD products used under Emergency Use Authorization, <http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm>.

This test has not been FDA cleared or approved.

This test has been authorized by FDA under an EUA for use by authorized laboratories.

This test has been authorized only for the detection of nucleic acid from 2019-nCoV, not for any other viruses or pathogens.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of SARS-CoV-2 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

PRECAUTIONS

This reagent should be handled in an approved BSL-2 handling area to avoid contamination of laboratory equipment and reagents that could cause false positive results. This product is non-infectious. However, this product should be handled in accordance with Good Laboratory Practices.

REAGENT COMPLAINTS/QUESTIONS

If you have a question/comment about this product, please contact the CDC Division of Viral Diseases/Respiratory Viruses Branch by email at respvirus@cdc.gov.

DISTRIBUTED BY

Manufactured by the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia, 30329, USA

IVD



Emergency Use Authorization

FDA may issue an EUA for an unapproved drug, biological product, or device; or for an unapproved use of a drug, biological product or device following a Declaration by the Secretary of Health and Human Services that the circumstances justify such authorization based on one of the following:

A determination by the Secretary of Homeland Security that there is an actual or significant potential for a domestic emergency involving a heightened risk of attack with a biological, chemical, radiological, or nuclear agent(s);

A determination by the Secretary of Homeland Security of a material threat of a chemical, biological, radiological or nuclear agent sufficient to affect national security or the health and security of United States citizens living abroad;

A determination by the [Secretary](#) of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to [United States](#) military forces, including personnel operating under the authority of title 10 or title 50, of attack with (i) a biological, chemical, radiological, or nuclear agent or agents; or (ii) an agent or agents that may cause, or are otherwise associated with, an imminently life-threatening and specific risk to [United States](#) military forces; or

A determination by the Health and Human Services Secretary that there is a public health emergency or a significant potential for a public health emergency that affects, or has significant potential to affect, national security or the health and security of U.S. citizens living abroad and involves a biological, chemical, radiological, or nuclear agent(s) or disease or condition that may be attributable to such agent(s).

FDA may then issue an EUA for a product if FDA finds that:

the agent specified in the declaration of emergency can cause a serious or life-threatening disease or condition;

based on the totality of scientific evidence available, it is reasonable to believe that the product may be effective in diagnosing, treating, or preventing the serious or life-threatening disease or condition, or a serious or life-threatening disease or condition caused by a product authorized approved, cleared, or licensed by FDA for diagnosing, treating, or preventing the disease or condition;

the known and potential benefits of the product outweigh the known and potential risks of the product when used to diagnose, prevent, or treat the serious or life-threatening disease or condition, taking into consideration the material threat posed by the agent or agents identified in a declaration by the DHS Secretary, if applicable;

there is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating such serious or life-threatening disease or condition; and

in the case of a determination by the Secretary of Defense regarding risk to U.S. military forces from agents other than chemical, biological, radiological and nuclear agents, that the request for emergency use is made by the Secretary of Defense.

FDA will, in issuing the EUA, impose conditions on the emergency use that is authorized. For more information on the emergency use authority, please see [Emergency Preparedness and Response: Emergency Use Authorization](#).

Legal Authorities

[Legal Authorities Overview](#)
[Legal Authority of the Secretary](#)
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RCW 9A.40.040

Unlawful imprisonment.

- (1) A person is guilty of unlawful imprisonment if he or she knowingly restrains another person.
- (2) Unlawful imprisonment is a class C felony.

[2011 c 336 § 365; 1975 1st ex.s. c 260 § 9A.40.040.]

18 USC Ch. 79: PERJURY

From Title 18—CRIMES AND CRIMINAL PROCEDURE PART I—CRIMES

CHAPTER 79—PERJURY

Sec.	
1621.	Perjury generally.
1622.	Subornation of perjury.
1623.	False declarations before grand jury or court.

EDITORIAL NOTES

AMENDMENTS

1970—Pub. L. 91–452, [title IV, §401\(b\)](#), [Oct. 15, 1970](#), 84 Stat. 933, added item 1623.

§1621. Perjury generally

Whoever—

(1) having taken an oath before a competent tribunal, officer, or person, in any case in which a law of the United States authorizes an oath to be administered, that he will testify, declare, depose, or certify truly, or that any written testimony, declaration, deposition, or certificate by him subscribed, is true, willfully and contrary to such oath states or subscribes any material matter which he does not believe to be true; or

(2) in any declaration, certificate, verification, or statement under penalty of perjury as permitted under section 1746 of title 28, United States Code, willfully subscribes as true any material matter which he does not believe to be true;

is guilty of perjury and shall, except as otherwise expressly provided by law, be fined under this title or imprisoned not more than five years, or both. This section is applicable whether the statement or subscription is made within or without the United States.

([June 25, 1948, ch. 645](#), 62 Stat. 773; Pub. L. 88–619, [§1, Oct. 3, 1964](#), 78 Stat. 995; Pub. L. 94–550, [§2, Oct. 18, 1976](#), 90 Stat. 2534; Pub. L. 103–322, [title XXXIII, §330016\(1\)\(I\)](#), [Sept. 13, 1994](#), 108 Stat. 2147.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §§231, 629 ([Mar. 4, 1909, ch. 321, §125](#), 35 Stat. 1111; [June 15, 1917, ch. 30, title XI, §19](#), 40 Stat. 230).

Words "except as otherwise expressly provided by law" were inserted to avoid conflict with perjury provisions in other titles where the punishment and application vary.

More than 25 additional provisions are in the code. For construction and application of several such sections, see *Behrle v. United States* (App. D.C. 1938, 100 F. 2d 714), *United States v. Hammer* (D.C.N.Y., 1924, 299 F. 1011, affirmed, 6 F. 2d 786), *Rosenthal v. United States* (1918, 248 F. 684, 160 C.C.A. 584), cf. *Epstein v. United States* (1912, 196 F. 354, 116 C.C.A. 174, certiorari denied 32 S. Ct. 527, 223 U.S. 731, 56 L. ed. 634).

Mandatory punishment provisions were rephrased in the alternative.

Minor verbal changes were made.

EDITORIAL NOTES

AMENDMENTS

1994—Pub. L. 103–322 substituted "fined under this title" for "fined not more than \$2,000" in concluding provisions.

1976—Pub. L. 94–550 divided existing provisions into a single introductory word "Whoever", par. (1), and closing provisions following par. (2), and added par. (2).

1964—Pub. L. 88–619 inserted at end "This section is applicable whether the statement or subscription is made within or without the United States."

§1622. Subornation of perjury

Whoever procures another to commit any perjury is guilty of subornation of perjury, and shall be fined under this title or imprisoned not more than five years, or both.

([June 25, 1948, ch. 645](#), 62 Stat. 774; Pub. L. 103–322, [title XXXIII, §330016\(1\)\(I\)](#), [Sept. 13, 1994](#), 108 Stat. 2147.)

HISTORICAL AND REVISION NOTES

Based on title 18, U.S.C., 1940 ed., §232 ([Mar. 4, 1909, ch. 321, §126](#), 35 Stat. 1111).

The punishment prescribed in section 1621 of this title was substituted for the reference thereto.

EDITORIAL NOTES

AMENDMENTS

1994—Pub. L. 103–322 substituted "fined under this title" for "fined not more than \$2,000".

§1623. False declarations before grand jury or court

(a) Whoever under oath (or in any declaration, certificate, verification, or statement under penalty of perjury as permitted under section 1746 of title 28, United States Code) in any proceeding before or ancillary to any court or grand jury of the United States knowingly makes any false material declaration or makes or uses any other information, including any book, paper, document, record, recording, or other material, knowing the same to contain any false material declaration, shall be fined under this title or imprisoned not more than five years, or both.

(b) This section is applicable whether the conduct occurred within or without the United States.

(c) An indictment or information for violation of this section alleging that, in any proceedings before or ancillary to any court or grand jury of the United States, the defendant under oath has knowingly made two or more declarations, which are inconsistent to the degree that one of them is necessarily false, need not specify which declaration is false if—

(1) each declaration was material to the point in question, and

(2) each declaration was made within the period of the statute of limitations for the offense charged under this section.

In any prosecution under this section, the falsity of a declaration set forth in the indictment or information shall be established sufficient for conviction by proof that the defendant while under oath made irreconcilably contradictory declarations material to the point in question in any proceeding before or ancillary to any court or grand jury. It shall be a defense to an indictment or information made pursuant to the first sentence of this subsection that the defendant at the time he made each declaration believed the declaration was true.

(d) Where, in the same continuous court or grand jury proceeding in which a declaration is made, the person making the declaration admits such declaration to be false, such admission shall bar prosecution under this section if, at the time the admission is made, the declaration has not substantially affected the proceeding, or it has not become manifest that such falsity has been or will be exposed.

(e) Proof beyond a reasonable doubt under this section is sufficient for conviction. It shall not be necessary that such proof be made by any particular number of witnesses or by documentary or other type of evidence.

(Added Pub. L. 91–452, title IV, §401(a), Oct. 15, 1970, 84 Stat. 932; amended Pub. L. 94–550, §6, Oct. 18, 1976, 90 Stat. 2535; Pub. L. 103–322, title XXXIII, §330016(1)(L), Sept. 13, 1994, 108 Stat. 2147.)

EDITORIAL NOTES

AMENDMENTS

1994—Subsec. (a). Pub. L. 103–322 substituted "fined under this title" for "fined not more than \$10,000".

1976—Subsec. (a). Pub. L. 94–550 inserted "(or in any declaration, certificate, verification, or statement under penalty of perjury as permitted under section 1746 of title 28, United States Code)" after "under oath".

AUGUST 1963

Letter from Birmingham Jail

by Martin Luther King, Jr.

From the Birmingham jail, where he was imprisoned as a participant in nonviolent demonstrations against segregation, Dr. Martin Luther King, Jr., wrote in longhand the letter which follows. It was his response to a public statement of concern and caution issued by eight white religious leaders of the South. Dr. King, who was born in 1929, did his undergraduate work at Morehouse College; attended the integrated Crozer Theological Seminary in Chester, Pennsylvania, one of six black pupils among a hundred students, and the president of his class; and won a fellowship to Boston University for his Ph.D.

WHILE confined here in the Birmingham city jail, I came across your recent statement calling our present activities "unwise and untimely." Seldom, if ever, do I pause to answer criticism of my work and ideas. If I sought to answer all of the criticisms that cross my desk, my secretaries would be engaged in little else in the course of the day, and I would have no time for constructive work. But since I feel that you are men of genuine good will and your criticisms are sincerely set forth, I would like to answer your statement in what I hope will be patient and reasonable terms.

I think I should give the reason for my being in Birmingham, since you have been influenced by the argument of "outsiders coming in." I have the honor of serving as president of the Southern Christian Leadership Conference, an organization operating in every Southern state, with headquarters in Atlanta, Georgia. We have some eighty-five affiliate organizations all across the South, one being the Alabama Christian Movement for Human Rights. Whenever necessary and possible, we share staff, educational and financial resources with our affiliates. Several months ago our local affiliate here in Birmingham invited us to be on call to engage in a nonviolent direct-action program if such were deemed necessary. We readily consented, and when the hour came we lived up to our promises. So I am here, along with several members of my staff, because we were invited here. I am here because I have basic organizational ties here.

Beyond this, I am in Birmingham because injustice is here. Just as the eighth-century prophets left their little villages and carried their "thus saith the Lord" far beyond the boundaries of their hometowns; and just as the Apostle Paul left his little village of Tarsus and carried the gospel of Jesus Christ to practically every hamlet and city of the Greco-Roman world, I too am compelled to carry the gospel of freedom beyond my particular hometown. Like Paul, I must constantly respond to the Macedonian call for aid.

Moreover, I am cognizant of the interrelatedness of all communities and states. I cannot sit idly by in Atlanta and not be concerned about what happens in Birmingham. Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly. Never again can we afford to live with the narrow, provincial "outside agitator" idea. Anyone who lives inside the United States can never be considered an outsider.

You deplore the demonstrations that are presently taking place in Birmingham. But I am sorry that your statement did not express a similar concern for the conditions that brought the demonstrations into being. I am sure that each of you would want to go beyond the superficial social analyst who looks merely at effects and does not grapple with underlying causes. I would not hesitate to say that it is unfortunate that so-called demonstrations are taking place in Birmingham at this time, but I would say in more emphatic terms that it is even more unfortunate that the white power structure of this city left the Negro community with no other alternative.

IN ANY nonviolent campaign there are four basic steps: collection of the facts to determine whether injustices are alive, negotiation, self-purification, and direct action. We have gone through all of these steps in Birmingham. There can be no gainsaying of the fact that racial injustice engulfs this community. Birmingham is probably the most thoroughly segregated city in the United States. Its ugly record of police brutality is known in every section of this country. Its unjust treatment of Negroes in the courts is a notorious reality. There have been more unsolved bombings of Negro homes and churches in Birmingham than in any other city in this nation. These are the hard, brutal, and unbelievable facts. On the basis of them, Negro leaders sought to negotiate with the city fathers. But the political leaders consistently refused to engage in good-faith negotiation.

Then came the opportunity last September to talk with some of the leaders of the economic community. In these negotiating sessions certain promises were made by the merchants, such as the promise to remove the humiliating racial signs from the stores. On the basis of these promises, Reverend Shuttlesworth and the leaders of the Alabama Christian Movement for Human Rights agreed to call a moratorium on any type of demonstration. As the weeks and months unfolded, we realized that we were the victims of a broken promise. The signs remained. As in so many experiences of the past, we were confronted with blasted hopes, and the dark shadow of a deep disappointment settled upon us. So we had no alternative except that of preparing for direct action, whereby we would present our very bodies as a means of laying our case before the conscience of the local and national community. We were not unmindful of the difficulties involved. So we decided to go through a process of self-purification. We

started having workshops on nonviolence and repeatedly asked ourselves the questions, "Are you able to accept blows without retaliating?" and "Are you able to endure the ordeals of jail?" We decided to set our direct-action program around the Easter season, realizing that, with exception of Christmas, this was the largest shopping period of the year. Knowing that a strong economic withdrawal program would be the by-product of direct action, we felt that this was the best time to bring pressure on the merchants for the needed changes. Then it occurred to us that the March election was ahead, and so we speedily decided to postpone action until after election day. When we discovered that Mr. Conner was in the runoff, we decided again to postpone action so that the demonstration could not be used to cloud the issues. At this time we agreed to begin our nonviolent witness the day after the runoff.

This reveals that we did not move irresponsibly into direct action. We, too, wanted to see Mr. Conner defeated, so we went through postponement after postponement to aid in this community need. After this we felt that direct action could be delayed no longer.

You may well ask, "Why direct action, why sit-ins, marches, and so forth? Isn't negotiation a better path?" You are exactly right in your call for negotiation. Indeed, this is the purpose of direct action. Nonviolent direct action seeks to create such a crisis and establish such creative tension that a community that has consistently refused to negotiate is forced to confront the issue. It seeks so to dramatize the issue that it can no longer be ignored. I just referred to the creation of tension as a part of the work of the nonviolent resister. This may sound rather shocking. But I must confess that I am not afraid of the word "tension." I have earnestly worked and preached against violent tension, but there is a type of constructive nonviolent tension that is necessary for growth. Just as Socrates felt that it was necessary to create a tension in the mind so that individuals could rise from the bondage of myths and half-truths to the unfettered realm of creative analysis and objective appraisal, we must see the need of having nonviolent gadflies to create the kind of tension in society that will help men to rise from the dark depths of prejudice and racism to the majestic heights of understanding and brotherhood. So, the purpose of direct action is to create a situation so crisis-packed that it will inevitably open the door to negotiation. We therefore concur with you in your call for negotiation. Too long has our beloved Southland been bogged down in the tragic attempt to live in monologue rather than dialogue.

One of the basic points in your statement is that our acts are untimely. Some have asked, "Why didn't you give the new administration time to act?" The only answer that I can give to this inquiry is that the new administration must be prodded about as much as the outgoing one before it acts. We will be sadly mistaken if we feel that the election of Mr. Boutwell will bring the millennium to Birmingham. While Mr. Boutwell is much more articulate and gentle than Mr. Conner, they are both segregationists, dedicated to the task of maintaining the status quo. The hope I see in Mr. Boutwell is that he will be reasonable enough to see the futility of massive resistance to desegregation. But he will not see this without pressure from the devotees of civil rights. My friends, I must say to you that we have not made a single gain in civil rights without determined legal and nonviolent pressure. History is the long and tragic story of the fact that privileged groups seldom give up their privileges voluntarily. Individuals may see the moral light and voluntarily give up their unjust posture; but, as Reinhold Niebuhr has reminded us, groups are more immoral than individuals.

We know through painful experience that freedom is never voluntarily given by the oppressor; it must be demanded by the oppressed. Frankly, I have never yet engaged in a direct-action movement that was "well timed" according to the timetable of those who have not suffered unduly from the disease of segregation. For years now I have heard the word "wait." It rings in the ear of every Negro with a piercing familiarity. This "wait" has almost always meant "never." It has been a tranquilizing thalidomide, relieving the emotional stress for a moment, only to give birth to an ill-formed infant of frustration. We must come to see with the distinguished jurist of yesterday that "justice too long delayed is justice denied." We have waited for more than three hundred and forty years for our God-given and constitutional rights. The nations of Asia and Africa are moving with jetlike speed toward the goal of political independence, and we still creep at horse-and-buggy pace toward the gaining of a cup of coffee at a lunch counter. I guess it is easy for those who have never felt the stinging darts of segregation to say "wait." But when you have seen vicious mobs lynch your mothers and fathers at will and drown your sisters and brothers at whim; when you have seen hate-filled policemen curse, kick, brutalize, and even kill your black brothers and sisters with impunity; when you see the vast majority of your twenty million Negro brothers smothering in an airtight cage of poverty in the midst of an affluent society; when you suddenly find your tongue twisted and your speech stammering as you seek to explain to your six-year-old daughter why she cannot go to the public amusement park that has just been advertised on television, and see tears welling up in her little eyes when she is told that Funtown is closed to colored children, and see the depressing clouds of inferiority begin to form in her little mental sky, and see her begin to distort her little personality by unconsciously developing a bitterness toward white people; when you have to concoct an answer for a five-year-old son asking in agonizing pathos, "Daddy, why do white people treat colored people so mean?"; when you take a cross-country drive and find it necessary to sleep night after night in the uncomfortable corners of your automobile because no motel will accept you; when you are humiliated day in and day out by nagging signs reading "white" and "colored"; when your first name becomes "nigger" and your middle name becomes "boy" (however old you are) and your last name becomes "John," and when your wife and mother are never given the respected title "Mrs."; when you are harried by day and haunted by night by the fact that you are a Negro, living constantly at tiptoe stance, never knowing what to expect next, and plagued with inner fears and outer resentments; when you are forever fighting a degenerating sense of "nobodiness" -- then you will understand why we find it difficult to wait. There comes a time when the cup of endurance runs over and men are no longer willing to be plunged into an abyss of injustice where they experience the bleakness of corroding despair. I hope, sirs, you can understand our legitimate and unavoidable impatience.

YOU express a great deal of anxiety over our willingness to break laws. This is certainly a legitimate concern. Since we so diligently urge people to obey the Supreme Court's decision of 1954 outlawing segregation in the public schools, it is rather strange and paradoxical to find us consciously breaking laws. One may well ask, "How can you advocate breaking some laws and obeying others?" The answer is found in the fact that there are two types of laws: there are just laws, and there are unjust laws. I would agree with St. Augustine that "An unjust law is no law at all."

Now, what is the difference between the two? How does one determine when a law is just or unjust? A just law is a man-made code that squares with the moral law, or the law of God. An unjust law is a code that is out of harmony with the moral law. To put it in the terms of St. Thomas Aquinas, an unjust law is a human law that is not rooted in eternal and natural law. Any law that uplifts human personality is just. Any law that degrades human personality is unjust. All segregation statutes are unjust because segregation distorts the soul and damages the personality. It gives the segregator a false sense of superiority and the segregated a false sense of inferiority. To use the words of Martin Buber, the great Jewish philosopher, segregation substitutes an "I - it" relationship for the "I - thou" relationship and ends up relegating persons to the status of things. So segregation is not only politically, economically, and sociologically unsound, but it is morally wrong and sinful. Paul Tillich has said that sin is separation. Isn't segregation an existential expression of man's tragic separation, an expression of his awful estrangement, his terrible sinfulness? So I can urge men to obey the 1954 decision of the Supreme Court because it is morally right, and I can urge them to disobey segregation ordinances because they are morally wrong.

Let us turn to a more concrete example of just and unjust laws. An unjust law is a code that a majority inflicts on a minority that is not binding on itself. This is difference made legal. On the other hand, a just law is a code that a majority compels a minority to follow, and that it is willing to follow itself. This is sameness made legal.

Let me give another explanation. An unjust law is a code inflicted upon a minority which that minority had no part in enacting or creating because it did not have the unhampered right to vote. Who can say that the legislature of Alabama which set up the segregation laws was democratically elected? Throughout the state of Alabama all types of conniving methods are used to prevent Negroes from becoming registered voters, and there are some counties without a single Negro registered to vote, despite the fact that the Negroes constitute a majority of the population. Can any law set up in such a state be considered democratically structured?

These are just a few examples of unjust and just laws. There are some instances when a law is just on its face and unjust in its application. For instance, I was arrested Friday on a charge of parading without a permit. Now, there is nothing wrong with an ordinance which requires a permit for a parade, but when the ordinance is used to preserve segregation and to deny citizens the First Amendment privilege of peaceful assembly and peaceful protest, then it becomes unjust.

Of course, there is nothing new about this kind of civil disobedience. It was seen sublimely in the refusal of Shadrach, Meshach, and Abednego to obey the laws of Nebuchadnezzar because a higher moral law was involved. It was practiced superbly by the early Christians, who were willing to face hungry lions and the excruciating pain of chopping blocks before submitting to certain unjust laws of the Roman Empire. To a degree, academic freedom is a reality today because Socrates practiced civil disobedience.

We can never forget that everything Hitler did in Germany was "legal" and everything the Hungarian freedom fighters did in Hungary was "illegal." It was "illegal" to aid and comfort a Jew in Hitler's Germany. But I am sure that if I had lived in Germany during that time, I would have aided and comforted my Jewish brothers even though it was illegal. If I lived in a Communist country today where certain principles dear to the Christian faith are suppressed, I believe I would openly advocate disobeying these anti-religious laws.

IMUST make two honest confessions to you, my Christian and Jewish brothers. First, I must confess that over the last few years I have been gravely disappointed with the white moderate. I have almost reached the regrettable conclusion that the Negro's great stumbling block in the stride toward freedom is not the White Citizens Councillor or the Ku Klux Klanner but the white moderate who is more devoted to order than to justice; who prefers a negative peace which is the absence of tension to a positive peace which is the presence of justice; who constantly says, "I agree with you in the goal you seek, but I can't agree with your methods of direct action"; who paternalistically feels that he can set the timetable for another man's freedom; who lives by the myth of time; and who constantly advises the Negro to wait until a "more convenient season." Shallow understanding from people of good will is more frustrating than absolute misunderstanding from people of ill will. Lukewarm acceptance is much more bewildering than outright rejection.

In your statement you asserted that our actions, even though peaceful, must be condemned because they precipitate violence. But can this assertion be logically made? Isn't this like condemning the robbed man because his possession of money precipitated the evil act of robbery? Isn't this like condemning Socrates because his unswerving commitment to truth and his philosophical delvings precipitated the misguided popular mind to make him drink the hemlock? Isn't this like condemning Jesus because His unique God-consciousness and never-ceasing devotion to His will precipitated the evil act of crucifixion? We must come to see, as federal courts have consistently affirmed, that it is immoral to urge an individual to withdraw his efforts to gain his basic constitutional rights because the quest precipitates violence. Society must protect the robbed and punish the robber.

I had also hoped that the white moderate would reject the myth of time. I received a letter this morning from a white brother in Texas which said, "All Christians know that the colored people will receive equal rights eventually, but is it possible that you are in too great of a religious hurry? It has taken Christianity almost 2000 years to accomplish what it has. The teachings of Christ take time to come to earth." All that is said here grows out of a tragic misconception of time. It is the strangely irrational notion that there is something in the very flow of time that will inevitably cure all ills. Actually, time is neutral. It can be used either destructively or constructively. I am coming to feel that the people of ill will have used time much more effectively than the people of good will. We will have to repent in this generation not merely for the vitriolic words and actions of the bad people but for the appalling silence of the good people. We must come to see that human progress never rolls in on wheels of inevitability. It comes through the tireless efforts and persistent work of men willing to be coworkers with God, and without this hard work time itself becomes an ally of the forces of social stagnation.

YOU spoke of our activity in Birmingham as extreme. At first I was rather disappointed that fellow clergymen would see my nonviolent efforts as those of an extremist. I started thinking about the fact that I stand in the middle of two opposing forces in the Negro community. One is a force of complacency made up of Negroes who, as a result of long years of oppression, have been so completely drained of self-respect and a sense of "somebodiness" that they have adjusted to segregation, and, on the other hand, of a few Negroes in the middle class who, because of a degree of academic and economic security and because at points they profit by segregation, have unconsciously become insensitive to the problems of the masses. The other force is one of bitterness and hatred and comes perilously close to advocating violence. It is expressed in the various black nationalist groups that are springing up over the nation, the largest and best known being Elijah Muhammad's Muslim movement. This movement is nourished by the contemporary frustration over the continued existence of racial discrimination. It is made up of people who have lost faith in America, who have absolutely repudiated Christianity, and who have concluded that the white man is an incurable devil. I have tried to stand between these two forces, saying that we need not follow the do-nothingism of the complacent or the hatred and despair of the black nationalist. There is a more excellent way, of love and nonviolent protest. I'm grateful to God that, through the Negro church, the dimension of nonviolence entered our struggle. If this philosophy had not emerged, I am convinced that by now many streets of the South would be flowing with floods of blood. And I am further convinced that if our white brothers dismiss as "rabble-rousers" and "outside agitators" those of us who are working through the channels of nonviolent direct action and refuse to support our nonviolent efforts, millions of Negroes, out of frustration and despair, will seek solace and security in black nationalist ideologies, a development that will lead inevitably to a frightening racial nightmare.

Oppressed people cannot remain oppressed forever. The urge for freedom will eventually come. This is what has happened to the American Negro. Something within has reminded him of his birthright of freedom; something without has reminded him that he can gain it. Consciously and unconsciously, he has been swept in by what the Germans call the *Zeitgeist*, and with his black brothers of Africa and his brown and yellow brothers of Asia, South America, and the Caribbean, he is moving with a sense of cosmic urgency toward the promised land of racial justice. Recognizing this vital urge that has engulfed the Negro community, one should readily understand public demonstrations. The Negro has many pent-up resentments and latent frustrations. He has to get them out. So let him march sometime; let him have his prayer pilgrimages to the city hall; understand why he must have sit-ins and freedom rides. If his repressed emotions do not come out in these nonviolent ways, they will come out in ominous expressions of violence. This is not a threat; it is a fact of history. So I have not said to my people, "Get rid of your discontent." But I have tried to say that this normal and healthy discontent can be channeled through the creative outlet of nonviolent direct action. Now this approach is being dismissed as extremist. I must admit that I was initially disappointed in being so categorized.

But as I continued to think about the matter, I gradually gained a bit of satisfaction from being considered an extremist. Was not Jesus an extremist in love? -- "Love your enemies, bless them that curse you, pray for them that despitefully use you." Was not Amos an extremist for justice? -- "Let justice roll down like waters and righteousness like a mighty stream." Was not Paul an extremist for the gospel of Jesus Christ? -- "I bear in my body the marks of the Lord Jesus." Was not Martin Luther an extremist? -- "Here I stand; I can do no other so help me God." Was not John Bunyan an extremist? -- "I will stay in jail to the end of my days before I make a mockery of my conscience." Was not Abraham Lincoln an extremist? -- "This nation cannot survive half slave and half free." Was not Thomas Jefferson an extremist? -- "We hold these truths to be self-evident, that all men are created equal." So the question is not whether we will be extremist, but what kind of extremists we will be. Will we be extremists for hate, or will we be extremists for love? Will we be extremists for the preservation of injustice, or will we be extremists for the cause of justice?

I had hoped that the white moderate would see this. Maybe I was too optimistic. Maybe I expected too much. I guess I should have realized that few members of a race that has oppressed another race can understand or appreciate the deep groans and passionate yearnings of those that have been oppressed, and still fewer have the vision to see that injustice must be rooted out by strong, persistent, and determined action. I am thankful, however, that some of our white brothers have grasped the meaning of this social revolution and committed themselves to it. They are still all too small in quantity, but they are big in quality. Some, like Ralph McGill, Lillian Smith, Harry Golden, and James Dabbs, have written about our struggle in eloquent, prophetic, and understanding terms. Others have marched with us down nameless streets of the South. They sat in with us at lunch counters and rode in with us on the freedom rides. They have languished in filthy roach-infested jails, suffering the abuse and brutality of angry policemen who see them as "dirty nigger lovers." They, unlike many of their moderate brothers, have recognized the urgency of the moment and sensed the need for powerful "action" antidotes to combat the disease of segregation.

LET me rush on to mention my other disappointment. I have been disappointed with the white church and its leadership. Of course, there are some notable exceptions. I am not unmindful of the fact that each of you has taken some significant stands on this issue. I commend you, Reverend Stallings, for your Christian stand this past Sunday in welcoming Negroes to your Baptist Church worship service on a nonsegregated basis. I commend the Catholic leaders of this state for integrating Springhill College several years ago.

But despite these notable exceptions, I must honestly reiterate that I have been disappointed with the church. I do not say that as one of those negative critics who can always find something wrong with the church. I say it as a minister of the gospel who loves the church, who was nurtured in its bosom, who has been sustained by its Spiritual blessings, and who will remain true to it as long as the cord of life shall lengthen.

I had the strange feeling when I was suddenly catapulted into the leadership of the bus protest in Montgomery several years ago that we would have the support of the white church. I felt that the white ministers, priests, and rabbis of the South would be some of our strongest allies. Instead, some few have been outright opponents, refusing to understand the freedom movement and misrepresenting its leaders; all too many others have been more cautious than courageous and have remained silent behind the anesthetizing security of stained-glass windows.

In spite of my shattered dreams of the past, I came to Birmingham with the hope that the white religious leadership of this community would see the justice of our cause and with deep moral concern serve as the channel through which our just grievances could get to the power structure. I had hoped that each of you would understand. But again I have been disappointed.

I have heard numerous religious leaders of the South call upon their worshipers to comply with a desegregation decision because it is the law, but I have longed to hear white ministers say, follow this decree because integration is morally right and the Negro is your brother. In the midst of blatant injustices inflicted upon the Negro, I have watched white churches stand on the sidelines and merely mouth pious irrelevancies and sanctimonious trivialities. In the midst of a mighty struggle to rid our nation of racial and economic injustice, I have heard so many ministers say, "Those are social issues which the gospel has nothing to do with," and I have watched so many churches commit themselves to a completely otherworldly religion which made a strange distinction between bodies and souls, the sacred and the secular.

There was a time when the church was very powerful. It was during that period that the early Christians rejoiced when they were deemed worthy to suffer for what they believed. In those days the church was not merely a thermometer that recorded the ideas and principles of popular opinion; it was the thermostat that transformed the mores of society. Wherever the early Christians entered a town the power structure got disturbed and immediately sought to convict them for being "disturbers of the peace" and "outside agitators." But they went on with the conviction that they were "a colony of heaven" and had to obey God rather than man. They were small in number but big in commitment. They were too God-intoxicated to be "astronomically intimidated." They brought an end to such ancient evils as infanticide and gladiatorial contest.

Things are different now. The contemporary church is so often a weak, ineffectual voice with an uncertain sound. It is so often the arch supporter of the status quo. Far from being disturbed by the presence of the church, the power structure of the average community is consoled by the church's often vocal sanction of things as they are.

But the judgment of God is upon the church as never before. If the church of today does not recapture the sacrificial spirit of the early church, it will lose its authentic ring, forfeit the loyalty of millions, and be dismissed as an irrelevant social club with no meaning for the twentieth century. I meet young people every day whose disappointment with the church has risen to outright disgust.

I hope the church as a whole will meet the challenge of this decisive hour. But even if the church does not come to the aid of justice, I have no despair about the future. I have no fear about the outcome of our struggle in Birmingham, even if our motives are presently misunderstood. We will reach the goal of freedom in Birmingham and all over the nation, because the goal of America is freedom. Abused and scorned though we may be, our destiny is tied up with the destiny of America. Before the Pilgrims landed at Plymouth, we were here. Before the pen of Jefferson scratched across the pages of history the majestic word of the Declaration of Independence, we were here. For more than two centuries our foreparents labored here without wages; they made cotton king; and they built the homes of their masters in the midst of brutal injustice and shameful humiliation -- and yet out of a bottomless vitality our people continue to thrive and develop. If the inexpressible cruelties of slavery could not stop us, the opposition we now face will surely fail. We will win our freedom because the sacred heritage of our nation and the eternal will of God are embodied in our echoing demands.

I must close now. But before closing I am impelled to mention one other point in your statement that troubled me profoundly. You warmly commended the Birmingham police force for keeping "order" and "preventing violence." I don't believe you would have so warmly commended the police force if you had seen its angry violent dogs literally biting six unarmed, nonviolent Negroes. I don't believe you would so quickly commend the policemen if you would observe their ugly and inhuman treatment of Negroes here in the city jail; if you would watch them push and curse old Negro women and young Negro girls; if you would see them slap and kick old Negro men and young boys, if you would observe them, as they did on two occasions, refusing to give us food because we wanted to sing our grace together. I'm sorry that I can't join you in your praise for the police department.

It is true that they have been rather disciplined in their public handling of the demonstrators. In this sense they have been publicly "nonviolent." But for what purpose? To preserve the evil system of segregation. Over the last few years I have consistently preached that nonviolence demands that the means we use must be as pure as the ends we seek. So I have tried to make it clear that it is wrong to use immoral means to attain moral ends. But now I must affirm that it is just as wrong, or even more, to use moral means to preserve immoral ends.

I wish you had commended the Negro demonstrators of Birmingham for their sublime courage, their willingness to suffer, and their amazing discipline in the midst of the most inhuman provocation. One day the South will recognize its real heroes. They will be the James Merediths, courageously and with a majestic sense of purpose facing jeering and hostile mobs and the agonizing loneliness that characterizes the life of the pioneer. They will be old, oppressed, battered Negro women, symbolized in a seventy-two-year-old woman of Montgomery, Alabama, who rose up with a sense of dignity and with her people decided not to ride the segregated buses, and responded to one who inquired about her tiredness with ungrammatical profundity, "My feet is tired, but my soul is rested." They will be young high school and college students, young ministers of the gospel and a host of their elders courageously and nonviolently sitting in at lunch counters and willingly going to jail for conscience's sake. One day the South will know that when these disinherited children of God sat down at lunch counters they were in reality standing up for the best in the American dream and the most sacred values in our Judeo-Christian heritage.

Never before have I written a letter this long -- or should I say a book? I'm afraid that it is much too long to take your precious time. I can assure you that it would have been much shorter if I had been writing from a comfortable desk, but what else is there to do when you are alone for days in the dull monotony of a narrow jail cell other than write long letters, think strange thoughts, and pray long prayers?

If I have said anything in this letter that is an understatement of the truth and is indicative of an unreasonable impatience, I beg you to forgive me. If I have said anything in this letter that is an overstatement of the truth and is indicative of my having a patience that makes me patient with anything less than brotherhood, I beg God to forgive me.

Yours for the cause of Peace and Brotherhood,

MARTIN LUTHER KING, JR.

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The Atlantic Monthly, August 1963; *The Negro Is Your Brother*; Volume 212, No. 2; pages 78 - 88.

Coronavirus Disease 2019 Testing Basics

You've probably heard a lot about coronavirus disease (COVID-19) testing. If you think you have COVID-19 and need a test, contact your health care provider or [local health department](#) immediately. You can also find a [community testing site](#) in your state, or buy an FDA-authorized at-home test. Some FDA-authorized at-home tests give you results within minutes. Others require you to mail the sample to a lab for analysis.

There are two different types of tests – **diagnostic tests** and **antibody tests**.



Diagnostic tests can show if you have an active Covid-19 infection and need to take steps to quarantine or isolate yourself from others. **Molecular** and **antigen tests** are types of diagnostic tests that can detect if you have an active COVID-19 infection. Samples for diagnostic tests are typically collected with a nasal or throat swab, or saliva collected by spitting into a tube.



Antibody tests look for antibodies in your immune system produced in response to SARS-CoV-2, the virus that causes COVID-19. **Antibody tests should not be used to diagnose an active COVID-19 infection.** Antibodies can take several days or weeks to develop after you have an infection and may stay in your blood for several weeks or more after recovery. Samples for antibody tests are typically blood from a finger stick, or blood drawn by your doctor or other medical personnel.

	MOLECULAR TEST	ANTIGEN TEST	ANTIBODY TEST
Also known as...	Diagnostic test, viral test, molecular test, nucleic acid amplification test (NAAT), RT-PCR test, LAMP test	Diagnostic test, viral test, rapid test	Serological test, serology, blood test, serology test
How the sample is taken...	Nasal swabs, either shallow or deep (most tests). Saliva (some tests)	Nasal or nasopharyngeal swab (most tests)	Blood from a fingerstick or vein
How long it takes to get results...	Less than an hour (at-home tests and some point-of-care locations), same day (some point-of-care locations) or 1-3 days (tests sent to a lab for processing). Some tests may take longer in some locations, depending on testing capacity.	Some may be very fast (15–30 minutes), depending on the test	Same day (some point-of-care locations) or 1-3 days (tests sent to a laboratory for processing)
Is another test needed...	Not usually. This type of test is typically highly accurate and usually does not need to be repeated. Some may indicate the need to re-test in certain circumstances.	Maybe. Positive results are usually highly accurate, but false positives can happen, especially in areas where very few people have the virus. Negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
What it shows...	Diagnoses active COVID-19 infection. (Some tests may also diagnose influenza or other respiratory viruses)	Diagnoses active COVID-19 infection. (Some tests may also diagnose influenza or other respiratory viruses)	Shows if you've been infected by the virus that causes COVID-19 in the past
What it can't do...	It cannot show if you ever had COVID-19 or were infected with the virus that causes COVID-19 in the past	It may not detect an early COVID-19 infection. Your health care provider may order a molecular test if your antigen test shows a negative result, but you have symptoms of COVID-19. It also cannot show if you ever had COVID-19 or were	It cannot diagnose COVID-19 at the time of the test or show that you do not have COVID-19

Diagnostic Tests with Alternative Options

Diagnostic tests are now available with alternative methods and benefits.



- **Rapid, point-of-care** diagnostic tests use a mucus sample from the nose or throat but can be analyzed at the doctor's office or clinic where the sample is collected and results may be available in minutes. These may be molecular or antigen tests.



- **Combination tests** can test for the flu and the coronavirus at the same time. Some can test for many different types of respiratory viruses, including the one that causes COVID-19.



- **Home Collection Test:** sample is collected at home but analyzed in a laboratory
- **Direct to Consumer (DTC) Test:** home collection tests available without

a prescription, but the sample is analyzed in a laboratory

- **At-home Testing:** consumer completes sample collection and testing at home
- **Over the Counter (OTC) Test:** consumer completes sample collection and testing at home, without a prescription



- **Saliva tests** allow a patient to spit into a tube rather than get their nose or throat swabbed. Saliva tests may be more comfortable for some people and may be safer

for health care workers who can be farther away during the sample collection.

Ordering a Test

Many tests, including some home collection and at-home tests, require a prescription or order from a health care provider.



Prescription Tests – Health care providers can determine whether you need a test, and ensure you get the most appropriate test and that you know what the results mean. For example, certain tests are authorized only for people suspected of having COVID-19 or for people with COVID-19 symptoms that started within a certain number of days. A health care provider can help determine which test is best for your situation. Prescription-only home collection and at-home tests may require you to answer some questions online so that a health care provider can determine whether to prescribe or order a specific test.



Non-Prescription Tests – Some tests are available without a prescription. Home collection and at-home tests available without a prescription may be called “direct-to-consumer” (DTC) or “over-the-counter” (OTC). DTC and OTC tests may be available to purchase at a pharmacy or online, but they may not be available everywhere.

We do not know how long antibodies stay in the body following infection with the virus that causes COVID-19. We do not know if antibodies give you protective immunity against the virus, so results from a serology test should not be used to find out if you have immunity from the virus. The FDA cautions patients against using the results from any serology test as an indication that they can stop taking steps to protect themselves and others, such as stopping social distancing or discontinuing wearing masks.

Report Adverse Events

The FDA encourages health care professionals and patients to report adverse events or side effects related to the use of COVID-19 tests or other medical products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Complete and submit the [report online](#) through the FDA's MedWatch website.
- [Download the form](#) or call 1-800-332-1088 to request a form, then complete and return to the address on the form or submit by fax to 1-800-FDA-0178.

From: Chase Cummins
Sent: 1/6/2022 1:22:55 PM
To: DOH WSBOH
Cc:
Subject: Newly Proposed Policies

External Email

To Whom It May Concern,

I learned today that the Washington State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

I am completely against any of the proposed Covid Policies that are over-reaching and immoral.

I stand against these proposed WAC's:
WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I have already let all my friends and family know these are being considered and have encouraged them to speak up and to speak out!

Please do the right thing; protect our freedoms!!

Respectfully,
Chase Cummins

From: Jonathan Cramer

Sent: 1/7/2022 10:27:51 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Thai, Nathaniel J (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH)

Cc:

Subject: In regard's to procedures for isolation and quarantine

External Email

Good morning,

I am writing this morning to voice my opposition to the proposed policies. First and foremost I oppose policy (WAC 246-100-070 <tel:246-100-070>) which allows local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045 <tel:246-100-045>) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040 <tel:246-100-040>) these specifics come from WAC 246-100.

I also would like to voice my opposition to WAC 246-105 that requires Covid-19 injections as part of school immunization.

Thank you for your time,

Sincerely,

Jonathan Cramer

From: Candida Doran
Sent: 1/7/2022 9:02:43 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: January 12th Meeting - FDA COVID 19 Vaccine - Nuremberg Code (1947)

External Email

Dear State Board of Health,

1. The FDA NEVER approved the COVID 19 vaccine being used today.
2. The Nuremburg Code (1947) clearly states that humanity cannot be experimented on.
3. If you approve these POLICIES (WAC 246-100-070) (WAC 246-100-045) (WAC-246-100-040) and you are challenged in court, THESE FACTS WILL COME OUT!!

SEN. RON JOHNSON: We do not have an FDA-approved vaccine being administered in the U.S. The FDA played a bait and switch. They approved the Comirnaty version of Pfizer drugs. It's not available in the U.S. They even admit it. I sent them a letter three days later going "What are you doing?" What they did is they extended the emergency use authorization for the Pfizer drug vaccine that's available in the U.S., here that's more than 30 days later, they haven't asked that very simple question. If you're saying that the Pfizer drug is the same as the Comirnaty, why didn't you provide FDA approval on that? So, there's not an FDA-approved drug and, of course, they announced it so they could push through these mandates so that people actually think, "Oh, OK now these things are FDA approved." They are not and again, maybe they should be, but the FDA isn't telling me why.

The judgment by the war crimes tribunal at Nuremberg laid down 10 standards to which physicians must conform when carrying out experiments on human subjects in a new code that is now accepted worldwide.

This judgment established a new standard of ethical medical behavior for the post World War II human rights era. Amongst other requirements, this document enunciates the requirement of voluntary informed consent of the human subject. The principle of voluntary informed consent protects the right of the individual to control his own body.

This code also recognizes that the risk must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided.

This code recognizes that doctors should avoid actions that injure human patients.

The principles established by this code for medical practice now have been extended into general codes of medical ethics.

The Nuremberg Code (1947)

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be

so situated as to be able to exercise free power of choice, without the intervention of any element

of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and

should have sufficient knowledge and comprehension of the elements of the subject matter

involved, as to enable him to make an understanding and enlightened decision. This latter

element requires that, before the acceptance of an affirmative decision by the experimental

subject, there should be made known to him the nature, duration, and purpose of the experiment;

the method and means by which it is to be conducted; all inconveniences and hazards reasonably

to be expected; and the effects upon his health or person, which may possibly come from his

participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society,

unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation

and a knowledge of the natural history of the disease or other problem under study, that the

anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental

suffering and injury.

5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian

importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest

degree of skill and care should be required through all stages of the experiment of those who

conduct or engage in the experiment.

9. During the course of the experiment, the human subject should be at liberty to bring the

experiment to an end, if he has reached the physical or mental state, where continuation of the

experiment seemed to him to be impossible.

10. During the course of the experiment, the scientist in charge must be prepared to terminate

the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith,

superior skill and careful judgement required of him, that a continuation of the experiment is

likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law

No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949

Candida Doran

candilolc92@icloud.com <mailto:candilolc92@icloud.com>

From: Jessica Van Doren

Sent: 1/6/2022 4:08:04 PM

To: DOH WSBOH,Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH)

Cc:

Subject: Infectious disease WAC codes

External Email

To whom it concerns,

I am deeply disturbed by the proposals being discussed in the upcoming meeting on January 12th

Regarding the following proposed policies:

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105

These policies directly affect all Washingtonian's freedom of rights in regards to thier personal health decisions and is intrinsically wrong. Our ancestors fought for these freedoms that are at risk of being jeopardized by a handful of people over a zoom meeting. To even consider involuntarily detaining someone in a quarantine facility (especially for a virus that has a 99.9% survival rate) is assanine and a complete misuse of power. Remember that you pledged to uphold to the constitution. No one should be forced to take part in something they don't feel is right for them. This is the United States of America. I urge you to uphold the rights and medical freedom of our citizens and vote NO for all of these policies being discussed on January 12th 2022.

Sincerely,

Jessica Van Doren

From: JURENE SLICK

Sent: 1/7/2022 9:53:12 AM

To: DOH WSBOH,Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Hisaw, Melanie (SBOH)

Cc:

Subject: Opposing WAC-246-100 & 246-105

External Email

I oppose WAC 246-100 rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19vaccine to the WAC-246-105 schedule of required vaccines for children to attend schools.

I am completely against any of the proposed COVID policies. They are overreaching and immoral.

WAC-246-100

WAC-105

WAC 246-100-070

WAC 246-100-045

WAC 246-100-040

Thank you for your support and listening

Blessings

Jurene

From: Sally Snyder

Sent: 1/6/2022 11:32:55 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public Comments for BoH Meeting

External Email

☐ Dear BoH Members,

I would like to express my extreme opposition to WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend any school, preschool or daycare.

No Covid vaccine available in the United States has received FDA approval. All available vaccines including the Pfizer BioNTech vaccine are being administered under an Emergency Use Authorization. The only approved COVID-19 vaccine is Comirnaty and it is not available in the United States and there is no anticipated date for its availability. This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a federal judge recently rejected Pfizer's claim that the two products are interchangeable: Federal judge rejects DOD claim that Pfizer EUA and Comirnaty Vaccines Are Interchangeable Per Children's Health Defense (childrenshealthdefense.org) since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory!

No one knows the long-term risk of these vaccines. You may remember one of the members of the FDA advisory committee stated "we are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben. Children are statistically at zero risk of dying from Covid. Their survival rate is in the range of 99.997 to 99.998%. The very children who are listed as Covid deaths did not die of Covid, but rather with Covid as anyone who has been admitted to a hospital nowadays is forced to be tested. I challenge the Washington state Board of Health to show medical records for even one child who has died of COVID!

Force vaccinating healthy children for a disease that does not affect them, to make adults feel safe, is a new low for humanity. Will you be liable for any adverse reactions for the children who are forced to be vaccinated if you recommend this? If not, who will be? Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Sally Snyder

Vancouver, WA

From: Terrence G. Simmons

Sent: 1/6/2022 9:52:41 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Opposition to new Covid Laws

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Terrence G. Simmons
simmonsterrence1@gmail.com

From: Shane and Kady Land

Sent: 1/6/2022 10:23:22 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposed policies for January 12, 2022 meeting

External Email

Thank you for your time! I know you are busy and your time is valuable!

I am emailing as a citizen of Washington state to ask you to stand for medical freedom and constitutional rights.

Two of the proposed policies as stated:

"- Allow health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- include the Covid-19 injections as part of school immunization requirements using WAC 246-105."

I am strongly against these proposals!

As someone who has been injured by toxins used in medical procedures, and someone who has genes with blood clotting tendencies, I have some valid medical reasons to be concerned about my health declining or even dying if I were to get this vaccine. I also have concerns for my children getting this vaccine as they may have my genes.

I have several friends with medical conditions that would be harmed by getting this vaccine also.

This is not a one size fits all situation.

As an American citizen and a citizen of Washington state, I would like the freedom to choose if the vaccine is best for me and my family. Please stand for freedom and our right to choose!

Thank you again for your time!

Respectfully,
Kady Land

Sent from my iPad

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 11:30:24 AM
To: DOH WSBOH
Cc:
Subject: FW: Public Comment on Proposed WAC Amendments

From: Kerry Hill <makkmc60@gmail.com>
Sent: Thursday, January 6, 2022 1:24 PM
Subject: Public Comment on Proposed WAC Amendments

External Email

Thank you so much for taking the time to read comments from your constituents regarding Chapter 246-100 WAC referring to quarantine camps and Chapter 246-105 WAC referring to mandatory Covid 19 vaccines for all school children. Please allow me to make comments on both.

Recent statements from Federal health officials:

CDC Director Walensky herself stated, "What the vaccines can't do anymore is prevent transmission."

Moderna's Chief Medical Officer Dr. Tal Zaks agrees, "There's no hard evidence that it stops [the Covid-19 vaccinated] from...potentially infecting others who haven't been vaccinated."

In a recent federal court case against OSHA: "these injections are merely "treatments" that, for some people, may reduce symptoms."

In regards to WACs in general--these codes are well below the rights stated in both the state and federal Constitutions. They may not be intended to usurp any individual freedoms or put undue pressure on the citizens of the state or the US especially in light of the above statements.

Chapter 246-100 WAC is a "day late and a dollar short". Case rates may be up due to a mild variant but hospitalizations and death. Why would we allow history to repeat itself (please look at how the Germans were allowed to put the Jewish populations in ghettos over a small typhus outbreak). Also, why, with all the other places money needs to be spent in this state, would we dedicate funding to something that truly is at the "endemic stage" and most people are self-isotating when they deem it necessary? One would think the actions of the Health Department would be to frighten families needlessly (see above comments).

As for our children: There are no longitudinal studies that demonstrate long term efficacy or issues with this experimental Covid 19 vaccine (it is still under the FDA EAU as experimental and therefore may be refused with no consequences). Why would we mandate a vaccine that we have no idea of the outcomes down the road? Other mandated vaccines on a child's schedule have been around at least 10 year (except Gardasil which is shown to have long-term negative effects on children and is under investigation). Perhaps we should look at the mental health issues and lack of education our state's children have undergone over the past three years instead of perhaps injuring them with an unstudied vaccine?

The quoted statements from the Federal government agencies should help solidify an emphatic "NO" vote for these unnecessary changes to public policy. Again, thank you so much for your time and attention on this matter.

Kerry Hill

Lake Stevens, WA

From: Dafne Crenshaw
Sent: 1/6/2022 12:23:13 PM
To: DOH WSBOH
Cc:
Subject: WA covid mandates

External Email

I am completely AGAINST any of the proposed Covid Policies that are over reaching and immoral. We stand AGAINST these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Dafne C.

Sent from my iPhone

From: Kym Detwiler
Sent: 1/6/2022 9:07:37 PM
To:
Cc:
Subject: proposed policies

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

-Kym Detwiler-O'Reilly

From: Testify Online Survey
Sent: 1/6/2022 2:55:40 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12, 2022

2.

Agenda Item or Issue:

Covid vaccine mandates, and enforcing quarantines in WA state

3.

Your Name:

Brittany Marques

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

11416 146th Ave NE Lake Stevens, WA 98258

7.

Email:

Brittcmarques@gmail.com

8.

Phone Number (Include Area Code):

2065953932

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

I am commenting against the proposal to recommend, encourage, or require Covid vaccines for students in WA schools, as well as against the proposal to allow health

officials to enforce involuntary quarantines at quarantine facilities in our state.

11.

Are you Pro or Con on the proposal?

2. Con

I am a parent, and former special education teacher in Washington state. I am writing to express utter disgust at the proposal that WAC 246-100 be expanded to include COVID-19 as grounds to involuntarily detain people for making their own health decisions. As we are seeing, the vaccines and boosters are not protecting the vaccinated and are resulting in underreported yet still staggering vaccine injuries and deaths. A large percentage of the population already has natural immunity, but the vaccine agenda is completely ignoring that despite numerous studies showing the superiority of natural immunity. <https://alethonews.com/2021/12/14/a-huge-israeli-study-shows-natural-covid-immunity-is-far-superior-to-the-vaccine-generated-kind/> Furthermore, regarding adding the emergency approved Covid vaccine to the childhood schedule, the science has shown that children are least at risk and should not be forced to take an experimental product with unknown long-term effects. Children, especially males, are experiencing post-vaccine myocarditis in unfathomable, record breaking numbers. This is heartbreaking, and frankly, medical abuse when considering that the virus itself poses virtually no statistical threat to this age group. Consider this: "Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone, has close to 100 peer-reviewed publications which have been cited over 12,000 times. Since January 2020, Dr. Malone has been leading a large team focused on clinical research design, drug development, computer modeling and mechanisms of action of repurposed drugs for the treatment of COVID-19. Dr. Malone is the Medical Director of The Unity Project, a group of 300 organizations across the US standing against mandated COVID vaccines for children. He is also the President of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment." I urge the board to look into and strongly consider Dr. Malone's warnings about children and this vaccine. Furthermore, your attempts to implement a totalitarian medical apartheid state are a disgrace to the principles that our country was founded on and in no way show any consideration of actual science as the expert voices speaking out against anything that challenges the Big Pharma agenda are censored— that's not science, it's propaganda. Your proposed policies are creating even more division and resulting in a mass exodus of people from WA. There has never before been such a large group of parents pulling their children out of public schools in our state- and this will continue if the environment in and around education continues to become not only more emotionally unhealthy for students, but more and more politicized. States that are considering these types of proposals and actions are in the VERY SMALL minority of this country. Meanwhile, the vast majority of the country's population is living with their freedoms intact and their health no more at risk. Please dismiss these proposals from your agenda and comply with the WA constitution to allow all residents to live in peace and freedom.

From: Christen Moreno

Sent: 1/7/2022 10:44:39 AM

To: DOH WSBOH, michele.davis@sboh.wa.gov, Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposals

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I am completely against giving local health officers use of law enforcement and the use of emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling or vaccination.

I am completely against COVID-19 injections as part of the school immunization requirements using WAC 246-105.

Regards,

Christen Moreno

From: Tina
Sent: 1/6/2022 1:24:24 PM
To: DOH WSBOH
Cc:
Subject: Proposed Covid policies

External Email

WAC 246-100-070
246-100-070
246-105

I am completely against these Covid policies that violate my medical and religious freedom and my freedom as an American Citizen.
Sent from my iPhone

From: Testify Online Survey
Sent: 1/6/2022 12:45:04 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan. 12, 2022

2.

Agenda Item or Issue:

covid vaccinations for school children

3.

Your Name:

Rebecca Small

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

1711 Duckabush Rd Brinnon, WA 98320

7.

Email:

plumbsmall@gmail.com

8.

Phone Number (Include Area Code):

360-796-0145

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

Include the Covid-19 injections as part of school immunization requirements using WAC 246-105. • Allow local health officers to use law enforcement (WAC 246-100-070) to

force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

11.

Are you Pro or Con on the proposal?

2. Con

I have done a lot of reading about covid and the vaccinations. The risk for children due to covid is extremely low. That has been well documented. The risks involved with the vaccinations are higher than the risks from the disease itself. That also is documented. Vaccinations should never be mandated by the government. They should always be each person's individual choice. When medical procedures involve children, the decision should be with the parents who have the greatest vested interest in the child's well-being. Also, many doctors have successfully treated covid, so there is no need for a vaccine. Treatment exists to counter it. The vaccines have not proven to be effective against contracting covid. Many who have been vaccinated are still getting the disease. Because the vaccinations are still experimental and not fully tested, no one knows what the future ramifications of the vaccines will be, especially on a child's health. More adverse effects and deaths have been reported due to covid vaccines than all other vaccines put together. These are not safe for our children. Additionally, recovery from covid gives far better immunity than the vaccines are proving to give. The education of our children should not be politicized in this way, nor should medical decisions be politicized by government officials.

From: Qian Xu
Sent: 1/6/2022 2:51:56 PM
To: DOH WSBOH
Cc:
Subject: No Vac Mandate!

External Email

Dear Officer,

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

We stand for our medical freedom!

Best regards,
Qian Xu

From: Nancy Joy Callihan
Sent: 1/8/2022 5:13:41 PM
To: Thai, Nathaniel J (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), ""tracy.schreiber@sboh.wa.gov""@frontiernet.net, Haag, Hannah R (SBOH), Kahler, Kelie (SBOH)
Cc:
Subject: interview with Dr. Robert Malone, creator of mRNA in the COVID! (shots)

External Email

Hello,

Please find the link to a very informative and timely interview, on Dec. 30, 2021, with renown Dr. Robert Malone, the inventor of mRNA that is in the Covid19 shots.

I send this in advance of the WSBOH zoom meeting on Wed. Jan. 12 for your viewing. I trust it will shed much light on the topic and will be useful information toward understanding informed public comment and the issues relevant to ch. 246-100 WAC.

I appreciate your time and attention to this.

<https://www.bitchute.com/video/RbEtHaVCeNYs/?fbclid=IwAR0S2F-BXgfoXHpap9w4y44q39Zn0si8IPhXEKZxUvSsf8rG0AdZ2-jQrrY>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bitchute.com%2Fvideo%2FRbEtHaVCeNYs%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C850704f42219468533f808d9d30ce98c%7C>>

Sincerely,

A concerned Citizen

From: Rachael Swanson
Sent: 1/7/2022 10:09:04 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), LINDSAY.HEREDEEN@sboh.wa.gov, Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: I DO NOT CONSENT!!!!

External Email

"Dear Board of Members,

No CDC guidelines, OSHA regulations or health officer order can suspend our rights. "We the People" DO NOT CONSENT. We do not give you the authority to force any medical procedures on our children, elderly, or on any human being that does not choose of their own free will, your offerings of "public health" in a vaccine trial.

Your chapter 246 - 100 and rulemaking petition for 246 -105 try to confuse, coerce, intimidate, threaten and harass us. This is called retaliation and discrimination, and that is against the law.

We have the right to determine what is the best for our families and what is done with our body and it doesn't matter whether the vaccine only has an "emergency authorization" or not.

The masks and the testing are also "emergency use authorization" but even if they weren't, we cannot be forced into complying. Only a licensed medical doctor can suggest a medical treatment such as a mask, covid testing or a vaccine. You or the school administrator has no authority to do so.

We have the constitutionally-protected and GUARANTEED right to life and the right to determine what it's done to our body.

We are covered under ADA laws and our needs would have to be accommodated by law.

You are not a medical professional and, therefore, you are unlawfully practicing medicine by prescribing, recommending, and using coercion to insist on this experimental medical treatment.

Whereas:

1. The Nuremberg Code, codified into US Federal Law, prohibits forcing or coercing anyone, under any circumstances, to participate in a medical experiment; and the Code states "the voluntary consent of the human subject is absolutely essential."

2. Phase 3 clinical trials of COVID-19 vaccines are not yet completed. C4591007—the main clinical trial in children and young adults with BNT162b2—has an estimated completion date of May 5, 2026 and hence qualifies as medical experiments. People taking these treatments are enrolled in clinical trials.

3. The vaccine formulation now being given to U.S. children aged 5-11 is NOT the same formulation used in the clinical trials, and NOT the same formulation that has been administered to all other age groups under EUA. So even when current ongoing clinical trials are complete, the results cannot be assumed to be relevant to the safety or

effectiveness of the new formulation.

"The vaccine that is authorized for use in children 5 through 11 years of age includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials." Source: <https://www.fda.gov/media/153717/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>

4. Most vaccines are trialed for at least 5-10 years and COVID-19 vaccines have been in trials for less than one year.

5. No previously attempted coronavirus vaccines (ie. MERS, SARS-1) has been approved for the market, due to antibody-dependent enhancement resulting in severe illness and deaths in animal models. The participants in clinical trials involving children aged 5-11 received "two doses of 10 µg BNT162b2 or placebo (saline)", not the new formulation.

Source: <https://www.fda.gov/media/153447/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153447/download>

6. Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, myocarditis, and antibody dependent enhancement leading to death.

7. Children and youth are at virtually no risk of dying from COVID-19 or transmitting it to others, but deaths and injuries to children and youth have already occurred in the COVID-19 injection clinical trials.

8. FDA admits safety unknown. Children are being used as test subjects, with their parents acquiescing under fraudulent marketing pressure. Public Health messaging does not match the reality of the current knowledge base. At the October 26 VRBPAC meeting, FDA Advisor Dr. Eric Rubin admitted: ". . . but we're never going to learn about how safe this vaccine is unless we start giving it."

Source: @6:52:33

https://youtu.be/laaL0_xKmmA

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FlaaL0_xKmmA&data=04%7C01%7CNATHANIEL.THAI%40sboh.wa.gov%7Cda081f3acfd244e464e308d9d208c16

9. International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates:

"Consensus is clear among MDs and medical PhDs: following 20 months of exhaustive research, millions of patients treated, hundreds of clinical trials performed and scientific data shared worldwide, they conclude that healthy children and the COVID-recovered should be excluded from restrictions and vaccine mandates."

Source: <https://globalcovidsummit.org/news/thousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fthousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity&data=04%7C01%7CNATHANIEL.THAI%40sboh.wa.gov%7Cda081f3acfd244e464e308d9d208c16>

10. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine

Adverse Events Reporting
System (VAERS), than death
www.fda.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fda.gov%2F&data=04%7C01%7C...>

fda.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ffda.gov%2F&data=04%7C01%7C...>

Lisette

Lisette Caire

10. There have been more deaths from COVID-19 vaccines, as reported to the Vaccine
Adverse Events Reporting

System (VAERS), then deaths in the last 10 years from all vaccines combined and only
1% -10% of vaccine injuries are reported to VAERS. The full extent of adverse events
from the COVID

vaccines are unknown as there is a significant delay in uploading reports to the VAERS
database.

The risk associated with COVID-19 vaccinations is extremely dangerous to the health and
well-being of all children

and this form of treatment is unnecessary.

Any coercion or pressure tactics used for students to be vaccinated contravenes the
Nuremberg Code, the Helsinki Declaration and Federal Law.

Any use of "implied consent" by any minor child under the age of 18 is defined in law as
gross, contributory, and

culpable criminal negligence.

Any party found to be involved in vaccination coercion when entrusted with the care of
our children such as all school staff, school board members and executive, and any other
adults who may have access to our children while under their care. This includes the
assistance of outside school staff, contractors, public health nurses, or health officials

could be prosecuted to full extent of law and you may be held personally and criminally
liable for any injuries or deaths

that may occur.

We are forced to err on the side of spiritual caution and refuse to harm our temples in
honor of God's Holy Word.

The 1st Amendment of the constitution has protected these exact claims before the
Supreme Court on many occasions. Even State governments have faced this glaring truth
during the Covid crisis as

they attempted to pass mandates and laws that violated this basic principle only to have
their wrong decisions righted before the Courts, with financial penalties.

While, as Christians, we strive to be at peace with all men and to obey all laws and
mandates from a Legitimately elected government. We do not do so in violation of God's
Holy Laws, of which the

protection of my body is one of those spiritual laws that supersedes all man made laws in

my religious conscience."

Sincerely,

Rachael Swanson

From: Allison Lewey

Sent: 1/7/2022 11:59:15 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Notice of Felony - 21 Fed Reg Code Section 50.23/24 & US Code Section 18.2331, subsection 802 RE: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

External Email

Attention, you have been put on Notice - RE: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

Are you in fact violating Under 21 code of federal regulations, Section 50.23/24, it is illegal to make anyone participate in an experimental program using coercion? Are you interested in doing a civil violation of the law? Are you willing to violate Section US code 18.2331, subsection 802, stating coercion is illegal and the definition of domestic terrorism is anytime a us citizen or government is forced to do something they wouldn't otherwise do that is domestic terrorism?

Which one of these 8 felonies do you want to be implicated in? All carry 99 year prison terms and 100 million dollar fine.

Under 21 code of federal regulations, Section 50.23/24, it is illegal to make anyone participate in an experimental program using coercion. Coercion is illegal under Section US code 18.2331, subsection 802, inside the definition of domestic terrorism is anytime a us citizen or government is forced to do something they wouldn't otherwise do that is domestic terrorism.

Regards,
Allison Lewey

From: Randy Skelton
Sent: 1/9/2022 7:42:08 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: I Oppose

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Sent from my iPhone

From: Mike Gregg
Sent: 1/7/2022 9:36:22 AM
To: Hisaw, Melanie (SBOH)
Subject: Re: Jurene Gee Oppose WAC-246-100 246-105 Rulemaking

External Email

I oppose WAC 246-100 rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19vaccine to the WAC-246-105 schedule of required vaccines for children to attend schools.

I am completely against any of the proposed COVID policies. They are overreaching and immoral.

WAC-246-100
WAC-105
WAC 246-100-070
WAC 246-100-045
WAC 246-100-040

Thank you for your support and listening

Mike Gregg
Estimator

<https://drive.google.com/uc?id=0B9TLfIWuA9IxWS1wZGc4ZzRqa1RfVkJRLRjFzZERrYWtkTURr&export=dowM_WuUhEUrpXw6tJAd0Fbdw>
Cell - (253) 302 9303
Office - (253) 267 1765

On Fri, Jan 7, 2022 at 9:25 AM Jurene Gee <jlgee1014@gmail.com
<mailto:jlgee1014@gmail.com> > wrote:

I oppose WAC 246-100 rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19vaccine to the WAC-246-105 schedule of required vaccines for children to attend schools.

I am completely against any of the proposed COVID policies. They are overreaching and immoral.

WAC-246-100
WAC-105
WAC 246-100-070
WAC 246-100-045
WAC 246-100-040

Thank you for your support and listening

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

From: Kati Spencer
Sent: 1/6/2022 3:43:03 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: requirements

External Email

I, Kati Spencer, a registered Voter and resident of Spokane WA wholeheartedly oppose any and all CoVID vaccine requirements for any minor child in WA state. I oppose any medical treatment, medical examination or counseling (WAC 246-100) without parental consent. I will not allow local health officials to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC-246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040) This includes the requirement of the covid-19 injection as a part of school immunization requirements using WAC 246-105.

It is an infringement on our rights as citizens and our ability to do what is best for our children and ourselves. The government doesn't have the right to tell us as parents or US citizens what we can and cannot do with our own bodies. We have the right to medical autonomy and it needs to stay that way. The government needs to get out of our medical decisions.

This is an atrocious abuse of power and we will not stand for it.

From: Christina Konrad

Sent: 1/7/2022 10:40:57 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vote NO on vaccine mandates and subsequent oppressive maneuvers

External Email

To the Washington State Board of Health,

As a concerned Washington State citizen that votes and pays taxes please vote AGAINST the following proposed policies:

Allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

Including the Covid-19 injections as part of school immunization requirements using WAC 246-105.

There are a plethora of reasons that these decisions contradict reason and common sense. It is clear that our immune systems and the Covid 19 have unknown components that deserve individual choices. Medical decisions should be between an individual and their personal medical providers, not mostly unelected government officials making broad scoping policies for complicated issues. This includes a parent's right to make medical decisions for their children.

Statistics show that, though COVID 19 has been a virulent adversary, there is an extremely low risk of mortality, and this risk is even lower when it comes to our children. In addition, as all viruses mutate, they will become less severe.

There are not long term studies proving efficacy and/ or safety of these vaccines, and for many, the vaccine is not a best option, especially while the risks are so low, and there are other viable treatments and avenues to fight this diseases, including but not limited to supplementation, antiviral and anti-inflammatory medications proven to be safe, as well as letting our natural immune system do what it is designed to do.

I appreciate your consideration and a maximum effort to represent ALL Washington Citizens' best interests.

Sincerely,
Christina Konrad
Everett, WA 98208

From: Sarah Annillo
Sent: 1/10/2022 2:04:27 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: WAC 246-100-040

External Email

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against Covid-19 injections as part of the school immunization requirements using WAC 246-105

Thank you,
Sarah Annillo

From: Patrick Maguire
Sent: 1/7/2022 11:01:09 AM
To: DOH WSBOH
Subject: PLEASE, PLEASE reject WAC 246-100-070, WAC 246-100-045 and WAC 246-100-040.

External Email

Please, ladies and gentlemen. Please reject WAC 246-100-070, WAC 246-100-045 and WAC 246-100-040. Our liberty is on the line.

Thank you so much,

M. Johnson

Sent from Windows Mail

From: Yana Akimenko
Sent: 1/7/2022 6:37:02 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccine

External Email

Hello!

I am completely against any of
the proposed Covid Policies that
are overreaching and immoral

I stand against these WAC's:

WAC 246-100-070, WAC
246-100-045, WAC 246-100-040,
WAC 246-100, WAC 246-105. Sent from my iPhone

From: T HARKER
Sent: 1/6/2022 9:50:39 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: WA State Board of Health Agenda Items 01/12/22

External Email

Sir/Ma'am -

Please oppose the following WA State Board of Health agenda items. Per the Washington State Constitution, our legislative representatives are elected to make these types of decisions via our legislative process.

1. Agenda Item 9 – Continuance – Communicable and Other Certain Diseases – WAC 246-100.

Please vote against any changes or extensions to this WAC code especially the following:

- * WAC 246-100-079 – allowing local health officers to use law enforcement
- * WAC 246-100-045 - to force an emergency order to involuntarily detain a person or group of persons to be isolated in a quarantine facility
- * WAC 246-100-040 - following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling and vaccination.

*

2. Agenda item 11 – Rulemaking Petition – Chapter 246-105 WAC – Immunization criteria for child care and school entry.

Please vote against any changes to this WAC Code.

- * Washington State Board of Health should be making no recommendations or requirements regarding immunizations for our Washington State children.
- * All decisions regarding children's health care should be decided by the children's legal parents/guardians.
- * It is irresponsible to suggest or require that our WA state children take a COVID Vaccine that was only released a year ago and has no long term (multi-year) studies completed.
- * The COVID vaccinations for children are still under a EUA (Emergency Use Authorization) status. Following EUA rules, these parents and students should be given full disclosure of risks and allowed the legal right to decline.

Respectfully,

Tracy Harker
Harksterwa1@msn.com

From: brittany marshall
Sent: 1/6/2022 3:15:55 PM
To: DOH WSBOH
Cc:
Subject: Vote No! This is Evil and Inhumane

External Email

I am completely against all proposed covid policies, they are completely out of line and immoral, why are you proposing this when we are clearly coming out of the pandemic, it's about control and power not the health and safety, the vaccine is unsafe and we have tons of personal video from millions of people who are now sick with lifelong vaccine injuries this is not safe ! And not a solution for everyone. Children are the least effected so why are we pushing an experiment on children it's terrible how can you think this is right in good conscience....

I vote no to all

WAC:246-100-070

WAC: 246-100-045

WAC:246-100-040

WAC:246-100

WAC:246-105

From: Lana Redman
Sent: 1/7/2022 10:21:53 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hoff, Christy Curwick (SBOH),mealnie.hisaw@sboh.wa.gov,Pskowski, Samantha L (SBOH),katilyn.donohoe@sboh.wa.gov,Lang, Caitlin M (SBOH),tracy.schrieber@sboh.wa.gov,hanna.haag@sboh.wa.gov,Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Glasoe, Stuart D (SBOH)
Subject: Opposition to WAC proposed changes to WAC 46-100-045/040/070

External Email

I am adamantly opposed to the proposed changes in WAC 246-100-070, WAC 246-100-045, WAC 246-100-040. Washington State is continuing the intrusive government overreach. This MUST stop and turn back to the fact that you are working for the people and are to represent the people. Let the citizens' voices be heard and call a vote on such intrusion to our human rights. Please listen!

We the people are not to be ruled by the government. The government is ruled by the people. None of these proposed items are acceptable to us American citizens. In fact, this furthers the negativity and lack of trust in our government today. There are a multitude of issues that the people would like you to focus on.

Is it true that we have isolation and quarantine "strike teams" and facilities being built in the state of Washington? Are the changes in these laws, so that citizens can involuntarily be detained by these "strike teams" and inside these facilities? What EXACTLY is the purpose if true and how exactly has this been funded? Was it approved by the people? I would sincerely like an answer to these questions.

I never in my lifetime thought I would see the government overreach being accomplished and attempted today.

None of the mandates have worked over these past two years as proven by current case levels of Covid-19 and all the new variants. Some of us have been vaccinated and have continued to be infected more than once. Nothing has stopped the spread. This is a virus, it changes over time, just as the flu. It has to run its course. There are unfortunate deaths and impacts from the flu each year. The flu is a different strain each year. We shouldn't and haven't mandated that all get the flu vaccine. The government should provide options for the vulnerable to be protected and cared for, but only as they choose. This overreach has destroyed people's businesses and way of life and attempted to divide the people. There is no solid science behind this nonsense. All Americans should have the freedom of choice. We are good people who care about our families, communities and neighbors. We have done everything asked and Washington state continues to bear down on us as if we are the children of the state and we are not competent to make our individual informed decisions.

Who is Washington State to set an emergency mandate for such a thing and then get to determine if someone's medical or religious exemption is legitimate? Employers are being required to be the gestapo and dive into employee's personal rights of religion and medical conditions. Employers already have full-time responsibilities and this is a heavy time and money burden in addition. Doctors are being investigated for goodness sake. There is absolutely NO VALUE in this for the good of the people. Our body, our choice!

The State must stand down and end these ineffective emergency mandates and proposed changes to our laws. We are the parents of our children and not the government. We do our research to decide what is in our children's best interest by weighing the pros and cons of such things as vaccines. We love them! It is unfathomable and completely un-

American that law enforcement would be called upon to involuntarily detain citizens that do not voluntarily comply. The United States of America is NOT a communist country nor should we continue leaning that way.

I would appreciate a personalized (not a canned) response to the questions noted above regarding isolation and quarantine "strike teams" and facilities being built in the state of Washington.

Please stop this insanity!

Sincerely,
Lana Redman

From: Brittany Arthur
Sent: 1/6/2022 11:53:24 AM
To: DOH WSBOH
Cc:
Subject: Voice Against Covid Protocols

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

From: Garrett Aguillard
Sent: 1/6/2022 2:54:41 PM
To: DOH WSBOH
Cc:
Subject: Upcoming Proposed Policies

External Email

Dear Washington State Board of Health,

As a Washington State resident, thank you for taking the time to hear my plea that I am completely against the proposed policies WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

These are totally unacceptable and are dangerous infringements on the rights of Washington residents. Allowing these horrific proposals to pass would be a turn for the worst for Washington State and is not a far cry from the oppression of Nazi Germany during the holocaust. There is no substance on this earth so good it should be forced on people. Especially a substance that could have extremely negative effects towards certain individuals.

Thank you,
Garrett Aguillard

From: Kathryn Libke

Sent: 1/7/2022 12:28:42 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Washington State Board of Health Proposals

External Email

Dear Washington State Board of Health Staff,

Concerning including Covid-19 injections as part of school immunization requirements WAC 246-105:

None of the vaccines for Covid have been approved by the FDA but are experimental and under emergency authorization. The outcomes are not known. VAERS data released by the Centers for Disease Control and Prevention included a total of 965,843 reports of adverse events from all age groups following COVID vaccines, including 20,244 deaths and 155,506 serious injuries between Dec. 14, 2020, and Dec. 10, 2021. Why would you risk putting young healthy lives in such danger, when children and youth have a minimal risk of getting Covid and mildly if they do. Please reconsider this regulation and influence your fellow board members to remove the requirement of Covid injection at once, as a requirement for school immunization. Would you be willing to accept such a liability considering the incalculable risks to young lives?

Concerning allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040).

How does an order issued by a health official have the authority of law? Under the U.S. Constitution, laws have authority by consent of the governed. This is by representative legislation. The residents and taxpayers of the state of Washington have not been given opportunity for input during the formation of such regulations to be mandated. I find it outrageous that involuntary detention could be enforced based on (-040 (4). (v) 'suspected' communicable disease or infectious agent if known, then having to petition the superior court for release! Each person has the right of conscience to voluntarily accept or refuse medical examination, testing, treatment, counseling, or vaccinations of any kind. This is U.S. and International law. As stated above, the Covid vaccination is not approved, except as an experimental vaccine. All regulations must allow for informed consent. The VAERS data released by the CDC reports thousands of adverse events from these vaccines. Therefore, please remove these regulations.

Respectfully, Kathryn Libke

From: Chelsea Lockwood
Sent: 1/7/2022 10:05:53 AM
To: DOH WSBOH
Subject: To whom it may concern on Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- Children are at extremely low risk for Covid
- The vaccines are still only EUA (emergency use authorized)
- There are no long-term studies to document any history of safety
- Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- The vaccine apparently does not stop the spread of the disease

Also I am appalled that our state is even thinking about detaining people in a "quarantine facility " be using force! This is un American and unethical! There has been so much hypocrisy when it comes to how we have handled this virus and the science is not clear and constantly changing. It is the duty of each American to take their own precautions based off their own health and values!

Thank you for your time and consideration and I hope that you will do the right thing and also oppose

WAC 246-100-070

WAC 246-100-045

WAC 246-100-040.

Sincerely a concerned mother and Washington resident,

Chelsea Lockwood

From: Houston McCuaig
Sent: 1/7/2022 10:32:41 AM
To: Thai, Nathaniel J (SBOH), Lang, Caitlin M (SBOH), Hoff, Christy Curwick (SBOH), Haag, Hannah R (SBOH), Donahoe, Kaitlyn N (SBOH), Kahler, Kelie (SBOH), Herendeen, Lindsay (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSBOH
Cc:
Subject: Object of New Covid policies

External Email

I strongly object to the following Covid policies: WAC's: WAC 246-100-070, WAC 246-100-040, WAC 246-100, WAC 246-105

Please do not subject WA state residents to these laws.

I care deeply for the health and well-being of myself and my family and I appreciate the freedom to make my own decisions based on personal experiences and beliefs. Please protect that freedom.

Houston McCuaig
--

Houston McCuaig

Founder & Provider

509.630.8357

<<https://lh4.googleusercontent.com/scQWNE3ysRvqIVsRrnQ7i87T1O25qgFh3Dws0C5i6AigdA4L6OmpXJ-zmUzGQpUCI6AsqXXvnSEiFu4Bc474tYjPCHBZQIKcJNWBFDNwjZ-9C0q1xSyJqKvkHo0ij0e3g3NH4JF3>>

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

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

From: Nicole Clifford
Sent: 1/6/2022 4:26:20 PM
To: DOH WSBOH
Cc:
Subject: Proposed Policies

External Email

To whom it may concern,

I do not agree with the proposed Covid Policies. They are stepping on my rights as an American to choose what I feel is right for my my own health. It is not right no one has the right to choose what I do with my body.

I am against these proposed WAC's: WAC 246-100-070, WAC246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. Do not take my rights away from me.

Nicole Clifford

From: Testify Online Survey
Sent: 1/5/2022 9:29:25 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12, 2022

2.

Agenda Item or Issue:

Wa -246-100-245, wac-246-100-070, wac-246-100-040 and assoc.

3.

Your Name:

Kathleen Bradbury

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

Spokane, Wa

7.

Email:

Kebradbury@icloud.com

8.

Phone Number (Include Area Code):

5092168014

9.

Do you have any special expertise relevant to this topic?

1. Yes

I have extensive experience caring for medically fragile. I also have experience with supporting health and wellness of adults and children with allergies and auto-immune disease, and mental health disorders.

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

The intent to use police to assist in arresting and relocating people who do not consent to medically invasive procedures to concentration camps.

11.

Are you Pro or Con on the proposal?

2. Con

As my above description infers-this is an extreme abuse of power. The entire COVID fiasco has been used to undermine our society, to bring in (as Klaus Schwab calls it) the "great reset". The fact that masks do not work, but are being forced on people anyway, is especially harmful to the normal development of children, as well as harmful to the health of all who submit to it. There has been a 40% increase in the number of deaths since the rollout of the mRNA and viral vector injections. The deaths in 2020 were not greater than previous years. The "vaccine" mandates are a violation of the Nuremberg Code, as well as a violation of the Constitutionally protected rights of all Americans. The PCR test according to its creator, is not a diagnostic test, and cannot diagnose disease. It is used to create false positives. Therefore demanding healthy individuals quarantine if they test positive is completely wrong. Demanding healthy people to quarantine is criminal, and removing Americans from their homes is a crime against humanity and this nation-likely treason. The State Department of Health needs to answer to the people- not global financial and political interests. Therefore you must refrain from this grievous course of action, which aligns you not with the legacy of life, liberty, and the pursuit of happiness, but with Hitler, Stalin, and Pol Pot. You must desist. You must consider who is behind these injections. Bill Gates, who said in a speech on Ted Talks that "if we do a really good job with vaccines, we can reduce the population by up to 15%" -And Anthony Fauci, who is responsible for many thousands of deaths from AZT, and now the Remdesivir that he's profiting from has financial rewards attached to its use on patients in hospital, even though it causes multi organ failure and death in a large majority of those treated by it. VAERS shows over 20,000 deaths from the injections being mandated so far, as well as over a million serious side effects that may result in death- and the CDC tells us that this passive reporting system represents as little as 1% of actual cases! This pogrom needs to stop. If you do not want to have blood on your hands, you should take no part in this. Thank you.

From: Jennifer Brennan
Sent: 1/6/2022 1:55:02 PM
To: DOH WSBOH
Cc:
Subject: January 12th vote

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. Take a stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Sincerely,
Jennifer Brennan

Sent from my Verizon, Samsung Galaxy smartphone

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From: Bienvenido Yangco

Sent: 1/6/2022 11:43:16 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: LETTER OF OBJECTION TO PROPOSED POLICIES FOR DISCUSSION ON JANUARY 12, 2022

External Email

January 6, 2022

Dear Sir/Madam:

I am a retired physician, living in Washington. I have practiced Internal Medicine and Infectious Diseases (academic, clinical and research) for over 40 years .

This evening Jan. 6, 2022, I received a disturbing notice regarding an upcoming agenda of the Washington State Board of Health scheduled to take place on January 12, 2022 ,at 9:30 am – 3:30 PM

Please take notice that I ,and many members of my family and community, are vehemently opposed to the following proposed policies that are scheduled to be discussed by the Washington State Board of Health:

"PROPOSED POLICIES:

* Allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

* Including the Covid-19 injections as part of school immunization requirements using WAC 246-105."

The above-mentioned proposed policies are a gross infringement upon the freedoms of the citizens of Washington State and blatantly violate our Constitutional rights.

Therefore, I demand that all members of the Washington Board of Health cease and desist from moving forward with the above policies and any proposed policies that infringe upon our Constitutional rights and freedoms.

Respectfully,

Bienvenido G. Yangco, M.D.,M.P.H.

From: Kelsey Taitano

Sent: 1/7/2022 9:09:49 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105 .

External Email

To whom it may concern,

I, Kelsey Taitano, oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105 .

I am completely against and oppose giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I stand and am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Thank you for your time, standing for our voices to be heard and our standing for our freedom.

-Kelsey Taitano

From: Taumara Bevins
Sent: 1/5/2022 10:20:35 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: January 12 Meeting- Current infectious disease WAC codes to include Covid-19 for all WA State residents.

External Email

Hello,

I'm concerned about the WAC's being reviewed to possibly be revised and add to them. You don't have the right to decide if a child gets vaccinated or to decide if you can use law-enforcement to detain me and or my family if you choose to do so. The following proposed policies/WAC's are unconstitutional! .

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC

This blatant abuse of power needs to stop. I am NOT in support and oppose these possible changes. Please don't do this.

Thank you,
Taumara Bevins

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From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 10:59:40 AM
To: DOH WSOH
Cc:
Subject: FW: Jan 12 BOH meeting & misinformation



attachments\9C6457D216C149C2_image001.jpg

From: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Sent: Thursday, January 6, 2022 10:55 AM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov>; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov>
Subject: RE: Jan 12 BOH meeting & misinformation

If folks are receiving comments only to them that include references to chapter 246-100 WAC, please forward along to me as these will be saved in the official rulemaking file for that work. Thanks!

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov <mailto:Kelie.Kahler@sboh.wa.gov> >
Sent: Thursday, January 6, 2022 10:16 AM
To: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov <mailto:Melanie.Hisaw@sboh.wa.gov> >; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov <mailto:Michelle.Davis@sboh.wa.gov> >; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov <mailto:Christy.Hoff@sboh.wa.gov> >; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov <mailto:Stuart.Glasoe@sboh.wa.gov> >; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov <mailto:samantha.pskowski@sboh.wa.gov> >;

Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov
<mailto:kaitlyn.donahoe@sboh.wa.gov> >; Lang, Caitlin M (SBOH)
<Caitlin.Lang@sboh.wa.gov <mailto:Caitlin.Lang@sboh.wa.gov> >; Herendeen, Lindsay
(SBOH) <Lindsay.Herendeen@sboh.wa.gov <mailto:Lindsay.Herendeen@sboh.wa.gov>
>; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov
<mailto:Tracy.Schreiber@sboh.wa.gov> >; Haag, Hannah R (SBOH)
<Hannah.Haag@sboh.wa.gov <mailto:Hannah.Haag@sboh.wa.gov> >; Thai, Nathaniel J
(SBOH) <Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov> >
Subject: RE: Jan 12 BOH meeting & misinformation

Hey Everyone,

The Board has received media interest around this specific topic and issued a response.
You can view the Board's response under the document for Ari Hoffman, who is the host
of a radio show who inquired on this topic.

S:\BOH\Agency Communications\Media Relations\Press-Releases-Talking Points-Media
Responses-GovAlerts\2022\Media Responses
<file:///dohfltm01.doh.wa.lcl/division/BOH/Agency%20Communications/Media%20Relations/Press-
Releases-Talking%20Points-Media%20Responses-GovAlerts/2022/Media%20Responses>

Kelie

From: Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov
<mailto:Melanie.Hisaw@sboh.wa.gov> >
Sent: Thursday, January 6, 2022 9:25 AM
To: Catrina Kindahl - Ross <catrineross@gmail.com <mailto:catrineross@gmail.com> >;
DOH WSOH <WSOH@SBOH.WA.GOV <mailto:WSOH@SBOH.WA.GOV> >; Davis,
Michelle (SBOH) <Michelle.Davis@sboh.wa.gov <mailto:Michelle.Davis@sboh.wa.gov>
>; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov
<mailto:Christy.Hoff@sboh.wa.gov> >; Glasoe, Stuart D (SBOH)
<Stuart.Glasoe@sboh.wa.gov <mailto:Stuart.Glasoe@sboh.wa.gov> >; Pskowski,
Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov
<mailto:samantha.pskowski@sboh.wa.gov> >; Donahoe, Kaitlyn N (SBOH)
<kaitlyn.donahoe@sboh.wa.gov <mailto:kaitlyn.donahoe@sboh.wa.gov> >; Lang,
Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov <mailto:Caitlin.Lang@sboh.wa.gov> >;
Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov
<mailto:Lindsay.Herendeen@sboh.wa.gov> >; Schreiber, Tracy N (SBOH)
<Tracy.Schreiber@sboh.wa.gov <mailto:Tracy.Schreiber@sboh.wa.gov> >; Haag,
Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov <mailto:Hannah.Haag@sboh.wa.gov>
>; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov
<mailto:Kelie.Kahler@sboh.wa.gov> >; Thai, Nathaniel J (SBOH)
<Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov> >
Subject: Jan 12 BOH meeting & misinformation

Hi team:

As for the below email, I wanted to share something.

This email has circulated with all of our staff names. A friend here in Tenino (our daughters were friends) saw my name and called me, extremely concerned about the isolation and quarantine emergency rule.

I referred her to our website and said all materials will be posted Friday for viewing. I also described to her the public comment process.

I said this looks like misinformation as the Communicable and Certain Other Diseases – Chapter 246-100 WAC Rules Hearing Continuance at 1:30 addresses the modernizing the control of certain communicable diseases in response to ESHB 1551 (re: HIV, etc).

I said we are receiving written public comment on the Immunizations TAG issue, but will only be having a briefing on this issue at the meeting on Jan 12, there is no action. The public is welcome to voice comment during the public comment period of the meeting.

Thanks team, I'm open to suggestions if I was off!--Melanie

From: Catrina Kindahl - Ross <catrineross@gmail.com <mailto:catrineross@gmail.com>>
>
Sent: Thursday, January 6, 2022 6:18 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV <mailto:WSBOH@SBOH.WA.GOV> >; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov <mailto:Michelle.Davis@sboh.wa.gov>> >; Hisaw, Melanie (SBOH) <Melanie.Hisaw@sboh.wa.gov <mailto:Melanie.Hisaw@sboh.wa.gov> >; Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov <mailto:Christy.Hoff@sboh.wa.gov> >; Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov <mailto:Stuart.Glasoe@sboh.wa.gov> >; Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov <mailto:samantha.pskowski@sboh.wa.gov> >; Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov <mailto:kaitlyn.donahoe@sboh.wa.gov> >; Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov <mailto:Caitlin.Lang@sboh.wa.gov> >; Herendeen, Lindsay (SBOH) <Lindsay.Herendeen@sboh.wa.gov <mailto:Lindsay.Herendeen@sboh.wa.gov> >; Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov <mailto:Tracy.Schreiber@sboh.wa.gov> >; Haag, Hannah R (SBOH) <Hannah.Haag@sboh.wa.gov <mailto:Hannah.Haag@sboh.wa.gov> >; Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov <mailto:Kelie.Kahler@sboh.wa.gov> >; Thai, Nathaniel J (SBOH) <Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov> >
Subject: Proposed policies 1/12 meeting

External Email

Citizens of Washington state have been informed that the following policies are being discussed in a zoom meeting with health officials on 1/12:

I sincerely hope this is mis-information.

If it is not; you are setting yourself up for lawsuits as this is clearly against human rights and the constitution. These proposed policies are of huge concern to me and the fact that most citizens of Washington state are uninformed of these potential policies is scary. I am sure if we were allowed to vote on these issues, they would not pass.

In policy one:

Using law enforcement to place people in camps against their will is kidnapping. Targeting a specific group of people is harassment and discrimination and forcing an experimental drug on people without full disclosure goes against the Nurnberg code of ethics and against our constitution.

A policy is not law. A mandate is not law.

We are seeing now in Australia what happens at these camps. People who try to flee have hours of manhunts after them, and then they are arrested and booked, while testing negative for covid. Scary times indeed. If you are not aware of what is happening at the quarantine camps in Australia, you need to research it. We are well aware.

2. Forcing children to be vaccinated for covid 19 in order to attend school for a "vaccine" that is not FDA approved and therefore experimental is also against the Nurnberg code of ethics. Children are unable to give consent as they are too young to make an intelligent choice. It is always up to the parents to decide what is best for their children, and our children per our constitution have equal rights to attend schools / get an education.

Most cases of covid with the new variant omicron is spread by the vaccinated. Some studies show 70-80% are vaccinated. There is no justification to force vaccines on people as it doesn't stop the spread, it only lessens possibly the symptoms of the ill person and that risk is up to the person to decide; whether or not the risk of getting covid outweighs the risk of vaccine injuries.

Pfizer study for vaccines in children is not an adequate study. You can not run a study for 2-3 months using 2238 children of which 751 children were receiving a placebo and release such small and short study of less than 1500 children taking it, without peer-view research and then release the study saying the drug is safe while also saying "we won't know if it's safe unless we try".

Children barely get sick from covid, their symptoms are none to similar to a cold. Children do not spread covid easily.

The new variant IS fast spreading but normally symptoms are less than a cold. Within a short period of time, this virus will have created natural immunity in our community, which is the longest and best protection.

Per Farr's law, we are at the end of the epidemic curve, and here you are still implementing policies that are unethical, inhumane and against the law.

The agenda to force anyone to take a vaccine that does not protect anyone from getting or spreading covid is odd and dangerous, no wonder the citizen of this country are starting to wonder what the true reason for these control behaviors are.

The government and its elected representatives work for the people and not the other way around.
We will fight to the end to keep our freedom as sovereign individuals.

Catrina

From: Teresa Gustafson
Sent: 1/6/2022 1:44:00 PM
To: DOH WSBOH
Cc:

Subject: I am completely against any of the proposed Covid Policies that are over reaching and immoral.

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

From: Catherine Anderson
Sent: 1/7/2022 10:05:30 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Concerns

External Email

Washington State Board of Health Members,

I am a resident in Chelan, WA, and wish to STRONGLY OPPOSE allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100 and including the Covid-19 injections as part of school immunization requirements using WAC 246-105.

The government has no right to force anyone to take anything into their bodies they do not choose to take. This idea is equal to the taking of God-given freedoms in Nazi Germany. It also is criminal to punish or detain anyone for their choice of medical freedom. Reference the NUREMBERG Code! A Quarantine facility where people are forced to stay is absolutely wrong, especially in the face of the Covid disease and its variants which only have a tiny fraction of risk of death to the average person. Even those with comorbidities have a very high chance of surviving this virus. Both me and my husband, age 65 and 75, (unvaccinated) with several comorbidities had Covid in June and July of 2021 (Delta variant) and survived. Our God-given natural immunity kicked in and we successfully navigated the disease and are now stronger for it. Allowing people's natural immunities to fight this virus is the ONLY way to reduce its strength. The mRNA vaccines are EXPERIMENTAL and should not be forced on anyone, period! These vaccines have been proven to carry more of a health risk than getting Covid! Look at the VAERS reports!

Also, we have the same opinion about not mandating children to be vaccinated against Covid. Almost ALL children survive the virus as easily as the common cold or flu virus. Again, these vaccines are EXPERIMENTAL and have not yet proven to be safe! Heart, nervous system, and other systems in the bodies of young people receiving these vaccines are being affected in atrocious ways! The risk FAR OUTWEIGHS any benefit! It is truly WRONG to mandate these vaccines when natural immunity is very effective against this virus!

Please accept our concerns and recommend AGAINST these proposals being presented.

Sincerely,
Catherine Anderson
Chelan, Wash. 98816

From: tyler brillhart
Sent: 1/6/2022 11:20:49 AM
To: DOH WSBOH
Cc:
Subject: Proposed Policies

External Email

Hello there.

My name is Tyler Brillhart and I am a resident of Washington State. I saw recently that there is a planned meeting on January 12th to discuss proposed policies that include:

- Allow health officers to use law enforcement (WAS 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

I am writing to you to voice my concern of this NAZI like force. If this happens you will get resistance. People will push back. This is obviously not about health, but power and control. If this goes through, me and my family will be leaving the state. We will also do everything within our power to bring forth legal action against the board and the state.

COVID is a flu. Omicron is a cold. If you truly trusted the science you wouldn't even be having this meeting. The only people I know right now with COVID are the vaccinated. I have not worn a mask in almost 9 months and I am unvaccinated. I have gotten sick one time in these 2 years. If this measure goes through and these policies come into play I will take legal action. I will fight it from a different state. If this virus was really as bad as people think it is, hospitals wouldn't be firing nurses and doctors who don't take the vaccine. They would need everyone, all hands on deck. Obviously this virus isn't as bad as people think or else you wouldn't have dancing/singing nurses at the White House. This is a joke.

This is evil. This is tyranny.

I hope you make the right choice.

Tyler Brillhart
tybrillhart@gmail.com
360.689.9189

From: Steven Salamone
Sent: 1/6/2022 3:54:46 PM
To: DOH WSBOH
Cc:
Subject: NO!! to new covid rules

External Email

I am completely against any of the proposed Covid Policies that are over reaching and completely unconstitutional. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. I was born a free man and I'm gonna die a free man too. My healthcare is none of your business!

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: brent.d.green@comcast.net

Sent: 1/7/2022 9:54:27 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: RE: Immunization Criteria for Child Care and School Entry

External Email

Dear Washington State Board of Health (WSBOH) Member,

This is in regards to your upcoming meeting January 12, 2022.

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

And, I am completely against COVID-19 injections as part of the school immunization requirements using WAC 246-105, for the following Reasons:

1. Children are at very low risk for catching COVID.
2. The vaccines are still only EUA (emergency use authorized)
3. We have NO long term studies completed to document any history of safety of this vaccine!
4. Studies are now showing that both vaccinated AND unvaccinated can transmit COVID.
5. I have had numerous people in my sphere who have been vaccinated, been infected with COVID, and have passed away. This proves to me that being vaccinated

does not stop the spread of this virus, nor does it keep people from dying from this virus!!

Furthermore, this is still America – the LAND OF THE FREE AND HOME OF THE BRAVE! The Constitution of the United States guarantees freedoms and rights that these proposed measures seek to implement.

I insist that you oppose these measures!

One of “We the People”,

Brent D. Green

From: Janell Hulst

Sent: 1/6/2022 3:36:38 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: Public Comment for next weeks hearing

External Email

I have compiled a semi-briefed list of all the reasons why what is being proposed regarding Covid related issues would\ not in the best interest of the people nor the public health.... I bullet pointed them for ease of relaying the info and organizing.

Thank you for your consideration,
Janell Hulst
Kitsap County Resident

P.S. below my bullet points are 39 studies regarding the effectiveness of the Covid shots, demonstrating that it is very low.

* Covid mRNA shots are STILL experimental, and have not completed their trial periods. These are experimental, mRNA gene therapies that have never been used before and we do not know what the long term effects could possibly be.

* It's unethical to coerce or mandate someone to take this shot or be forced to be tested

* The tests are not reliable for determining illness, as even the creation of the PCR test stated.

* The FDA approved "Cominarty" shot, is stated on the CDC website as "not orderable at this time" — therefore is not available — and the federal courts recently ruled that the other covid shots under the Emergency Use Authorization are NOT interchangeable

* To add an unavailable FDA approved shot, that has yet to be properly safety tested for children, and has not gone through the complete safety trials, in order for

children to attend school, is unethical. Coercion of the children and the parents to be forced into partaking in the experimental mRNA gene therapy goes against the Nuremburg code, from the Nuremburg trials, spurred on by the atrocities of what happened to the Jewish people in Nazi Germany — the conversation of not being allowed to attend schools and also being forced to be subjected to medical testing and the experimental shot or be arrested and detained for an indefinite amount of time in an encampment, sounds a lot like what happened to the Jews in Nazi Germany, as well as the precursor details leading up to.

* Being that the risks by far do not outweigh the benefits for children to take this experimental shot, it is questionable why this is being done at this time. It appears it is being done right now at this time to give the companies who created these shots completely immunity from being sued by those who are injured by this shot -- is that why the "FDA approved Cominarty" is not yet available to order, per the CDC website? Because they wouldn't have any immunity from liability? We know that once a shot is added to the childhood schedule it will have complete immunity from liability to the companies.

* The federal courts also recently ruled in the 35 Navy Seals vs Joe Biden, that the Covid virus does not null our 1st Amendment rights.... Therefore forcing someone who does not want to take the shot based upon their beliefs, is UNCONSTITUTIONAL...

* VEARS (which is historically highly under reported) has recorded more than 21,000 deaths and more than 1,000,000 adverse reactions to the Covid shots

* Studies are demonstrating that risks of the shots, are 4 and 5 fold above the benefits

* Issues of myocarditis (especially in younger ages) are beyond alarming.

* The push back through the Freedom of Information Action filings recently and the unavailability of the safety studies from the FDA and vaccine companies demonstrate that we are NOT being provided the opportunity for informed consent and that the facts are not being provided.

* Conversations of arresting and detaining for indefinite amount of time, those who do not wish to be tested nor want the shot for themselves or their children is draconian,

and tyrannical and goes against are constitutional right to legal due process....

* The Health Board needs to look at ALL the actual science and not just the narrative of the same pharmaceutical companies that are refusing to be transparent with their safety studies.

* The Covid shots are available for those who are afraid and wish to take the risk to protect themselves. If the shots work, why is it being discussed to force those who do not wish to take the risk of the shot to have to do so?

* It has already been demonstrated that the shot does NOT stop the spread of the virus and that "asymptomatic spread" does not occur.

* The shot does not stop the spread of the virus, therefore goes COMPLETELY against "science" to say that someone who takes the shot isn't JUST AS ABLE to spread the virus as someone who doesn't.

* There are more people hospitalized that are "fully vaccinated" than those who are not. Therefore demonstrating the weak effectiveness as this shot to prevent someone from contracting the virus (and thus to STOP them from spreading it themselves as well).

* There is a 99.98% recovery rate for this Covid virus, therefore all this hysteria that has gone on for 2 years is NOT based in science. It is terrible for some people, but for THE MASS MAJORITY, it is not.

* There is a multitude of readily available, inexpensive early treatments that have been demonstrated to be at almost a 100% success rate, and have little to no adverse reactions, by a multitude of doctors not just in the US but around the world. The fact that these are intentionally dismissed and that bogus (and deadly I will add) studies were conducted with (obviously intentional) lethal doses to the elderly and causing many to die.

* The most famous clinical trials condemning anti HCQ were published in The Lancet, the NEJM (New England Journal of Medicine), and JAMA (Journal of the American Medical Association). These studies halted HCQ clinicals around the world and resulted in nations, politicians, and hospitals banning and restricting access to this life saving drug. Shortly after publication, The Lancet and the NEJM had to print embarrassing formal retractions because the data could not be verified. JAMA research was found corrupted as well.

* Lancet [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31180-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31180-6/fulltext)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2F)

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6%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C

* NEJM <https://www.nejm.org/doi/full/10.1056/NEJMoa2007621>
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMoa2007621&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e21)

* JAMA <https://thegoldopinion.com/blog-1/f/the-politicization-of-hcq>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthegoldopinion.com%2Fblog-1%2F%2Fthe-politicization-of-hcq&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e21>

* The Lancet Study was proven fraudulent by a Guardian investigation. The fact that this initiated and dictated international anti HCQ policy is mind blowing.
<https://www.theguardian.com/world/2020/jun/04/covid-19-lancet-retracts-paper-that-halted-hydroxychloroquine-trials>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.theguardian.com%2Fworld%2F2020%2Fjun%2F04%2Fcovid-19-lancet-retracts-paper-that-halted-hydroxychloroquine-trials&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e21>

* The public will not stand for free American citizens being unethically detained against their will because they do not wish to participate in medical treatments or testing, for a virus that was a 99.98% recovery rate and is statistically less deadly than the regularly occurring flu.

Here are 39 studies (and growing) of how the vaccine does not stop the spread of covid. Please feel free to use these to help develop common sense policies that do not promote discrimination of the unvaccinated.

<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full>
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.08.24.21262415v1.full&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e21)
-out of Israel showed that "SARS-CoV-2-naïve vaccinees had a 13-fold (95% CI, 8-21) increased risk for breakthrough infection with the Delta variant compared to those previously infected." When adjusting for the time of disease/vaccine, there was a 27-fold increased risk (95% CI, 13-57).

<https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v2>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2022.08.11.22274441v1%2Ffull-text>
-found "no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta."

<https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.07.31.21261387v1>>
-no difference in viral loads when comparing unvaccinated individuals to those who have vaccine “breakthrough” infections. Furthermore, individuals with vaccine breakthrough infections frequently test positive with viral loads consistent with the ability to shed infectious viruses.” Results indicate that “if vaccinated individuals become infected with the delta variant, they may be sources of SARS-CoV-2 transmission to others.” They reported “low Ct values (<25) in 212 of 310 fully vaccinated (68%) and 246 of 389 (63%) unvaccinated individuals. Testing a subset of these low-Ct samples revealed infectious SARS-CoV-2 in 15 of 17 specimens (88%) from unvaccinated individuals and 37 of 39 (95%) from vaccinated people.”

<https://www.medrxiv.org/content/10.1101/2021.08.25.21262584v1.full.pdf>
 <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.08.25.21262584v1.full.pdf>>
 - reported vaccine efficacy (Pfizer) against severe and fatal disease, with efficacy in the 85-95% range at least until 24 weeks after the second dose. As a contrast, the efficacy against infection waned down to around 30% at 15-19 weeks after the second dose.

<https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v2>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.07.31.21261387v2>>
-reported that vaccinated individuals who get infected with the Delta variant can transmit SARS-CoV-2 to others. They found an elevated viral load in the unvaccinated and vaccinated symptomatic persons (68% and 69% respectively, 158/232 and 156/225). Moreover, in the asymptomatic persons, they uncovered elevated viral loads (29% and 82% respectively) in the unvaccinated and the vaccinated respectively. This suggests that the vaccinated can be infected, harbor, cultivate, and transmit the virus readily and unknowingly.

<https://link.springer.com/article/10.1007/s10654-021-00808-7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flink.springer.com%2Farticle%2F10.1007%2Fs10654-021-00808-7&data=04%7C01%7CWsbboh%40sbboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%2F%3Fsource=notification&as=URL&isRedactedAddress=true>>

-reported that “at the country-level, there appears to be no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases.” When comparing 2947 counties in the United States, there were slightly less cases in more vaccinated locations. In other words, there is no clear discernable relationship

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733
 <[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpapers.ssrn.com%2Fsol3%2Fpapers.cfm?abstract_id=3897733](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpapers.ssrn.com%2Fsol3%2Fpapers.cfm%3Fabstract_id%3D3897733)>
 -looked at transmission of SARS-CoV-2 Delta variant among vaccinated healthcare workers in Vietnams. Of 69 healthcare workers that tested positive for SARS-CoV-2, 62 participated in the clinical study, all of whom recovered. For 23 of them, complete-genome sequences were obtained, and all belonged to the Delta variant. "Viral loads of breakthrough Delta variant infection cases were 251 times higher than those of cases infected with old strains detected between March-April 2020".

<https://pubmed.ncbi.nlm.nih.gov/34351882/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34351882/&data=04%7C01%7C84456e16-4341-4142-b068-08d3e484663d%7C6055ba445eae4331b132000000000000%40redacted.com%7C&isRedactedUrl=true>>
-found that among 469 cases of COVID-19, 74% were fully vaccinated, and that “the vaccinated had on average more virus in their nose than the unvaccinated who were infected.”

<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.30.2100636>
<<https://qcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.eurosurveillance.org%2Fcon>

7917.ES.2021.26.30.2100636&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08
Finland, Hetemäli et al. observed that “both symptomatic and asymptomatic infections were found among vaccinated health care workers, and secondary transmission occurred from those with symptomatic infections despite use of personal protective equipment.”

https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.39.2100822#html_fulltext
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.eurosurveillance.org%2Fcontent%2F10.2807%2F1560-7917.ES.2021.26.39.2100822%23html_fulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e
-hitrit et al. observed “high transmissibility of the SARS-CoV-2 Delta variant among twice vaccinated and masked individuals.” They added that “this suggests some waning of immunity, albeit still providing protection for individuals without comorbidities.”

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/102751/surveillance-report-week-42.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment/uploads/system/uploads/attachment_data/file/102751/surveillance-report-week-42.pdf&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e
t was noted that there is “waning of the N antibody response over time” and “that N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination.” The same report (Table 2, page 13), shows the in the older age groups above 30, the double vaccinated persons have greater infection risk than the unvaccinated, presumably because the latter group include more people with stronger natural immunity from prior Covid disease. As a contrast, the vaccinated people had a lower risk of death than the unvaccinated, across all age groups, indicating that vaccines provide more protection against death than against infection.

https://www.nejm.org/doi/full/10.1056/NEJMoa2114583?query=featured_home
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMoa2114583&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e>
- “conducted a 6-month longitudinal prospective study involving vaccinated health care workers who were tested monthly for the presence of anti-spike IgG and neutralizing antibodies”. They found that “six months after receipt of the second dose of the BNT162b2 vaccine, humoral response was substantially decreased, especially among men, among persons 65 years of age or older, and among persons with immunosuppression.”

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a7.htm>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7037a7.htm&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e>
-reported that “During May 3–July 25, 2021, the overall age-adjusted vaccine effectiveness against hospitalization in New York was relatively stable 89.5%–95.1%). The overall age-adjusted vaccine effectiveness against infection for all New York adults declined from 91.8% to 75.0%.”

<https://www.biorxiv.org/content/10.1101/2021.09.30.462488v1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.biorxiv.org%2Fcontent%2F10.1101%2F2021.09.30.462488v1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e>
- noted that “Our data demonstrate a substantial waning of antibody responses and T cell immunity to SARS-CoV-2 and its variants, at 6 months following the second immunization with the BNT162b2 vaccine.”

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpapers.ssrn.com%2Fsol3%2Fcf_d

[https://www.journalofinfection.com/article/S0163-4453\(21\)00392-3/fulltext](https://www.journalofinfection.com/article/S0163-4453(21)00392-3/fulltext)

3%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C

<https://www.nejm.org/doi/full/10.1056/NEJMoa2114228>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F>

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2FLANGL%2Fpii%2FS0140673620309921000648-0>

4%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C

<https://www.nejm.org/doi/full/10.1056/NEJMc2112981>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F>

NEJM, has recently reported on the resurgence of SARS-CoV-2 infection in a highly vaccinated health system workforce. Vaccination with mRNA vaccines began in mid-December 2020; by March, 76% of the workforce had been fully vaccinated, and by July, the percentage had risen to 87%. Infections had decreased dramatically by early

February 2021..."coincident with the end of California's mask mandate on June 15 and the rapid dominance of the B.1.617.2 (delta) variant that first emerged in mid-April and accounted for over 95% of UCSDH isolates by the end of July, infections increased rapidly, including cases among fully vaccinated persons...researchers reported that the "dramatic change in vaccine effectiveness from June to July is likely to be due to both the emergence of the delta variant and waning immunity over time."

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00558-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00558-2/fulltext)
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2FPIIS1473-3099\(21\)00558-2%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2FPIIS1473-3099(21)00558-2%2Ffulltext&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C)
-sought to describe the impact of vaccination on admission to hospital in patients with confirmed SARS-CoV-2 infection using real-world data collected by the Yale New Haven Health System. "Patients were considered fully vaccinated if the final dose (either second dose of BNT162b2 or mRNA-1273, or first dose of Ad.26.COV2.S) was administered at least 14 days before symptom onset or a positive PCR test for SARS-CoV-2. In total, we identified 969 patients who were admitted to a Yale New Haven Health System hospital with a confirmed positive PCR test for SARS-CoV-2"...Researchers reported "a higher number of patients with severe or critical illness in those who received the BNT162b2 vaccine than in those who received mRNA-1273 or Ad.26.COV2.S..."

https://www.cdc.gov/mmwr/volumes/70/wr/mm7044e3.htm#T1_down
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7044e3.htm#T1_down
-A very recent study published by the CDC reported that a majority (53%) of patients who were hospitalized with Covid-19-like illnesses were already fully vaccinated with two-dose RNA shots. Table 1 reveals that among the 20,101 immunocompromised adults hospitalized with Covid-19, 10,564 (53%) were fully-vaccinated with the Pfizer or Moderna vaccine (Vaccination was defined as having received exactly 2 doses of an mRNA-based COVID-19 vaccine ≥ 14 days before the hospitalization index date, which was the date of respiratory specimen collection associated with the most recent positive or negative SARS-CoV-2 test result before the hospitalization or the hospitalization date if testing only occurred after the admission). This highlights the ongoing challenges faced with Delta breakthrough when vaccinated.

<https://www.medrxiv.org/content/10.1101/2021.09.28.21264260v1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.09.28.21264260v1>
- They reported that "while vaccination still lowers the risk of infection, similar viral loads in vaccinated and unvaccinated individuals infected with Delta question how much vaccination prevents onward transmission... transmission reductions declined over time since second vaccination, for Delta reaching similar levels to unvaccinated individuals by 12 weeks for ChAdOx1 and attenuating substantially for BNT162b2. Protection from vaccination in contacts also declined in the 3 months after second vaccination...vaccination reduces transmission of Delta, but by less than the Alpha variant."

https://www.nature.com/articles/s41591-021-01575-4#auth-Matan-Levine_Tiefenbrun

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2F5021-01575-4%23auth-Matan-Levine_Tiefenbrun&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d293
- Levine-Tiefenbrun, 2021 looked at Viral loads of Delta-variant SARS-CoV-2 breakthrough infections after vaccination and booster with BNT162b2, and reported the viral load reduction effectiveness declines with time after vaccination, "significantly decreasing at 3 months after vaccination and effectively vanishing after about 6 months."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8366801/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC8366801/>
- Puranik, 2021 looked at a Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence, reporting "In July, vaccine effectiveness against hospitalization has remained high (mRNA-1273: 81%, 95% CI: 33–96.3%; BNT162b2: 75%, 95% CI: 24–93.9%), but effectiveness against infection was lower for both vaccines (mRNA-1273: 76%, 95% CI: 58–87%; BNT162b2: 42%, 95% CI: 13–62%), with a more pronounced reduction for BNT162b2."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8330769/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC8330769/>
Saade, 2021 looked at Live virus neutralization testing in convalescent patients and subjects vaccinated against 19A, 20B, 20I/501Y.V1 and 20H/501Y.V2 isolates of SARS-CoV-2, and reported as "Assessed the neutralizing capacity of antibodies to prevent cell infection, using a live virus neutralization test with different strains [19A (initial one), 20B (B.1.1.241 lineage), 20I/501Y.V1 (B.1.1.7 lineage), and 20H/501Y.V2 (B.1.351 lineage)] in serum samples collected from different populations: two-dose vaccinated COVID-19-naïve healthcare workers (HCWs; Pfizer-BioNTech BNT161b2), 6-months post mild COVID-19 HCWs, and critical COVID-19 patients... finding of the present study is the reduced neutralizing response observed towards the 20H/501Y.V2 variant in fully immunized subjects with the BNT162b2 vaccine by comparison to the wild type and 20I/501Y.V1 variant."

<https://www.medrxiv.org/content/10.1101/2021.08.15.21262067v3>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.08.15.21262067v3>
Canaday, 2021 looked at Significant reduction in humoral immunity among healthcare workers and nursing home residents 6 months after COVID-19 BNT162b2 mRNA vaccination, reporting "Anti-spike, anti-RBD and neutralization levels dropped more than 84% over 6 months' time in all groups irrespective of prior SARS-CoV-2 infection. At 6 months post-vaccine, 70% of the infection-naïve NH residents had neutralization titers at or below the lower limit of detection compared to 16% at 2 weeks after full vaccination. These data demonstrate a significant reduction in levels of antibody in all groups. In particular, those infection-naïve NH residents had lower initial post-vaccination humoral immunity immediately and exhibited the greatest declines 6 months later."

<https://www.medrxiv.org/content/10.1101/2021.08.19.21262111v1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101.2021.08.19.21262111v1>

Israel, 2021 looked at Large-scale study of antibody titer decay following BNT162b2 mRNA vaccine or SARS-CoV-2 infection, and reported as "To determine the kinetics of SARS-CoV-2 IgG antibodies following administration of two doses of BNT162b2 vaccine, or SARS-CoV-2 infection in unvaccinated individuals...In vaccinated subjects, antibody titers decreased by up to 40% each subsequent month while in convalescents they decreased by less than 5% per month. Six months after BNT162b2 vaccination 16.1% subjects had antibody levels below the sero-positivity threshold of <50 AU/mL, while only 10.8% of convalescent patients were below <50 AU/mL threshold after 9 months from SARS-CoV-2 infection."

<https://www.medrxiv.org/content/10.1101/2021.09.16.21263693v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.09.16.21263693v1>>
- Eyran, 2020 examined The longitudinal kinetics of antibodies in COVID-19 recovered patients over 14 months, and found "a significantly faster decay in naïve vaccinees compared to recovered patients suggesting that the serological memory following natural infection is more robust compared to vaccination. Our data highlights the differences between serological memory induced by natural infection vs. vaccination."

<https://www.medrxiv.org/content/10.1101/2021.11.12.21265796v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.11.12.21265796v1>>
Salvatore et al. examined the transmission potential of vaccinated and unvaccinated persons infected with the SARS-CoV-2 Delta variant in a federal prison, July-August 2021. They found a total of 978 specimens were provided by 95 participants, "of whom 78 (82%) were fully vaccinated and 17 (18%) were not fully vaccinated....clinicians and public health practitioners should consider vaccinated persons who become infected with SARS-CoV-2 to be no less infectious than unvaccinated persons."

<https://www.medrxiv.org/content/10.1101/2021.11.24.21266735v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.11.24.21266735v1>>
analyzed 28,578 sequenced SARS-CoV-2 samples from individuals with known immune status obtained through national community testing in the Netherlands from March to August 2021. They found evidence for an "increased risk of infection by the Beta (B.1.351), Gamma (P.1), or Delta (B.1.617.2) variants compared to the Alpha (B.1.1.7) variant after vaccination. No clear differences were found between vaccines. However, the effect was larger in the first 14-59 days after complete vaccination compared to 60 days and longer. In contrast to vaccine-induced immunity, no increased risk for reinfection with Beta, Gamma or Delta variants relative to Alpha variant was found in individuals with infection-induced immunity."

<https://www.tandfonline.com/doi/full/10.1080/13696998.2021.2002063>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tandfonline.com%2Fdoi%2Ffull%2F10.1080%2F13696998.2021.2002063>>
conducted an evaluation of COVID-19 vaccine breakthrough infections among immunocompromised patients fully vaccinated with BNT162b2. "COVID-19 vaccine breakthrough infections were examined in fully vaccinated (≥ 14 days after 2nd dose) IC individuals (IC cohort), 12 mutually exclusive IC condition groups, and a non-IC cohort." They found that "of 1,277,747 individuals ≥ 16 years of age who received 2 BNT162b2

doses, 225,796 (17.7%) were identified as IC (median age: 58 years, 56.3% female). The most prevalent IC conditions were solid malignancy (32.0%), kidney disease (19.5%), and rheumatologic/inflammatory conditions (16.7%). Among the fully vaccinated IC and non-IC cohorts, a total of 978 breakthrough infections were observed during the study period; 124 (12.7%) resulted in hospitalization and 2 (0.2%) were inpatient deaths. IC individuals accounted for 38.2% (N=374) all breakthrough infections, 59.7% (N=74) all hospitalizations, and 100% (N=2) inpatient deaths. The proportion with breakthrough infections was 3 times higher in the IC cohort compared to the non-IC cohort (N=374, 18%] vs. N=604, 0.6%]; unadjusted incidence rates were 0.89 and 0.34 per 100 person-years, respectively."

<https://www.nature.com/articles/d41586-021-02689-y>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2F021-02689-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2F021-02689-y&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e2172)

[y&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e2172](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2F021-02689-y&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C788827d9b0584112f9bd08d9d16d2937%7C11d0e2172)

NATURE) reported that the protective effect of being vaccinated if you already had infection is "relatively small, and dwindles alarmingly at three months after the receipt of the second shot." Mallapaty further adds what we have been warning the public health community which is that persons infected with Delta have about the same levels of viral genetic materials in their noses "regardless of whether they'd previously been vaccinated, suggesting that vaccinated and unvaccinated people might be equally infectious." Mallapaty reported on testing data from 139,164 close contacts of 95,716 people infected with SARS-CoV-2 between January and August 2021 in the United Kingdom, and at a time when the Alpha and Delta variants were competing for dominance. The finding was that "although the vaccines did offer some protection against infection and onward transmission, Delta dampened that effect. A person who was fully vaccinated and then had a 'breakthrough' Delta infection was almost twice as likely to pass on the virus as someone who was infected with Alpha. And that was on top of the higher risk of having a breakthrough infection caused by Delta than one caused by Alpha."

<https://www.medrxiv.org/content/10.1101/2021.07.28.21261295v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.07.28.21261295v1>

reported that PCR cycle threshold (Ct) values were "similar between both vaccinated and unvaccinated groups at diagnosis, but viral loads decreased faster in vaccinated individuals. Early, robust boosting of anti-spike protein antibodies was observed in vaccinated patients, however, these titers were significantly lower against B.1.617.2 as compared with the wildtype vaccine strain."

<https://www.medrxiv.org/content/10.1101/2021.12.07.21267432v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.12.07.21267432v1>

reported on reduced neutralization of SARS-CoV-2 omicron variant by vaccine sera and monoclonal antibodies. "in vitro findings using authentic SARS-CoV-2 variants indicate that in contrast to the currently circulating Delta variant, the neutralization efficacy of vaccine-elicited sera against Omicron was severely reduced highlighting T-cell mediated immunity as essential barrier to prevent severe COVID-19."

https://www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm?s_cid=mm7050e1_w#contribAff

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F70%2Fwr%2Fmm7050e1.htm?s_cid=mm7050e1_w#contribAff

on the details for 43 cases of COVID-19 attributed to the Omicron variant. They found that "34 (79%) occurred in persons who completed the primary series of an FDA-

authorized or approved COVID-19 vaccine ≥ 14 days before symptom onset or receipt of a positive SARS-CoV-2 test result.”

<https://www.medrxiv.org/content/10.1101/2021.12.10.21267534v1>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F%2F10.1101%2F2022.08.04.22274441%2Fv1> presented live neutralisation titres against SARS-CoV-2 Omicron variant, and examined it relative to neutralisation against the Victoria, Beta and Delta variants. They reported a significant drop in “neutralisation titres in recipients of both AZD1222 and BNT16b2 primary courses, with evidence of some recipients failing to neutralise at all.”

<https://www.medrxiv.org/content/10.1101/2021.12.08.21267417v2>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101/2021.12.01.21261111v1>
assessed whether Omicron variant escapes antibody neutralization “elicited by the Pfizer
BNT162b2 mRNA vaccine in people who were vaccinated only or vaccinated and
previously infected.” They reported that Omicron variant “still required the ACE2 receptor
to infect but had extensive escape of Pfizer elicited neutralization.”

<https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3.full.pdf>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F
Denmark study looked at vaccine effectiveness against SARS-CoV-2 infection with the
Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273
vaccination series. A key finding was reported as "VE against Omicron was 55.2% initially
following primary BNT162b2 vaccination, but waned quickly thereafter. Although
estimated with less precision, VE against Omicron after primary mRNA-1273 vaccination
similarly indicated a rapid decline in protection. By comparison, both vaccines showed
higher, longer-lasting protection against Delta." In other words, the vaccine that has
failed against Delta is even far worse for Omicron. The table and figure below paint a
devastating picture. See where the green dot is (Omicron variant) in the vertical lines
(blue is Delta) and the 2 edges of the bars (upper and lower lips) 91 days out for
Omicron (3 months). Both Pfizer and Moderna show negative efficacy for Omicron at 31
days (both are below the 'line of no effect' or '0'). The comparative table is even more
devastating for it shows how much less vaccine effectiveness there is for Omicron. For
example, at 1-30 days, Pfizer showed 55.2% effectiveness for Omicron versus 86.7% for
Delta, and for the same period, Moderna showed 36.7% effectiveness for Omicron versus
88.2% for Delta.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/104386/briefing-33.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk%
briefing-

UK reporting showed that boosters protect against symptomatic COVID-19 caused by Omicron for about 10 weeks; the UK Health Security Agency reported protection against symptomatic COVID-19 caused by the variant dropped from 70% to 45% following a Pfizer booster for those initially vaccinated with the shot developed by Pfizer with BioNTech. Specifically reporting by the UK Health Security Agency showed "Among those

who received an AstraZeneca primary course, vaccine effectiveness was around 60% 2 to 4 weeks after either a Pfizer or Moderna booster, then dropped to 35% with a Pfizer booster and 45% with a Moderna booster by 10 weeks after the booster. Among those who received a Pfizer primary course, vaccine effectiveness was around 70% after a Pfizer booster, dropping to 45% after 10-plus weeks and stayed around 70 to 75% after a Moderna booster up to 9 weeks after booster.”

From: melissaelainelong
Sent: 1/6/2022 1:55:17 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

As a citizen of WA State and the great United States of America, I am COMPLETELY against any over reaching Covid policies. I stand against these WACs: WAC-246-100-070, WAC-246-100-045, WAC-246-100-040, WAC-246-100-100, WAC-246-100-105.

Melissa Inness

Sent from my Sprint Samsung Galaxy S9.

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 11:53:20 AM
To: DOH WSBOH
Cc:
Subject: FW: Public Comment on Proposed WAC Amendments

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Kerry Hill <makkmc60@gmail.com>
Sent: Thursday, January 6, 2022 11:24 AM
Subject: Public Comment on Proposed WAC Amendments

External Email

Thank you so much for taking the time to read comments from your constituents regarding Chapter 246-100 WAC referring to quarantine camps and Chapter 246-105 WAC referring to mandatory Covid 19 vaccines for all school children. Please allow me to make comments on both.

Recent statements from Federal health officials:

CDC Director Walensky herself stated, "What the vaccines can't do anymore is prevent transmission."

Moderna's Chief Medical Officer Dr. Tal Zaks agrees, "There's no hard evidence that it stops [the Covid-19 vaccinated] from...potentially infecting others who haven't been vaccinated."

In a recent federal court case against OSHA: "these injections are merely "treatments" that, for some people, may reduce symptoms."

In regards to WACs in general--these codes are well below the rights stated in both the state and federal Constitutions. They may not be intended to usurp any individual freedoms or put undue pressure on the citizens of the state or the US especially in light of the above statements.

Chapter 246-100 WAC is a "day late and a dollar short". Case rates may be up due to a mild variant but hospitalizations and death. Why would we allow history to repeat itself (please look at how the Germans were allowed to put the Jewish populations in ghettos over a small typhus outbreak). Also, why, with all the other places money needs to be spent in this state, would we dedicate funding to something that truly is at the "endemic stage" and most people are self-isotating when they deem it necessary? One would think the actions of the Health Department would be to frighten families needlessly (see above comments).

As for our children: There are no longitudinal studies that demonstrate long term efficacy or issues with this experimental Covid 19 vaccine (it is still under the FDA EAU as experimental and therefore may be refused with no consequences). Why would we mandate a vaccine that we have no idea of the outcomes down the road? Other mandated vaccines on a child's schedule have been around at least 10 year (except Gardasil which is shown to have long-term negative effects on children and is under investigation). Perhaps we should look at the mental health issues and lack of education our state's children have undergone over the past three years instead of perhaps injuring them with an unstudied vaccine?

The quoted statements from the Federal government agencies should help solidify an emphatic "NO" vote for these unnecessary changes to public policy. Again, thank you so much for your time and attention on this matter.

Kerry Hill

Lake Stevens, WA

From: Mariann Leone
Sent: 1/7/2022 10:10:09 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Inoculation requirements

External Email

January 7, 2022

In response to Washington state proposed "vaccine injection requirement".
I do not support:

- #1 The breaking of the Constitution for the United States of America.
- #2. Taking away Medical Freedoms from parents and their children by forcing immunizations at schools (or masks for that matter.)

I do not support the requirement by Washington state or any other government to enforce or make mandatory any medical procedure (this is what the shot "injection" is) on any citizen or for that matter requirement of masks.

1. Constitutional

This country was founded with a very UNIQUE Constitution in the World. This Constitution for the United States of America gives us inalienable rights in the Declaration of Independence and rights to our own bodies in the First Amendment. By voting to allow local health officers to BREAK THE Constitution you yourselves are committing TREASON. Any Law Officers that would consider or do these actions of taking people from their homes are committing TREASON also. An emergency order that goes AGAINST the Constitution is not LAW. Mandates are not LAW.

In the Proposed Policies it has an illogical statement: -Allow local health officers to use law enforcement (WAS 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). Here is the rub: Voluntarily means you have a CHOICE. Requests are just suggestions. This is illogical in itself.

A. Committing a crime against humanity by breaking the Nuremberg Code – The Nuremberg Code for Crimes Against Humanity by the International Military Tribunal at Nuremberg, Germany 1947.

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision.

B. Treason – By going against the Constitution for the United States of America;

specifically the 1st, 4th and 14th Amendments.

C. Breaking the ADA and HIPAA Laws of Washington state.

D. Breaking the Civil Rights Act.

A very concerned citizen of the United States of America land of the Free and Brave.
Mariann Leone

Mariann Leone
ml@boonetradings.com <mailto:ml@boonetradings.com>

From: Cheri S

Sent: 1/6/2022 5:05:38 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlyn.donahow@sboh.wa.gov, Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Opposition to COVID inoculation enforcement and Illegal Quarantining

External Email

1/6/22

Dear State Board of Health,

It has come to my attention that there will be a meeting January 12th discussing implementation of COVID Inoculations upon our children to attend school. This is an atrocious abuse of power and we as Americans have the right to choose our best medicine for our children.

Let's just consider a scenario, say you have a young child or maybe even yourself and your Doctor or state mandates a medication on you that you aren't comfortable with (possibly an issue with informed consent) or maybe you know you're allergic to this particular medication but you have to take the medication anyway because the state/federal Government or your government run doctors says so? Are you really ok with that? How scary would that be? This is America and we as a free people will choose our best medicine not our big pharma, state representatives, nor our Doctors nor our Federal government.

It has also come to my attention that you are proposing that the Health Department impose Police onto the people if the department thinks that someone is a health risk for quarantining purposes, per WAC 246-100-070. Are you kidding me? This is another power pull, this is not about our health. There are thousands of people running around our world with contagious diseases including the millions coming in across the border that have not been screened. We have immunities that work, why don't we discuss healthy lifestyles, healthy eating, supplements, reducing obesity and diabetes and supporting each other's unique choices and lets take some real steps for healing.

I am putting the state on notice and I am demanding the implementation of EARLY TREATMENT, we have lost thousands of people because the state withheld early treatment options that are working all over the US, who will be liable for all these deaths?

This virus has run its course (2 years), we have millions of people that have taken the COVID inoculation/boosters and a massive amount of people that have survived the COVID virus creating herd immunity. It is time to get back to business and open our economy here in Washington before you run it into the ground with these endless illegal proposals aka: mandates, we as free individuals and sovereign people and you are trampling on our GOD given rights, not to mention our legal rights here in WA , we the people do not need the government deciding what is best for our health or our lives. We are fully capable of handling our lives without interference.

The Nuremberg Code protects us from this type of medical apartheid and experimentations and at some point all those that have participated in this tyranny and

rein of terror will be held accountable by a court of law.

I sincerely hope you reign in these horrific unamerican proposals (See copy and paste below of proposals) because at some point this will backfire.

PROPOSED POLICIES: • Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100. • Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

Sincerely,

Cheri

From: churchill

Sent: 1/6/2022 9:48:29 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Washington Administrative Codes unacceptable

External Email

All,

WAC 246-100-070, WAC 246-100-045 and WAC246-100-040 should NOT be applied to COVID-19. They would violate my rights and liberties, and this needs to be rejected at every step of the way. Local health officials do not have the right to use law enforcement (WAC 246-100-070) to enforce COVID-19 emergency orders to involuntarily detain me or my family to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with request for a medical exam, testing, treatment, counseling and vaccination 9WAC246-100-040).

Thank you for your time,

Bruce M Walker

Resident and Voter, Stevens County (WA)

From: Lisa Dykstra
Sent: 1/7/2022 8:46:47 AM
To: wsboh@sbog.wa.gov
Cc:
Subject: Public Comment for the January 12 WA Board of Health meeting

External Email

January 7, 2021

RE: January 12, 2022 meeting

Opposition to Agenda Item #8, the Board's formation of a Technical Advisory Group

Support for Agenda Item #11 Rulemaking Petition – Chapter 246-105 WAC,
Immunization Criteria, Child Care and School Entry

Ladies and Gentlemen,

I am sure others have provided you with sound research, properly conducted, to demonstrate why we should not be mandating vaccinations particularly in children. As such, there is no need for a Technical Advisory Group on this matter; thus Agenda item 8 pertaining to this should be voted down. To form such a group results in a very small number of people steering decisions for children and their extended families statewide. As of July 2021, the US Census Bureau indicates the state population over 7.7 million with 21% being under age 18. You are making decisions on behalf of 1,625,125 children plus several million other family members, for that which affects one person affects the whole family.

Now what type of information would these decisions be based upon? What has been the quality and accuracy of public information given to the WA state government and citizens received these two years? It has been a rollercoaster of bait-and-switch actions. The issuers of official guidance—FDA, CDC, NIH, etc. referred to collectively as “Federal officials”—told us the vaccines would prevent people from becoming ill with Covid-19. Once enough vaccinated people caught Covid, they switched to saying it doesn’t prevent infection but prevents death, and that people will suffer much less if vaccinated prior to being infected. Meanwhile, they deny Covid deaths amongst the vaccinated, spreading for many months the soundbite that the vaccinated have a 1 in a million chance of dying from Covid. This is a rare outlier figure that cannot be substantiated and defies common sense. More realistically:

“[...] the exact definition of rare disease, or orphan disease, varies from country to country. The National Institute of Health classifies a rare or orphan disease as one with fewer than 200,000 cases in the country. The European Union defines it as any disease that affects five or fewer people out of every 10,000. Whichever definition you use, the answer is the same: Thousands of rare diseases affect millions of people every day.”

The guidance from the Federal Officials later dropped to 1 in 250,000. However, you can still see by the NIH own definition that this is an outlier figure, one that would not pertain to a general population. And the Federal Officials in collaboration with the media do not accurately depict the increasing rates of Covid deaths amongst the vaccinated. Meanwhile, the CDC still promotes adverse effects like Guillain-Barré Syndrome as rare when at the same time the American Neurological Association is following the significant occurrences of post-vaccine incidents. The lists could go on and on, as for two years we have had very specific messages intentionally aimed to conditioning the general public

through collaboration with media outlets.

In spite of various legal actions nationwide against mandating vaccination, Washington state has chosen to expedite vaccinations, modeling for organizations statewide to terminate thousands of workers by accepting but not accommodating exemptions. While at the same time various officials speak of the 'unknowns', they advance controls with penalties to citizens at a rapid speed based on insufficient and even faulty science. For example, just this week, the National Comprehensive Cancer Network® updated their Pre-exposure Prophylaxis recommendations:

"research shows many immunocompromised people develop inadequate immune responses from vaccines. Thankfully, we now have additional tools to help people in active treatment for cancer, solid organ transplant recipients, engineered cellular therapy (e.g. CAR T-cell) or stem cell transplant recipients (a.k.a. hematopoietic stem cells), and those with other immunodeficiency-causing conditions (such as HIV, DiGeorge syndrome, or Wiskott-Aldrich syndrome)." [...] "The Food and Drug Administration (FDA) has issued an emergency use authorization for the monoclonal antibody combination of tixagevimab plus cilgavimab for pre-exposure protection from COVID-19 in adults and children starting at age 12 (weighing at least 40 kg) who have moderate to severe immune compromise and may not be responsive to vaccination. Patients with blood cancers (including those receiving stem cell transplantation or engineered cellular therapy) are more likely to have inadequate responses to COVID-19 vaccination" {...} "We have new agents to prevent and treat COVID-19 that will benefit patients with cancer"

Meanwhile, "the CDC Director Walensky herself stated, "What the vaccines can't do anymore is prevent transmission." [...] Dr. Anthony Fauci says, "We know now as a fact that [vaccinated people with Covid-19] are capable of transmitting the infection to someone else." [...] Moderna's Chief Medical Officer Dr. Tal Zaks agrees, "There's no hard evidence that it stops [the Covid-19 vaccinated] from...potentially infecting others who haven't been vaccinated." In contrast to the narrative espoused in collusion with media outlets, vaccinated persons do carry the same, and sometimes higher, viral load as the unvaccinated, thus the unvaccinated are not the super-spreaders.

Now we face Omicron which is 95% of Covid-19 cases; experts agree it is milder than previous Delta and will not result in as many hospitalizations nor deaths. Yet the public remains conditioned to believe the deaths occur amongst the unvaccinated, and WA state government continues driving policies and taking actions with this presumption as well. In addition to VAERS data (which has been demonized in the narrative) and reports from many countries, an example of our government's own data would be the HHS' Countermeasures Injury Compensation Program (CICP) Data of the 4751 Covid injury claims. The program only has 5200 claims of which 4751 claims pertain to Covid-19 treatments. The Epoch Times earlier reported that out of this 4751, 2297 are claims of adverse effects from vaccination with over 600 deaths in these claims. Forbes reported that the HHS states there were only 1357 vaccine claims and 53 of these were deaths. That is 3.9% of the claims. The article also demonstrates how the government is not paying compensation for Covid vaccines and the new limitations it has placed upon them.

Adult Americans have been the human experiments for these vaccines for too long. Officials in the FDA and CDC have made statements that go without recourse such as males under age 40 have greater chance of suffering debilitating damage from the vaccine than from the Covid virus itself. There have been many studies substantiating that. Last month, a panel of advisers to the Centers for Disease Control and Prevention unanimously recommended people do not take the Johnson and Johnson vaccine due to adverse effects and deaths. Unfortunately, this came after 16 million Americans had

already had J&J. Other countries had already banned the J&J vaccine and have banned mandates as well.

Now we suffer the move to experiment on our children despite that a systematic review of the research found:

“five times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially”

Last October, FDA panelist and Editor in Chief of the New England Journal of Medicine Eric Rubin said “We're never gonna learn about how safe the vaccine is until we start giving it. That's just the way it goes.” Given that the tweet had 1.8 million views, I assume you are already aware of this. Since last spring, the death rate associated with Covid-19 in Whatcom county has run at or just under 1% for all ages. Meanwhile, the obituaries and testimonials of vaccine survivors increase as tens of thousands of people, with all good intentions to serve their country, are maimed and killed by the vaccines. And who could ignore athletes in their prime, particularly soccer players, collapsing on the field? With 183 deaths so far and hundreds more injured, young adults have suffered.

You can now see the need not only to vote down item 8 Technical Advisory Group but also to approve and move forward item 11 Rulemaking Petition that prohibits the addition of any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

While it is a dearth of information, I ask that you take time to seriously review in detail the resources provided by me and others prior to Monday's meeting. Thank you in advance for doing so.

Sincerely,

Lisa Dykstra
Everson, WA
Whatcom County

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>

From: Ally Mills
Sent: 1/7/2022 9:24:13 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Public comment

External Email

Hello,

I am writing to let you know I am completely against any of the overreaching covid-19 policies that are being proposed. They unethical, immoral and anti science. It is a blatant over reach of power.

I am against WAC 246-100-070, WAC 246-100-045, WAC 246-100-040.

Thank you for your time and consideration in this matter.

Sincerely,
Allyson Mills

Sent from my iPhone

From: D,R,H CURBOW
Sent: 1/6/2022 2:13:52 PM
To: DOH WSBOH
Cc:
Subject: Covid WAC updates

External Email

I would like it to be on record

I am completely against any of the proposed policies that were certified in 2019 for the emergency purposes due to Covid 19 activities. These codes are overreaching and immoral. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Heather Curbow
Washington State Resident, Pierce County

From: FRinehold

Sent: 1/6/2022 2:11:32 PM

To: chris4wakids@gmail.com, DOH Secretary's Office, wsboh@wa.gov, Davis, Michelle (SBOH), melanie.davis@sboh.wa.gov, Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), samantha.pkowski@sboh.wa.gov, Donahoe, Kaitlyn N (SBOH), catlin.lang@sboh.wa.gov, Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:

Subject: Reponse to Upcoming Board of Health Meeting on 12 January 2022



attachments\573571F8ECE64C03_WA State Board of Health Response.docx

External Email

Good Afternoon,

I wanted to send a written response into the Board and address my concerns with the upcoming meeting on 12 January. Attached is my letter and I have posted the contents in this email below.

"The Proposed Policy:

* Allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.

* Including the COVID-19 injections as part of the school immunization requirements using WAC 246-105."

1. I am disappointed in the fact that the notification to the public of this meeting/hearing taking place had to be disseminated on Facebook and was not broadcast through mainstream media leads to immediate distrust in the motivations of this board. Furthermore, the fact that people have not been provided adequate time to review and comment on the decisions being considered is criminal. This "Policy" that you are considering violates basic freedoms granted by God and guaranteed by the US Constitution, Bill of Rights and the WA State Constitution.

Direct violation of the WA State Constitution Article I Section 1 - 3, 7, 8, 11, and 30.

Direct violation of the US Constitution Article VII, 1st and 4th Amendments.

Direct violation of the ADA of 1971.

2. Although I sympathize with the current COVID concerns and situation, "The Science" does not support these types of actions from the Board. To date COVID 19, untreated, has a greater than 99% survival rate among the population. Although death tolls in high-risk categories increase, nearly all cases have had underlying conditions/factors that

increased their vulnerabilities. The

3. current hospitalization/infection rates for minors (children), as identified by the NAID Director, Dr Anthony Fauci, on January 4, 2022, "Has increased, but further examination of the data has identified that the hospitalization was primarily due to other factors and not COVID. The minors did test positive after hospitalization, but COVID was not the primary reason for admittance." This has directly resulted in the infection rates being skewed unnaturally high and inducing a false public panic and development of inappropriate policies.

4. On January 6, 2022, the CDC reported that the PCR Test, the test used primarily for COVID 19 identification, was faulty. In a published announcement on its website, the agency stated that, "They will no longer honor the emergency use authorization of the PCR test for COVID testing beginning 01 January 2022." They identified that the PCR Test was unable to differentiate between the Flu and COVID. Based on this information alone, all mandates that have been placed in effect should be removed since the testing that has been used to make these decisions has been proven faulty and therefore the case numbers are inaccurate. With this identified now, does it make any sense that the common FLU took 2021 off? In 2021, there was a decrease of FLU cases by greater than 98% from 2019. We can attempt to credit masking with these reductions but the masks that are authorized for use against COVID is designed for dust (1-100 microns), pollen (10-1000 microns), bacteria (0.3-60 microns), and smoke (1 micron). These masks are ineffective against a virus (20-250 nanometers) since the virus particle is smaller than the smallest bacteria particle by roughly a factor of 1000. The "Science" does not support this theory either.

5. Adding the COVID vaccination to the vaccine requirements for school should not be considered nor approved. Although the FDA has approved a COVID 19 Vaccine (CORMINATY), this vaccine will not be available in the United States until after 2023. The vaccine that is currently being administered is still under EUA and not approved for full dissemination throughout the population. A review of the VAERS data shows that in 2021 alone there were 5,248,369 vaccines administered in the United States. Of those vaccinations 7,245,381 adverse reactions of which 164,858 were specially COVID 19 vaccine reactions with 18,342 reported deaths. These numbers are horrific in themselves, but the CDC admits on their own site that the numbers reported are "likely only approximately 10% of the actual cases." This vaccine SHOULD NOT be mandated to anyone, let alone forced onto our children for a virus that has greater than a 99% survival rate.

6. Although COVID 19 was declared a "Public Health Emergency" by Secretary of the Department of Health and Human Services (HHS) and this declaration was renewed on 15 October 2021, this declaration does not grant Gov Inslee the ability to hold the State of WA in a continuous "State of Emergency" so that the legislative process can be circumvented. Gov Inslee declared the "State of Emergency" for Washington on 29 February 2020, these emergency powers can stay in effect for 30 days (RCW 43.06.220). These "Powers" are not meant to be granted for extended periods so that abuse of power can be avoided. These powers have been being applied for nearly 2 years and the legislature has not been involved with the law making to address the "Pandemic." These "Mandates" are only suggestions from the "Good idea fairy" and hold no legal stance and should not even be considered for enforcement until the legislature is given the opportunity to deliberate and create laws that support these efforts. On 03 January 2022, President Biden stated, "There is no Federal Response Plan for COVID. These decisions

should be pushed down and made at the State level.” The issue is that the decisions are being made in a vacuum by the Governor, which is not the way the government is designed to work.

7. As the continued removal of God given and constitutionally guaranteed freedoms occurs based NO factual scientific data there comes a time when common people must stand and speak out against these policies. It is the right of every person to choose what goes into their bodies and it is the responsibility of the parents to determine what vaccinations should be administered to their children. I am not anti-vaccine. However, a vaccine is defined as a substance used to stimulate the production of antibodies and provide immunity against one or several diseases, prepared from the causative agent of a disease, its products, or a synthetic substitute, treated to act as an antigen without inducing the disease. This COVID 19 protocol does not meet the definition unlike the small-pox and polio vaccines do for example. This should absolutely be the choice of the parents and not policy directed by this Board.

I appreciate that you will take the time to review and consider my concerns.

Thank you,
Floyd Rinehold

From: L Robb

Sent: 1/5/2022 10:30:20 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Do NOT include Covid-19 with current WAC codes- please!!!

External Email

To the 13 members of the Washington State Board of Health,

PLEASE, do not even consider including Covid-19 with the current infectious disease WAC codes. Covid-19 has not been around long enough, it is constantly changing, and there is no established cure or prevention method- of which even the CDC would agree. This is all too new. The studies haven't been done yet, the disease hasn't stopped evolving yet... and the fact that OUR State Board of Health is even considering adding Covid-19 to the current infectious WAC codes is preposterous!

If the current shots, that people call "vaccines", actually prevented people from getting Covid-19, like the measles vaccine prevents people from getting the measles (hence the spread of measles), this would be a different conversation. But the current shots people are getting do not prevent the spread of Covid. Covid is spreading through schools and workplaces regardless of "vaccination status". People who are "vaccinated" and those who are not, are still getting Covid. If the "vaccine" worked, this would not be the case... and there wouldn't be a need for 3 booster shots within a year. Recent data is showing that more vaccinated people are testing positive with Covid right now than unvaccinated people. Obviously, the "vaccines" are not working to prevent the spread of Covid.

Combining Covid-19 with WAC 246-100 would not help solve the health crisis. Detaining unvaccinated people would not stop the spread. If that were true, why are so many "vaccinated" people testing positive for Covid right now? Combining Covid-19 with WAC 246-100 would be discriminatory and wrong - and it should NOT even be considered.

To combine Covid-19 with WAC 246-100 does not even make sense. It goes against our Constitutional right for freedom of choice. You can't say that "I shouldn't have a choice about this getting this "vaccine" because my choices affect the health of others". As shown, my choice to get the "vaccine" or not, does not stop the spread of Covid. Everyone is getting Covid, regardless of their personal choice. Don't take away people's freedom of choice. It won't solve your issue- it will only create a larger issue that Washington State does not need right now. Besides, isn't "My body, my choice" a thing anymore? It was a real thing 2 years ago. What happened? I still have my body and what I do with it should be my choice... not yours.

As for including COVID-19 injections as part of school immunization requirements using WAC 246-105- this is terrifying! The possible ramifications to children could be astounding! We do not yet know the potential effects these "vaccines" could have on our young people. Doctors and scientists have seen terrible life-altering conditions appear in young people after they were "vaccinated". To make this a requirement for starting school at age 5- without going through the proper testing period of this "vaccine" would be very irresponsible of you.

If you vote on this policy (without the public's approval) and you make it a requirement, can we hold you 13 people personally liable for your decisions when children die or are permanently damaged? That's how it works in other state board positions. For example,

if school board members vote on a policy and something happens where a person was injured because of their policy- or due to their negligence of enforcing a policy- not only is the school district liable, the board members themselves could personally be held liable. Are you willing to face these potential lawsuits? I am sure there will be many coming if you include Covid-19 injections as part of school immunization requirements using WAC 246-105.

Please be diligent, responsible, and non-discriminatory. Do NOT include Covid-19 with the current infectious disease WAC codes. Protect our Constitutional rights as citizens. Protect our children. Allow parents the freedom to make the best possible choices for their children. Do not make decisions for them when you do not have all of the information.

Instead, perhaps you could use your energy and time to promote exercise, nutrition, sleep, stress management, vitamins, decreasing obesity, and other helpful methods for staying healthy so people won't contract Covid in the first place- regardless of their immunization status.

Sincerely,

L. Robb

A concerned parent, teacher, community member, state citizen, and tax payer

Subject: DO NOT RECOMMEND WAC 246-100-040 and WAC 246-100-070

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

From: Daniel Homp
Sent: 1/6/2022 4:10:49 PM
To: DOH WSBOH
Cc:
Subject: Daniel Homp - Mandate Response

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

From: RACHAEL HASKINS

Sent: 1/6/2022 11:05:41 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public Meeting Input for January 12, 2022



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External Email

Good day Board Members,

First I'd like to start my email with your authority is not absolute and "We the People" do not consent to your heavy handed approach to our health. We do not give you the authority to force any medical procedures on our children, our elderly, or on any human being that does not choose of their own free will your offerings of "public health" in a vaccine trial.

Our bodies are not owned by our government and on the contrary, our bodies according to the Bible are a temple of the Holy Spirit.

" Or do you not know that your body is the temple of the Holy Spirit who is in you, whom you have from God, and you are not your own? For you were bought at a price; therefore glorify God in your body and in your spirit, which are God's." - 1 Corinthians 6:19-20

We do not give you permission to operate in an authoritarian way nor do we approve of you attempting to use broad rule making powers to force the Covid-19 shots that are NOT currently FDA approved on anyone. Only "Comirnaty" is approved and yet it is not offered in the USA at this time. The current Pfizer-BioNTech Vaccine is the one given in the US, but it is still under "EUA", not "Authorized." (See leaflets given by pharmacists - attached to this email or this link)

Labeling of Pfizer Vaccines:

<https://labeling.pfizer.com/ShowLabeling.aspx?id=14471>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flabeling.pfizer.com%2FShowLabeling.aspx?id=14471>>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15171>

comirnaty%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd8557fb7d1b34b64731d08d9d147450c%7

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid.cdc.gov%2Fcovid-data-

tracker%2F%23trends_dailycases&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd8557fb7d1b34b64731

<https://crsreports.congress.gov/product/pdf/LSB/LSB10443/7>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fprodu>

Please also review Pfizer's 6 month data. I've attached the document along with the link under "breaking news" called "More Harm Than Good." Although this is from Canada, we share lots of information, because we are all using the same vaccines.

<https://www.canadiancovidcarealliance.org/>

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

We have more strains, since the shots have been administered than we did prior to the shots being administered. The year of 2021 alone had "Mu", "Delta" and "Omicron" that were highly publicized and now "IHU" detected in France (January 2022.) Yet the first variant publicized was the "Gamma" in November 202 in Brazil, but still not of concern until January 2021. The people of Washington have been more than compliant for the past 670+ days of our governor's emergency powers and yet the masks, shots, and lockdowns have not stopped the virus from spreading between vaccinated individuals, causing death, or causing vaccine injuries amount those that chose to be apart of the vaccine trial.

Please review some of the stories of the vaccine injured as their lives matter as well.

<https://www.covidvaccinevictims.com/>

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

<https://www.habingfamily.com/obituary/michael-mike-granata>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.habingfamily.com%2Fobituary/michael-mike-granata&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd8557fb7d1b34b64731d08d9d147450c%7C11d0e2>

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

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

Understanding the VAERS reporting system:

<https://openvaers.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd8557fb7d1b34b64731d08d9d147450c%7C11d0e2>

Also you need to see what people think of the mandates by OSHA that President Biden issued. With over 119,830 comments, people are very unhappy that medical procedures are being mandated and yet have not proven to stop the spread, stop transmission, nor stop hospitalization as was touted in the beginning of rolling out these vaccines.

<https://www.regulations.gov/document/OSHA-2021-0007-0001>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.regulations.gov%2Fdocument/OSHA-2021-0007-0001&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd8557fb7d1b34b64731d08d9d147450c%7C11d0e2>

Also another interesting point is that since Covid has entered the scene, the CDC shows that essentially the seasonal flu has mostly not impacted any children. That seems very untrustworthy and is causing many people to mistrust those in our public health.

<https://www.cdc.gov/flu/weekly>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fweekly&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cd8557fb7d1b34b64731d08d9d147450c%7C11d0e2>

Right now you are facing a big decision to "force" medical procedures upon people that do not freely choose to participate in this trial. One day soon, you may be against something (politically, ethically, morally, or otherwise), and you may have already given up your freedoms to choose, because you didn't take this opportunity to speak up against "force" being perpetuated on those you serve.

We are asking you to consider the repercussions of force, mandates, and new laws that hurt the freedoms afforded us by our Creator; God or the ones supported by the US Constitution. Our children are our most treasured gem and it is our job given to us by God that we must protect them from any and all harm.

Please consider the points, data, and research I've shared when you consider a heavy handed approach to mandates and forced medical procedures. In real life, not everyone can wear size 7 shoes, yet with all these mandates - we essentially are attempting to force everyone to have the same medical procedures when not every body is the same.

Thank You,
Rachael Haskins
253.278.6898

Data Table for Daily Case Trends - The United States

Date generated: Wed Jan 05 2022 15:12:27 GMT-0800 (Pacific Standard Time)

State	Date	New Cases	7-Day Moving Average	Historic Cases
United States	Jan 4 2022	717,765	554,328	133
United States	Jan 3 2022	956,893	509,306	0
United States	Jan 2 2022	403,133	442,700	1
United States	Jan 1 2022	273,522	414,643	0
United States	Dec 31 2021	452,606	391,897	0
United States	Dec 30 2021	592,746	360,387	0
United States	Dec 29 2021	483,633	315,876	0
United States	Dec 28 2021	402,614	281,842	0
United States	Dec 27 2021	490,646	253,937	0
United States	Dec 26 2021	206,734	223,788	0
United States	Dec 25 2021	114,303	208,408	0
United States	Dec 24 2021	232,033	203,883	0
United States	Dec 23 2021	281,173	193,838	621
United States	Dec 22 2021	245,397	176,508	0
United States	Dec 21 2021	207,278	162,394	0
United States	Dec 20 2021	279,602	150,798	0
United States	Dec 19 2021	99,073	138,399	0
United States	Dec 18 2021	82,626	132,039	0
United States	Dec 17 2021	161,723	128,777	0
United States	Dec 16 2021	159,861	124,752	1,347
United States	Dec 15 2021	146,598	121,698	840
United States	Dec 14 2021	126,107	119,377	1,725
United States	Dec 13 2021	192,810	119,400	0
United States	Dec 12 2021	54,553	119,353	0
United States	Dec 11 2021	59,788	118,909	0
United States	Dec 10 2021	133,549	119,046	0
United States	Dec 9 2021	138,483	121,561	0
United States	Dec 8 2021	130,354	122,257	0
United States	Dec 7 2021	126,264	122,684	0
United States	Dec 6 2021	192,483	121,863	0
United States	Dec 5 2021	51,444	108,799	0
United States	Dec 4 2021	60,748	109,078	0
United States	Dec 3 2021	151,152	107,464	0
United States	Dec 2 2021	143,354	97,437	0
United States	Dec 1 2021	133,344	87,006	0
United States	Nov 30 2021	120,521	83,003	165
United States	Nov 29 2021	101,031	80,365	171
United States	Nov 28 2021	53,396	87,953	92
United States	Nov 27 2021	49,454	85,195	51
United States	Nov 26 2021	80,965	83,710	19

United States	Nov 25 2021	70,336	88,389	76
United States	Nov 24 2021	105,322	94,560	245
United States	Nov 23 2021	102,055	94,700	126
United States	Nov 22 2021	154,143	93,955	50
United States	Nov 21 2021	34,093	92,473	490
United States	Nov 20 2021	39,058	91,699	81
United States	Nov 19 2021	113,722	92,907	100
United States	Nov 18 2021	113,532	94,261	10,684
United States	Nov 17 2021	106,299	88,281	55
United States	Nov 16 2021	96,841	86,022	59
United States	Nov 15 2021	143,768	84,065	9
United States	Nov 14 2021	28,676	81,845	61
United States	Nov 13 2021	47,517	81,464	15,371
United States	Nov 12 2021	123,200	78,748	145
United States	Nov 11 2021	71,670	73,942	590
United States	Nov 10 2021	90,488	76,296	1,792
United States	Nov 9 2021	83,136	74,795	177
United States	Nov 8 2021	128,229	73,365	49
United States	Nov 7 2021	26,013	72,228	66
United States	Nov 6 2021	28,505	71,450	528
United States	Nov 5 2021	89,558	71,487	186
United States	Nov 4 2021	88,144	71,128	219
United States	Nov 3 2021	79,984	70,247	108
United States	Nov 2 2021	73,124	70,808	685
United States	Nov 1 2021	120,274	74,999	7,959
United States	Oct 31 2021	20,561	71,334	64
United States	Oct 30 2021	28,767	71,770	569
United States	Oct 29 2021	87,048	71,928	137
United States	Oct 28 2021	81,973	71,044	21,885
United States	Oct 27 2021	83,914	71,807	457
United States	Oct 26 2021	102,457	70,735	262
United States	Oct 25 2021	94,619	67,678	47
United States	Oct 24 2021	23,614	64,245	94
United States	Oct 23 2021	29,873	67,912	451
United States	Oct 22 2021	80,859	72,528	316
United States	Oct 21 2021	87,317	73,975	377
United States	Oct 20 2021	76,411	75,314	532
United States	Oct 19 2021	81,054	78,261	520
United States	Oct 18 2021	70,589	79,705	23
United States	Oct 17 2021	49,282	80,366	76
United States	Oct 16 2021	62,188	81,827	825
United States	Oct 15 2021	90,986	82,945	806
United States	Oct 14 2021	96,689	85,348	498

United States	Oct 13 2021	97,041	87,539	732
United States	Oct 12 2021	91,160	89,082	649
United States	Oct 11 2021	75,217	91,048	84
United States	Oct 10 2021	59,509	92,812	161
United States	Oct 9 2021	70,017	94,085	648
United States	Oct 8 2021	107,805	95,708	544
United States	Oct 7 2021	112,027	97,469	793
United States	Oct 6 2021	107,844	98,976	10,536
United States	Oct 5 2021	104,921	100,200	238
United States	Oct 4 2021	87,562	101,936	29
United States	Oct 3 2021	68,424	104,203	207
United States	Oct 2 2021	81,377	105,440	493
United States	Oct 1 2021	120,131	107,480	1,428
United States	Sep 30 2021	122,575	109,332	1,427
United States	Sep 29 2021	116,411	111,189	1,354
United States	Sep 28 2021	117,072	113,473	1,069
United States	Sep 27 2021	103,434	116,042	613
United States	Sep 26 2021	77,081	114,651	239
United States	Sep 25 2021	95,658	117,508	646
United States	Sep 24 2021	133,093	121,428	781
United States	Sep 23 2021	135,579	124,925	1,466
United States	Sep 22 2021	132,396	129,465	445
United States	Sep 21 2021	135,056	133,848	624
United States	Sep 20 2021	93,697	137,724	33
United States	Sep 19 2021	97,080	140,585	87
United States	Sep 18 2021	123,098	143,328	575
United States	Sep 17 2021	157,574	147,633	531
United States	Sep 16 2021	167,359	149,330	540
United States	Sep 15 2021	163,075	152,106	916
United States	Sep 14 2021	162,188	153,099	660
United States	Sep 13 2021	113,725	146,841	164
United States	Sep 12 2021	116,280	146,350	79
United States	Sep 11 2021	153,231	147,548	527
United States	Sep 10 2021	169,452	145,973	349
United States	Sep 9 2021	186,792	147,894	404
United States	Sep 8 2021	170,030	147,250	1,347
United States	Sep 7 2021	118,383	151,367	90
United States	Sep 6 2021	110,283	159,734	404
United States	Sep 5 2021	124,670	163,209	277
United States	Sep 4 2021	142,204	162,289	417
United States	Sep 3 2021	182,900	163,574	388
United States	Sep 2 2021	182,286	163,554	401
United States	Sep 1 2021	198,845	164,234	323

United States	Aug 31 2021	176,951	161,223	504
United States	Aug 30 2021	134,608	159,330	83
United States	Aug 29 2021	118,230	156,873	179
United States	Aug 28 2021	151,201	158,127	361
United States	Aug 27 2021	182,762	156,932	201
United States	Aug 26 2021	187,045	154,668	253
United States	Aug 25 2021	177,767	152,940	257
United States	Aug 24 2021	163,700	151,569	367
United States	Aug 23 2021	117,410	149,725	69
United States	Aug 22 2021	127,005	148,708	70
United States	Aug 21 2021	142,838	146,367	376
United States	Aug 20 2021	166,914	145,835	1,934
United States	Aug 19 2021	174,946	142,926	204
United States	Aug 18 2021	168,170	139,587	1,040
United States	Aug 17 2021	150,796	136,215	250
United States	Aug 16 2021	110,289	134,184	130
United States	Aug 15 2021	110,616	131,850	74
United States	Aug 14 2021	139,120	129,922	167
United States	Aug 13 2021	146,551	127,186	97
United States	Aug 12 2021	151,567	124,241	266
United States	Aug 11 2021	144,567	121,036	270
United States	Aug 10 2021	136,582	118,109	183
United States	Aug 9 2021	93,951	114,394	82
United States	Aug 8 2021	97,117	115,775	42
United States	Aug 7 2021	119,971	110,904	99
United States	Aug 6 2021	125,937	105,408	7,773
United States	Aug 5 2021	129,127	102,416	234
United States	Aug 4 2021	124,081	98,155	333
United States	Aug 3 2021	110,579	93,215	322
United States	Aug 2 2021	103,619	89,715	25
United States	Aug 1 2021	63,014	85,134	44
United States	Jul 31 2021	81,502	82,312	164
United States	Jul 30 2021	104,994	78,284	334
United States	Jul 29 2021	99,297	73,066	229
United States	Jul 28 2021	89,505	69,286	120
United States	Jul 27 2021	86,075	65,299	142
United States	Jul 26 2021	71,553	60,289	36
United States	Jul 25 2021	43,263	56,564	28
United States	Jul 24 2021	53,304	54,439	122
United States	Jul 23 2021	68,471	51,325	345
United States	Jul 22 2021	72,836	47,594	283
United States	Jul 21 2021	61,595	42,982	184
United States	Jul 20 2021	51,001	39,678	136

United States	Jul 19 2021	45,481	37,375	266
United States	Jul 18 2021	28,386	35,070	45
United States	Jul 17 2021	31,508	33,410	71
United States	Jul 16 2021	42,354	31,841	42
United States	Jul 15 2021	40,550	29,734	112
United States	Jul 14 2021	38,466	27,957	106
United States	Jul 13 2021	34,882	25,719	0
United States	Jul 12 2021	29,347	23,622	0
United States	Jul 11 2021	16,763	20,746	0
United States	Jul 10 2021	20,525	19,833	0
United States	Jul 9 2021	27,609	18,763	0
United States	Jul 8 2021	28,111	17,224	155,785
United States	Jul 7 2021	22,802	15,880	0
United States	Jul 6 2021	20,197	14,281	0
United States	Jul 5 2021	9,217	13,643	0
United States	Jul 4 2021	10,374	13,850	4
United States	Jul 3 2021	13,034	13,868	0
United States	Jul 2 2021	16,835	13,888	0
United States	Jul 1 2021	18,703	13,640	0
United States	Jun 30 2021	11,608	13,187	0
United States	Jun 29 2021	15,736	13,509	0
United States	Jun 28 2021	10,661	13,186	0
United States	Jun 27 2021	10,501	12,900	0
United States	Jun 26 2021	13,178	12,675	0
United States	Jun 25 2021	15,093	12,564	0
United States	Jun 24 2021	15,538	12,126	0
United States	Jun 23 2021	13,861	11,803	0
United States	Jun 22 2021	13,476	11,710	0
United States	Jun 21 2021	8,653	11,619	0
United States	Jun 20 2021	8,932	11,566	0
United States	Jun 19 2021	12,398	11,518	0
United States	Jun 18 2021	12,025	11,528	0
United States	Jun 17 2021	13,276	11,812	0
United States	Jun 16 2021	13,210	12,210	0
United States	Jun 15 2021	12,844	13,051	0
United States	Jun 14 2021	8,283	13,299	0
United States	Jun 13 2021	8,590	13,538	0
United States	Jun 12 2021	12,468	13,880	0
United States	Jun 11 2021	14,014	14,212	0
United States	Jun 10 2021	16,061	14,867	1
United States	Jun 9 2021	19,099	15,238	464
United States	Jun 8 2021	14,580	14,830	0
United States	Jun 7 2021	9,960	14,021	0

United States	Jun 6 2021	10,980	13,881	0
United States	Jun 5 2021	14,791	14,027	0
United States	Jun 4 2021	18,599	14,222	0
United States	Jun 3 2021	18,658	15,048	0
United States	Jun 2 2021	16,242	15,605	0
United States	Jun 1 2021	8,918	16,673	0
United States	May 31 2021	8,984	18,798	1
United States	May 30 2021	11,999	19,815	0
United States	May 29 2021	16,155	20,346	0
United States	May 28 2021	24,384	21,212	0
United States	May 27 2021	22,555	21,765	0
United States	May 26 2021	23,720	22,537	0
United States	May 25 2021	23,791	23,132	0
United States	May 24 2021	16,104	23,739	0
United States	May 23 2021	15,717	24,224	0
United States	May 22 2021	22,217	24,973	0
United States	May 21 2021	28,256	26,049	0
United States	May 20 2021	27,954	27,073	0
United States	May 19 2021	27,887	28,937	0
United States	May 18 2021	28,042	30,081	0
United States	May 17 2021	19,497	30,875	0
United States	May 16 2021	20,960	31,624	0
United States	May 15 2021	29,749	32,515	42
United States	May 14 2021	35,427	33,528	0
United States	May 13 2021	40,997	34,839	0
United States	May 12 2021	35,901	35,183	0
United States	May 11 2021	33,597	36,523	0
United States	May 10 2021	24,737	37,886	0
United States	May 9 2021	27,197	39,099	0
United States	May 8 2021	36,846	40,455	0
United States	May 7 2021	44,604	42,046	0
United States	May 6 2021	43,402	43,574	0
United States	May 5 2021	45,280	45,476	0
United States	May 4 2021	43,137	46,906	0
United States	May 3 2021	33,230	48,020	0
United States	May 2 2021	36,691	48,968	0
United States	May 1 2021	47,983	49,543	0
United States	Apr 30 2021	55,300	50,105	0
United States	Apr 29 2021	56,715	51,434	0
United States	Apr 28 2021	55,288	52,145	0
United States	Apr 27 2021	50,937	53,414	0
United States	Apr 26 2021	39,864	54,551	-9,005
United States	Apr 25 2021	40,716	53,993	0

United States	Apr 24 2021	51,919	55,207	0
United States	Apr 23 2021	64,601	58,934	0
United States	Apr 22 2021	61,690	59,832	0
United States	Apr 21 2021	64,177	61,731	0
United States	Apr 20 2021	58,890	62,899	0
United States	Apr 19 2021	35,963	64,797	0
United States	Apr 18 2021	49,210	68,607	0
United States	Apr 17 2021	78,008	69,218	0
United States	Apr 16 2021	70,886	67,796	0
United States	Apr 15 2021	74,987	68,935	0
United States	Apr 14 2021	72,354	69,036	0
United States	Apr 13 2021	72,171	69,830	0
United States	Apr 12 2021	62,635	68,559	0
United States	Apr 11 2021	53,490	67,741	0
United States	Apr 10 2021	68,053	66,427	0
United States	Apr 9 2021	78,861	66,061	72
United States	Apr 8 2021	75,694	64,727	0
United States	Apr 7 2021	77,911	64,548	0
United States	Apr 6 2021	63,269	63,627	0
United States	Apr 5 2021	56,910	63,496	0
United States	Apr 4 2021	44,294	63,625	0
United States	Apr 3 2021	65,488	64,854	0
United States	Apr 2 2021	69,528	64,549	0
United States	Apr 1 2021	74,441	65,571	0
United States	Mar 31 2021	71,464	64,420	0
United States	Mar 30 2021	62,353	63,803	0
United States	Mar 29 2021	57,811	63,251	0
United States	Mar 28 2021	52,894	61,930	0
United States	Mar 27 2021	63,354	60,796	0
United States	Mar 26 2021	76,683	60,083	0
United States	Mar 25 2021	66,381	58,026	0
United States	Mar 24 2021	67,149	57,523	0
United States	Mar 23 2021	58,490	56,844	0
United States	Mar 22 2021	48,560	55,926	0
United States	Mar 21 2021	44,955	55,196	0
United States	Mar 20 2021	58,367	55,524	0
United States	Mar 19 2021	62,280	54,814	0
United States	Mar 18 2021	62,865	54,896	0
United States	Mar 17 2021	62,392	54,564	0
United States	Mar 16 2021	52,063	54,539	0
United States	Mar 15 2021	43,456	54,744	0
United States	Mar 14 2021	47,246	54,677	0
United States	Mar 13 2021	53,398	54,144	0

United States	Mar 12 2021	62,858	54,704	0
United States	Mar 11 2021	60,537	54,901	0
United States	Mar 10 2021	62,218	55,644	0
United States	Mar 9 2021	53,496	56,152	891
United States	Mar 8 2021	42,987	56,398	0
United States	Mar 7 2021	43,517	57,538	0
United States	Mar 6 2021	57,321	58,697	0
United States	Mar 5 2021	64,232	60,209	0
United States	Mar 4 2021	65,742	61,551	0
United States	Mar 3 2021	65,770	62,446	0
United States	Mar 2 2021	55,219	63,475	0
United States	Mar 1 2021	50,967	65,733	0
United States	Feb 28 2021	51,629	66,486	0
United States	Feb 27 2021	67,908	67,078	0
United States	Feb 26 2021	73,625	66,810	0
United States	Feb 25 2021	72,004	66,749	0
United States	Feb 24 2021	72,975	66,285	0
United States	Feb 23 2021	71,029	65,084	0
United States	Feb 22 2021	56,237	63,202	0
United States	Feb 21 2021	55,772	63,410	0
United States	Feb 20 2021	66,028	64,966	0
United States	Feb 19 2021	73,200	67,599	0
United States	Feb 18 2021	68,754	71,131	0
United States	Feb 17 2021	64,574	75,485	0
United States	Feb 16 2021	57,849	80,469	0
United States	Feb 15 2021	57,695	85,343	0
United States	Feb 14 2021	66,666	88,851	0
United States	Feb 13 2021	84,457	92,396	0
United States	Feb 12 2021	97,926	95,773	0
United States	Feb 11 2021	99,232	99,717	0
United States	Feb 10 2021	99,464	103,419	0
United States	Feb 9 2021	91,966	104,963	0
United States	Feb 8 2021	82,252	109,333	0
United States	Feb 7 2021	91,481	115,933	0
United States	Feb 6 2021	108,093	118,789	0
United States	Feb 5 2021	125,532	122,972	0
United States	Feb 4 2021	125,149	128,493	0
United States	Feb 3 2021	110,273	133,020	0
United States	Feb 2 2021	122,553	140,126	0
United States	Feb 1 2021	128,452	143,745	0
United States	Jan 31 2021	111,472	144,517	0
United States	Jan 30 2021	137,374	149,100	0
United States	Jan 29 2021	164,178	152,988	0

United States	Jan 28 2021	156,840	156,746	0
United States	Jan 27 2021	160,014	161,435	0
United States	Jan 26 2021	147,890	165,613	0
United States	Jan 25 2021	133,856	166,045	0
United States	Jan 24 2021	143,550	168,522	0
United States	Jan 23 2021	164,588	174,095	0
United States	Jan 22 2021	190,489	180,985	0
United States	Jan 21 2021	189,659	188,053	0
United States	Jan 20 2021	189,262	192,999	0
United States	Jan 19 2021	150,916	198,736	584
United States	Jan 18 2021	151,193	208,415	0
United States	Jan 17 2021	182,564	216,024	0
United States	Jan 16 2021	212,812	221,873	0
United States	Jan 15 2021	239,967	227,924	0
United States	Jan 14 2021	224,282	235,644	0
United States	Jan 13 2021	229,424	242,327	0
United States	Jan 12 2021	218,667	246,661	0
United States	Jan 11 2021	204,456	250,431	0
United States	Jan 10 2021	223,508	246,202	0
United States	Jan 9 2021	255,169	243,618	0
United States	Jan 8 2021	294,008	239,207	0
United States	Jan 7 2021	271,063	229,972	0
United States	Jan 6 2021	259,756	224,258	0
United States	Jan 5 2021	245,058	221,277	0
United States	Jan 4 2021	174,852	216,306	0
United States	Jan 3 2021	205,422	216,898	0
United States	Jan 2 2021	224,295	209,693	0
United States	Jan 1 2021	229,364	198,964	0
United States	Dec 31 2020	231,065	188,951	0
United States	Dec 30 2020	238,889	184,849	0
United States	Dec 29 2020	210,257	183,361	0
United States	Dec 28 2020	178,998	181,848	0
United States	Dec 27 2020	154,985	182,560	0
United States	Dec 26 2020	149,196	187,282	0
United States	Dec 25 2020	159,273	194,796	0
United States	Dec 24 2020	202,349	205,966	0
United States	Dec 23 2020	228,470	212,491	0
United States	Dec 22 2020	199,668	214,415	0
United States	Dec 21 2020	183,981	214,592	0
United States	Dec 20 2020	188,039	216,539	0
United States	Dec 19 2020	201,795	215,497	0
United States	Dec 18 2020	237,464	217,543	0
United States	Dec 17 2020	248,021	219,158	0

United States	Dec 16 2020	241,942	213,566	0
United States	Dec 15 2020	200,906	210,795	0
United States	Dec 14 2020	197,609	214,461	0
United States	Dec 13 2020	180,743	212,881	0
United States	Dec 12 2020	216,122	212,394	0
United States	Dec 11 2020	248,764	210,916	0
United States	Dec 10 2020	208,880	207,587	0
United States	Dec 9 2020	222,546	209,020	0
United States	Dec 8 2020	226,565	207,430	0
United States	Dec 7 2020	186,550	202,569	0
United States	Dec 6 2020	177,332	197,904	0
United States	Dec 5 2020	205,776	192,759	0
United States	Dec 4 2020	225,461	184,037	0
United States	Dec 3 2020	218,915	175,313	0
United States	Dec 2 2020	211,411	164,757	0
United States	Dec 1 2020	192,544	162,489	0
United States	Nov 30 2020	153,895	160,115	0
United States	Nov 29 2020	141,316	161,091	0
United States	Nov 28 2020	144,718	162,464	0
United States	Nov 27 2020	164,392	166,570	0
United States	Nov 26 2020	145,026	170,963	0
United States	Nov 25 2020	195,535	177,430	0
United States	Nov 24 2020	175,928	174,185	0
United States	Nov 23 2020	160,726	173,052	0
United States	Nov 22 2020	150,923	171,875	0
United States	Nov 21 2020	173,463	170,323	0
United States	Nov 20 2020	195,144	168,942	0
United States	Nov 19 2020	190,293	166,568	0
United States	Nov 18 2020	172,824	162,799	0
United States	Nov 17 2020	167,994	160,125	0
United States	Nov 16 2020	152,486	157,283	0
United States	Nov 15 2020	140,057	153,368	0
United States	Nov 14 2020	163,800	149,369	0
United States	Nov 13 2020	178,528	144,432	0
United States	Nov 12 2020	163,909	138,150	0
United States	Nov 11 2020	154,106	132,417	0
United States	Nov 10 2020	148,099	126,971	0
United States	Nov 9 2020	125,083	119,972	0
United States	Nov 8 2020	112,060	114,561	0
United States	Nov 7 2020	129,242	109,177	0
United States	Nov 6 2020	134,554	104,039	0
United States	Nov 5 2020	123,781	98,823	0
United States	Nov 4 2020	115,984	94,242	0

United States	Nov 3 2020	99,106	89,877	0
United States	Nov 2 2020	87,200	86,551	0
United States	Nov 1 2020	74,374	84,119	67,475
United States	Oct 31 2020	93,274	82,913	0
United States	Oct 30 2020	98,046	80,500	0
United States	Oct 29 2020	91,711	78,376	0
United States	Oct 28 2020	85,428	75,994	0
United States	Oct 27 2020	75,825	73,871	0
United States	Oct 26 2020	70,175	71,464	0
United States	Oct 25 2020	65,933	70,322	0
United States	Oct 24 2020	76,388	67,902	0
United States	Oct 23 2020	83,173	64,749	0
United States	Oct 22 2020	75,036	62,807	0
United States	Oct 21 2020	70,567	61,145	0
United States	Oct 20 2020	58,977	59,378	0
United States	Oct 19 2020	62,182	58,212	0
United States	Oct 18 2020	48,992	56,439	0
United States	Oct 17 2020	54,320	55,862	0
United States	Oct 16 2020	69,579	55,804	0
United States	Oct 15 2020	63,399	54,307	0
United States	Oct 14 2020	58,203	53,201	0
United States	Oct 13 2020	50,813	52,714	0
United States	Oct 12 2020	49,773	51,453	0
United States	Oct 11 2020	44,948	50,286	0
United States	Oct 10 2020	53,917	48,958	0
United States	Oct 9 2020	59,096	48,076	0
United States	Oct 8 2020	55,663	46,942	0
United States	Oct 7 2020	54,791	45,774	0
United States	Oct 6 2020	41,988	44,600	0
United States	Oct 5 2020	41,604	44,164	0
United States	Oct 4 2020	35,651	43,816	0
United States	Oct 3 2020	47,741	43,777	0
United States	Oct 2 2020	51,158	43,066	0
United States	Oct 1 2020	47,488	42,932	0
United States	Sep 30 2020	46,570	42,778	0
United States	Sep 29 2020	38,941	42,261	0
United States	Sep 28 2020	39,164	43,856	0
United States	Sep 27 2020	35,379	44,209	0
United States	Sep 26 2020	42,765	44,051	0
United States	Sep 25 2020	50,220	43,995	0
United States	Sep 24 2020	46,409	43,705	0
United States	Sep 23 2020	42,951	43,560	0
United States	Sep 22 2020	50,108	43,842	0

United States	Sep 21 2020	41,634	42,002	0
United States	Sep 20 2020	34,275	41,020	0
United States	Sep 19 2020	42,373	40,823	0
United States	Sep 18 2020	48,189	40,489	0
United States	Sep 17 2020	45,393	39,976	0
United States	Sep 16 2020	44,925	39,077	0
United States	Sep 15 2020	37,229	37,740	0
United States	Sep 14 2020	34,762	36,510	0
United States	Sep 13 2020	32,893	35,057	0
United States	Sep 12 2020	40,036	35,214	0
United States	Sep 11 2020	44,597	35,395	0
United States	Sep 10 2020	39,101	36,352	0
United States	Sep 9 2020	35,566	37,276	0
United States	Sep 8 2020	28,620	38,308	0
United States	Sep 7 2020	24,589	39,768	0
United States	Sep 6 2020	33,989	41,908	0
United States	Sep 5 2020	41,305	42,285	0
United States	Sep 4 2020	51,294	42,244	0
United States	Sep 3 2020	45,570	41,623	0
United States	Sep 2 2020	42,794	41,859	1,705
United States	Sep 1 2020	38,841	42,531	0
United States	Aug 31 2020	39,563	42,830	0
United States	Aug 30 2020	36,633	42,324	0
United States	Aug 29 2020	41,018	42,388	0
United States	Aug 28 2020	46,942	42,506	0
United States	Aug 27 2020	47,228	42,615	0
United States	Aug 26 2020	47,495	42,592	0
United States	Aug 25 2020	40,932	42,563	0
United States	Aug 24 2020	36,026	42,675	0
United States	Aug 23 2020	37,081	43,503	0
United States	Aug 22 2020	41,839	44,193	0
United States	Aug 21 2020	47,705	45,582	0
United States	Aug 20 2020	47,070	46,801	0
United States	Aug 19 2020	47,292	47,527	0
United States	Aug 18 2020	41,718	48,706	0
United States	Aug 17 2020	41,819	51,202	0
United States	Aug 16 2020	41,911	51,534	0
United States	Aug 15 2020	51,565	52,169	0
United States	Aug 14 2020	56,237	52,243	0
United States	Aug 13 2020	52,151	53,087	0
United States	Aug 12 2020	55,544	53,516	0
United States	Aug 11 2020	59,187	53,617	0
United States	Aug 10 2020	44,146	52,578	0

United States	Aug 9 2020	46,359	52,744	0
United States	Aug 8 2020	52,081	53,472	0
United States	Aug 7 2020	62,141	54,091	0
United States	Aug 6 2020	55,156	55,045	0
United States	Aug 5 2020	56,250	56,758	0
United States	Aug 4 2020	51,917	58,026	0
United States	Aug 3 2020	45,305	59,065	0
United States	Aug 2 2020	51,458	60,202	0
United States	Aug 1 2020	56,415	61,279	0
United States	Jul 31 2020	68,818	61,946	0
United States	Jul 30 2020	67,145	62,673	0
United States	Jul 29 2020	65,130	63,660	0
United States	Jul 28 2020	59,189	64,735	0
United States	Jul 27 2020	53,261	65,326	0
United States	Jul 26 2020	59,000	66,148	0
United States	Jul 25 2020	61,079	66,278	0
United States	Jul 24 2020	73,908	67,238	0
United States	Jul 23 2020	74,056	67,692	0
United States	Jul 22 2020	72,658	67,137	0
United States	Jul 21 2020	63,323	67,088	0
United States	Jul 20 2020	59,012	67,327	0
United States	Jul 19 2020	59,916	66,974	0
United States	Jul 18 2020	67,797	66,933	0
United States	Jul 17 2020	77,082	66,979	0
United States	Jul 16 2020	70,177	65,762	0
United States	Jul 15 2020	72,309	64,637	0
United States	Jul 14 2020	65,000	63,648	0
United States	Jul 13 2020	56,537	62,370	0
United States	Jul 12 2020	59,631	61,610	0
United States	Jul 11 2020	68,117	58,865	0
United States	Jul 10 2020	68,567	56,219	0
United States	Jul 9 2020	62,303	55,035	0
United States	Jul 8 2020	65,381	54,078	0
United States	Jul 7 2020	56,060	53,272	0
United States	Jul 6 2020	51,214	51,918	0
United States	Jul 5 2020	40,418	50,116	0
United States	Jul 4 2020	49,592	49,741	0
United States	Jul 3 2020	60,280	48,887	0
United States	Jul 2 2020	55,605	46,925	0
United States	Jul 1 2020	59,736	45,697	0
United States	Jun 30 2020	46,583	42,510	0
United States	Jun 29 2020	38,600	41,272	0
United States	Jun 28 2020	37,793	39,857	0

United States	Jun 27 2020	43,617	38,362	0
United States	Jun 26 2020	46,545	36,893	0
United States	Jun 25 2020	47,005	35,002	0
United States	Jun 24 2020	37,429	32,395	0
United States	Jun 23 2020	37,920	30,705	0
United States	Jun 22 2020	28,694	28,849	0
United States	Jun 21 2020	27,324	27,691	0
United States	Jun 20 2020	33,337	26,733	0
United States	Jun 19 2020	33,306	25,686	0
United States	Jun 18 2020	28,757	25,034	0
United States	Jun 17 2020	25,603	24,167	0
United States	Jun 16 2020	24,927	23,721	0
United States	Jun 15 2020	20,587	22,817	0
United States	Jun 14 2020	20,617	22,453	0
United States	Jun 13 2020	26,006	22,047	0
United States	Jun 12 2020	28,746	21,699	0
United States	Jun 11 2020	22,688	21,082	0
United States	Jun 10 2020	22,482	20,800	0
United States	Jun 9 2020	18,595	20,604	0
United States	Jun 8 2020	18,038	20,909	0
United States	Jun 7 2020	17,779	20,812	0
United States	Jun 6 2020	23,571	21,301	0
United States	Jun 5 2020	24,424	21,321	0
United States	Jun 4 2020	20,711	21,197	0
United States	Jun 3 2020	21,111	21,695	0
United States	Jun 2 2020	20,730	21,588	0
United States	Jun 1 2020	17,358	21,049	0
United States	May 31 2020	21,206	21,305	0
United States	May 30 2020	23,710	21,384	0
United States	May 29 2020	23,553	20,994	0
United States	May 28 2020	24,198	21,348	0
United States	May 27 2020	20,364	21,537	0
United States	May 26 2020	16,956	22,126	0
United States	May 25 2020	19,148	22,660	0
United States	May 24 2020	21,765	23,452	0
United States	May 23 2020	20,979	23,089	0
United States	May 22 2020	26,027	23,707	0
United States	May 21 2020	25,523	23,862	0
United States	May 20 2020	24,488	25,148	0
United States	May 19 2020	20,693	24,184	0
United States	May 18 2020	24,692	24,694	0
United States	May 17 2020	19,224	23,923	0
United States	May 16 2020	25,303	24,270	0

United States	May 15 2020	27,111	24,366	0
United States	May 14 2020	34,531	24,500	0
United States	May 13 2020	17,739	23,941	0
United States	May 12 2020	24,260	24,878	0
United States	May 11 2020	19,294	24,728	0
United States	May 10 2020	21,656	24,997	0
United States	May 9 2020	25,977	25,879	0
United States	May 8 2020	28,044	26,225	0
United States	May 7 2020	30,617	26,537	0
United States	May 6 2020	24,301	26,795	0
United States	May 5 2020	23,210	27,211	0
United States	May 4 2020	21,175	27,250	0
United States	May 3 2020	27,834	27,685	0
United States	May 2 2020	28,398	27,599	0
United States	May 1 2020	30,228	28,311	0
United States	Apr 30 2020	32,420	28,868	0
United States	Apr 29 2020	27,212	28,951	0
United States	Apr 28 2020	23,489	29,554	0
United States	Apr 27 2020	24,219	29,835	0
United States	Apr 26 2020	27,233	30,062	0
United States	Apr 25 2020	33,376	30,155	0
United States	Apr 24 2020	34,131	29,330	0
United States	Apr 23 2020	32,998	28,708	0
United States	Apr 22 2020	31,433	28,539	0
United States	Apr 21 2020	25,457	27,675	0
United States	Apr 20 2020	25,810	27,636	0
United States	Apr 19 2020	27,884	27,510	0
United States	Apr 18 2020	27,599	27,498	0
United States	Apr 17 2020	29,777	28,157	0
United States	Apr 16 2020	31,818	28,463	0
United States	Apr 15 2020	25,380	28,916	0
United States	Apr 14 2020	25,186	30,102	0
United States	Apr 13 2020	24,932	30,822	0
United States	Apr 12 2020	27,799	31,343	0
United States	Apr 11 2020	32,207	31,297	0
United States	Apr 10 2020	31,921	31,338	0
United States	Apr 9 2020	34,988	31,326	0
United States	Apr 8 2020	33,682	30,620	0
United States	Apr 7 2020	30,225	29,858	0
United States	Apr 6 2020	28,584	28,868	0
United States	Apr 5 2020	27,478	27,046	0
United States	Apr 4 2020	32,492	26,883	0
United States	Apr 3 2020	31,839	25,189	0

United States	Apr 2 2020	30,045	23,503	0
United States	Apr 1 2020	28,347	21,893	0
United States	Mar 31 2020	23,295	19,866	0
United States	Mar 30 2020	15,831	18,160	0
United States	Mar 29 2020	26,334	17,431	0
United States	Mar 28 2020	20,635	15,221	0
United States	Mar 27 2020	20,038	13,590	0
United States	Mar 26 2020	18,772	11,790	0
United States	Mar 25 2020	14,160	9,991	0
United States	Mar 24 2020	11,351	8,668	0
United States	Mar 23 2020	10,729	7,507	0
United States	Mar 22 2020	10,868	6,310	0
United States	Mar 21 2020	9,218	5,072	0
United States	Mar 20 2020	7,437	3,931	0
United States	Mar 19 2020	6,174	2,998	0
United States	Mar 18 2020	4,903	2,223	0
United States	Mar 17 2020	3,222	1,596	0
United States	Mar 16 2020	2,349	1,206	0
United States	Mar 15 2020	2,202	931	0
United States	Mar 14 2020	1,231	646	0
United States	Mar 13 2020	911	493	0
United States	Mar 12 2020	748	380	0
United States	Mar 11 2020	514	285	0
United States	Mar 10 2020	493	221	0
United States	Mar 9 2020	420	159	0
United States	Mar 8 2020	209	105	0
United States	Mar 7 2020	160	77	0
United States	Mar 6 2020	121	56	0
United States	Mar 5 2020	78	39	0
United States	Mar 4 2020	67	29	0
United States	Mar 3 2020	64	20	0
United States	Mar 2 2020	36	12	0
United States	Mar 1 2020	18	7	0
United States	Feb 29 2020	9	4	0
United States	Feb 28 2020	4	4	0
United States	Feb 27 2020	5	4	0
United States	Feb 26 2020	8	4	0
United States	Feb 25 2020	4	3	0
United States	Feb 24 2020	4	3	0
United States	Feb 23 2020	0	3	0
United States	Feb 22 2020	6	3	0
United States	Feb 21 2020	5	2	0
United States	Feb 20 2020	1	1	0

United States	Feb 19 2020	3	1	0
United States	Feb 18 2020	5	1	0
United States	Feb 17 2020	2	0	0
United States	Feb 16 2020	0	0	0
United States	Feb 15 2020	0	0	0
United States	Feb 14 2020	0	0	0
United States	Feb 13 2020	1	0	0
United States	Feb 12 2020	1	0	0
United States	Feb 11 2020	0	0	0
United States	Feb 10 2020	0	0	0
United States	Feb 9 2020	0	0	0
United States	Feb 8 2020	0	1	0
United States	Feb 7 2020	1	1	0
United States	Feb 6 2020	0	1	0
United States	Feb 5 2020	0	1	0
United States	Feb 4 2020	0	1	0
United States	Feb 3 2020	3	1	0
United States	Feb 2 2020	3	0	0
United States	Feb 1 2020	1	0	0
United States	Jan 31 2020	1	0	0
United States	Jan 30 2020	0	0	0
United States	Jan 29 2020	0	0	0
United States	Jan 28 2020	0	0	0
United States	Jan 27 2020	0	0	0
United States	Jan 26 2020	1	0	0
United States	Jan 25 2020	0	0	0
United States	Jan 24 2020	1	0	0
United States	Jan 23 2020	1	0	0

Data Table for Daily Death Trends - The United States

Date generated: Wed Jan 05 2022 15:18:33 GMT-0800 (Pacific Standard Time)

State	Date	New Deaths	7-Day Moving Average	Historic Deaths
United States	Jan 4 2022	2691	1238	0
United States	Jan 3 2022	1447	1150	172
United States	Jan 2 2022	329	1159	0
United States	Jan 1 2022	260	1133	0
United States	Dec 31 2021	1193	1117	0
United States	Dec 30 2021	1247	1125	0
United States	Dec 29 2021	1502	1076	232
United States	Dec 28 2021	2074	1072	0
United States	Dec 27 2021	1512	1087	741
United States	Dec 26 2021	144	1059	0
United States	Dec 25 2021	149	1068	0
United States	Dec 24 2021	1249	1121	0
United States	Dec 23 2021	908	1200	2163
United States	Dec 22 2021	1468	1222	276
United States	Dec 21 2021	2181	1243	15
United States	Dec 20 2021	1318	1197	68
United States	Dec 19 2021	209	1185	0
United States	Dec 18 2021	520	1194	0
United States	Dec 17 2021	1800	1187	214
United States	Dec 16 2021	1060	1183	1
United States	Dec 15 2021	1617	1192	230
United States	Dec 14 2021	1860	1141	0
United States	Dec 13 2021	1233	1136	36
United States	Dec 12 2021	273	1136	0
United States	Dec 11 2021	468	1132	0
United States	Dec 10 2021	1775	1144	151
United States	Dec 9 2021	1119	1100	0
United States	Dec 8 2021	1265	1116	185
United States	Dec 7 2021	1823	1156	0
United States	Dec 6 2021	1231	1125	47
United States	Dec 5 2021	248	1180	0
United States	Dec 4 2021	550	1171	0
United States	Dec 3 2021	1465	1122	175
United States	Dec 2 2021	1231	992	0
United States	Dec 1 2021	1549	881	160
United States	Nov 30 2021	1605	834	12
United States	Nov 29 2021	1612	825	58
United States	Nov 28 2021	188	757	0
United States	Nov 27 2021	209	756	0
United States	Nov 26 2021	551	777	0

United States	Nov 25 2021	457	924	0
United States	Nov 24 2021	1217	1014	147
United States	Nov 23 2021	1545	1020	9
United States	Nov 22 2021	1138	1006	42
United States	Nov 21 2021	175	992	0
United States	Nov 20 2021	360	998	0
United States	Nov 19 2021	1579	1021	71
United States	Nov 18 2021	1084	1039	2783
United States	Nov 17 2021	1261	1023	178
United States	Nov 16 2021	1451	1022	0
United States	Nov 15 2021	1040	1042	39
United States	Nov 14 2021	215	1060	0
United States	Nov 13 2021	522	1063	0
United States	Nov 12 2021	1706	1055	43
United States	Nov 11 2021	968	1034	11
United States	Nov 10 2021	1253	1069	88
United States	Nov 9 2021	1594	1098	0
United States	Nov 8 2021	1162	1073	24
United States	Nov 7 2021	239	1072	0
United States	Nov 6 2021	464	1080	0
United States	Nov 5 2021	1564	1075	55
United States	Nov 4 2021	1212	1100	0
United States	Nov 3 2021	1452	1107	-247
United States	Nov 2 2021	1420	1144	17
United States	Nov 1 2021	1154	1227	47
United States	Oct 31 2021	298	1206	0
United States	Oct 30 2021	426	1212	0
United States	Oct 29 2021	1741	1245	71
United States	Oct 28 2021	1262	1264	1
United States	Oct 27 2021	1708	1302	66
United States	Oct 26 2021	2005	1308	25
United States	Oct 25 2021	1007	1285	56
United States	Oct 24 2021	340	1324	0
United States	Oct 23 2021	655	1374	0
United States	Oct 22 2021	1872	1411	77
United States	Oct 21 2021	1533	1429	0
United States	Oct 20 2021	1745	1432	78
United States	Oct 19 2021	1846	1437	1
United States	Oct 18 2021	1277	1451	1013
United States	Oct 17 2021	693	1400	13
United States	Oct 16 2021	913	1406	0
United States	Oct 15 2021	1996	1426	58
United States	Oct 14 2021	1555	1459	7

United States	Oct 13 2021	1783	1485	59
United States	Oct 12 2021	1943	1514	10
United States	Oct 11 2021	920	1529	47
United States	Oct 10 2021	737	1577	298
United States	Oct 9 2021	1051	1606	0
United States	Oct 8 2021	2230	1644	40
United States	Oct 7 2021	1733	1631	16
United States	Oct 6 2021	1985	1660	51
United States	Oct 5 2021	2050	1691	0
United States	Oct 4 2021	1253	1703	69
United States	Oct 3 2021	943	1737	24
United States	Oct 2 2021	1314	1746	0
United States	Oct 1 2021	2144	1765	42
United States	Sep 30 2021	1933	1800	34
United States	Sep 29 2021	2206	1818	50
United States	Sep 28 2021	2133	1830	22
United States	Sep 27 2021	1492	1859	447
United States	Sep 26 2021	1005	1834	27
United States	Sep 25 2021	1442	1857	0
United States	Sep 24 2021	2395	1879	61
United States	Sep 23 2021	2054	1863	24
United States	Sep 22 2021	2293	1866	70
United States	Sep 21 2021	2335	1881	9
United States	Sep 20 2021	1319	1891	52
United States	Sep 19 2021	1167	1890	33
United States	Sep 18 2021	1591	1885	0
United States	Sep 17 2021	2284	1906	37
United States	Sep 16 2021	2079	1899	25
United States	Sep 15 2021	2393	1923	108
United States	Sep 14 2021	2409	1875	5
United States	Sep 13 2021	1310	1741	53
United States	Sep 12 2021	1134	1706	19
United States	Sep 11 2021	1738	1724	0
United States	Sep 10 2021	2235	1689	49
United States	Sep 9 2021	2247	1644	6
United States	Sep 8 2021	2056	1609	58
United States	Sep 7 2021	1470	1599	87
United States	Sep 6 2021	1068	1640	15
United States	Sep 5 2021	1260	1661	49
United States	Sep 4 2021	1491	1645	0
United States	Sep 3 2021	1917	1640	28
United States	Sep 2 2021	2002	1624	16
United States	Sep 1 2021	1988	1589	36

United States	Aug 31 2021	1757	1540	50
United States	Aug 30 2021	1213	1524	35
United States	Aug 29 2021	1150	1512	33
United States	Aug 28 2021	1453	1474	0
United States	Aug 27 2021	1807	1432	42
United States	Aug 26 2021	1756	1397	31
United States	Aug 25 2021	1647	1340	17
United States	Aug 24 2021	1644	1317	4
United States	Aug 23 2021	1133	1253	77
United States	Aug 22 2021	879	1211	13
United States	Aug 21 2021	1160	1181	0
United States	Aug 20 2021	1562	1142	14
United States	Aug 19 2021	1356	1088	29
United States	Aug 18 2021	1486	1035	15
United States	Aug 17 2021	1198	906	0
United States	Aug 16 2021	841	873	8
United States	Aug 15 2021	670	856	0
United States	Aug 14 2021	882	836	0
United States	Aug 13 2021	1188	802	14
United States	Aug 12 2021	983	752	0
United States	Aug 11 2021	586	721	12
United States	Aug 10 2021	965	742	0
United States	Aug 9 2021	724	706	1
United States	Aug 8 2021	525	696	0
United States	Aug 7 2021	646	673	0
United States	Aug 6 2021	840	637	0
United States	Aug 5 2021	761	592	0
United States	Aug 4 2021	737	554	0
United States	Aug 3 2021	714	520	0
United States	Aug 2 2021	655	490	0
United States	Aug 1 2021	364	457	0
United States	Jul 31 2021	393	440	0
United States	Jul 30 2021	523	419	130
United States	Jul 29 2021	496	403	0
United States	Jul 28 2021	495	382	0
United States	Jul 27 2021	508	368	0
United States	Jul 26 2021	425	341	0
United States	Jul 25 2021	242	322	0
United States	Jul 24 2021	248	309	0
United States	Jul 23 2021	413	298	0
United States	Jul 22 2021	345	292	0
United States	Jul 21 2021	396	289	0
United States	Jul 20 2021	323	281	0

United States	Jul 19 2021	291	284	0
United States	Jul 18 2021	150	286	0
United States	Jul 17 2021	174	280	0
United States	Jul 16 2021	371	276	0
United States	Jul 15 2021	324	268	0
United States	Jul 14 2021	338	259	0
United States	Jul 13 2021	341	248	0
United States	Jul 12 2021	306	242	0
United States	Jul 11 2021	112	215	0
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United States	Jul 8 2021	264	215	0
United States	Jul 7 2021	257	218	0
United States	Jul 6 2021	303	216	0
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United States	Jul 4 2021	122	225	0
United States	Jul 3 2021	150	232	0
United States	Jul 2 2021	300	245	0
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United States	Jun 29 2021	280	276	0
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United States	Jun 26 2021	238	297	0
United States	Jun 25 2021	396	299	10
United States	Jun 24 2021	313	281	0
United States	Jun 23 2021	341	276	0
United States	Jun 22 2021	311	276	0
United States	Jun 21 2021	264	276	8
United States	Jun 20 2021	216	268	0
United States	Jun 19 2021	252	258	0
United States	Jun 18 2021	273	253	0
United States	Jun 17 2021	281	270	0
United States	Jun 16 2021	339	287	0
United States	Jun 15 2021	310	291	0
United States	Jun 14 2021	207	292	0
United States	Jun 13 2021	149	309	0
United States	Jun 12 2021	212	348	0
United States	Jun 11 2021	397	374	0
United States	Jun 10 2021	398	403	0
United States	Jun 9 2021	368	414	18
United States	Jun 8 2021	315	433	0
United States	Jun 7 2021	325	436	0

United States	Jun 6 2021	426	422	0
United States	Jun 5 2021	395	398	0
United States	Jun 4 2021	597	384	0
United States	Jun 3 2021	477	399	0
United States	Jun 2 2021	500	410	0
United States	Jun 1 2021	336	412	0
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United States	May 27 2021	549	467	0
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United States	May 25 2021	498	477	0
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United States	May 23 2021	282	494	0
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United States	May 11 2021	612	608	0
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United States	May 7 2021	811	641	0
United States	May 6 2021	668	638	0
United States	May 5 2021	722	653	0
United States	May 4 2021	693	671	0
United States	May 3 2021	463	648	0
United States	May 2 2021	511	652	0
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United States	Apr 29 2021	773	656	0
United States	Apr 28 2021	852	657	0
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United States	Apr 25 2021	432	676	0

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United States	Apr 21 2021	776	678	0
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United States	Apr 10 2021	748	697	0
United States	Apr 9 2021	840	697	26
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United States	Apr 4 2021	517	735	0
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United States	Mar 28 2021	626	905	0
United States	Mar 27 2021	851	894	0
United States	Mar 26 2021	1066	875	0
United States	Mar 25 2021	992	893	0
United States	Mar 24 2021	1120	871	0
United States	Mar 23 2021	748	861	0
United States	Mar 22 2021	935	877	0
United States	Mar 21 2021	546	844	0
United States	Mar 20 2021	718	860	0
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United States	Mar 18 2021	839	910	0
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United States	Mar 15 2021	703	1076	0
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United States	Feb 22 2021	1524	1885	0
United States	Feb 21 2021	1549	1866	0
United States	Feb 20 2021	1815	1868	0
United States	Feb 19 2021	2444	1905	0
United States	Feb 18 2021	2243	1916	0
United States	Feb 17 2021	2195	2057	0
United States	Feb 16 2021	1428	2147	0
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United States	Feb 14 2021	1564	2334	0
United States	Feb 13 2021	2075	2371	1204
United States	Feb 12 2021	2522	2469	2559
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United States	Feb 9 2021	2424	2656	0
United States	Feb 8 2021	1706	2731	0
United States	Feb 7 2021	1822	2814	0
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United States	Jan 27 2021	3989	3239	0
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United States	Jan 23 2021	2994	3144	0
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United States	Jan 14 2021	3724	3385	0
United States	Jan 13 2021	4048	3421	0
United States	Jan 12 2021	3606	3393	0
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United States	Jan 10 2021	2556	3300	0
United States	Jan 9 2021	3333	3225	0
United States	Jan 8 2021	3792	3087	0
United States	Jan 7 2021	3971	2978	0
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United States	Dec 30 2020	3765	2599	0
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United States	Dec 28 2020	2261	2455	0
United States	Dec 27 2020	1891	2447	0
United States	Dec 26 2020	1680	2473	0
United States	Dec 25 2020	2218	2616	0
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United States	Dec 23 2020	3190	2769	0
United States	Dec 22 2020	2914	2799	0
United States	Dec 21 2020	2208	2777	0
United States	Dec 20 2020	2075	2753	0
United States	Dec 19 2020	2676	2749	0
United States	Dec 18 2020	2982	2710	0
United States	Dec 17 2020	3342	2744	0

United States	Dec 16 2020	3399	2653	0
United States	Dec 15 2020	2761	2649	0
United States	Dec 14 2020	2040	2619	0
United States	Dec 13 2020	2044	2616	0
United States	Dec 12 2020	2403	2556	0
United States	Dec 11 2020	3220	2548	0
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United States	Dec 8 2020	2549	2382	0
United States	Dec 7 2020	2023	2360	0
United States	Dec 6 2020	1622	2300	0
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United States	Nov 19 2020	1914	1458	0
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United States	Nov 14 2020	1449	1242	0
United States	Nov 13 2020	1280	1188	0
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United States	Nov 8 2020	887	1082	0
United States	Nov 7 2020	1072	1057	0
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United States	Nov 3 2020	1045	937	0
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United States	Sep 25 2020	770	683	0
United States	Sep 24 2020	736	691	0
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United States	Sep 22 2020	655	716	0

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United States	Jun 22 2020	501	602	0
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United States	Jun 11 2020	878	783	0
United States	Jun 10 2020	871	781	0
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United States	Jun 5 2020	863	852	0
United States	Jun 4 2020	867	875	0
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United States	May 30 2020	885	961	0
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United States	May 25 2020	677	1120	0
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United States	May 19 2020	1184	1327	0
United States	May 18 2020	951	1377	0
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United States	Mar 17 2020	27	15	0
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United States	Feb 23 2020	0	0	0
United States	Feb 22 2020	0	0	0
United States	Feb 21 2020	0	0	0
United States	Feb 20 2020	0	0	0

United States	Feb 19 2020	0	0	0
United States	Feb 18 2020	0	0	0
United States	Feb 17 2020	0	0	0
United States	Feb 16 2020	0	0	0
United States	Feb 15 2020	0	0	0
United States	Feb 14 2020	0	0	0
United States	Feb 13 2020	0	0	0
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United States	Feb 11 2020	0	0	0
United States	Feb 10 2020	0	0	0
United States	Feb 9 2020	0	0	0
United States	Feb 8 2020	0	0	0
United States	Feb 7 2020	0	0	0
United States	Feb 6 2020	0	0	0
United States	Feb 5 2020	0	0	0
United States	Feb 4 2020	0	0	0
United States	Feb 3 2020	0	0	0
United States	Feb 2 2020	0	0	0
United States	Feb 1 2020	0	0	0
United States	Jan 31 2020	0	0	0
United States	Jan 30 2020	0	0	0
United States	Jan 29 2020	0	0	0
United States	Jan 28 2020	0	0	0
United States	Jan 27 2020	0	0	0
United States	Jan 26 2020	0	0	0
United States	Jan 25 2020	0	0	0
United States	Jan 24 2020	0	0	0
United States	Jan 23 2020	0	0	0

From: Nora Berry
Sent: 1/6/2022 8:12:20 PM
To: Thai, Nathaniel J (SBOH)
Subject: January 12th Meeting

External Email

Dear Mr. Thai,

I'm writing in regards to your upcoming meeting which includes the following proposals:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid injections as part of school immunization requirements using WAC 246-105

I want to express my voice and concern over these proposals. To be honest, I am shocked that I even have to address these things in America, the land of the free.

I am 100% opposed to any forced Covid 19 mRNA shots on our children! This is absolute madness to even consider given that kids are at very little risk of harm from Covid and now that we have Omicron, which is proven to be mild, it shows that the pandemic is coming to an end. This is a virus that will always be around we simply need to learn to live with it. This is still an experimental shot and we have no way of knowing the long term effects on our kids. I am not willing for my kids to be an experiment and there is simply no need for this to happen. Dr. Fauci himself, stated that kids were at little risk from dying of Covid and that the hospitalizations were being overcounted because they are including kids in the hospital WITH Covid rather than BECAUSE of Covid, this is a HUGE difference and confirms there is no need to mandate this for kids.

I am also appalled at the thought that quarantine facilities would be even be considered, is this Nazi Germany?! It is complete insanity and there is absolutely no scientific basis for you to approve this. We live in America, the land of the free I am sure you are aware of all of the evidence against but for some reason are choosing to ignore it. Why? I ask? Why? This is madness and it needs to stop now.

I was recently in a free state with no mask mandate or vaccine requirements to move freely around the city. It made me that much more aware of the tyranny we are living under here in WA. I love where I live and will fight to keep it free. Please don't make me leave the state because of irrational forced mandate.s

The proposals being considered are tyrannical, evil and a complete overreach of power. There is NOTHING anyone can say or do to make me give my children this experimental vaccine that is causing so much harm especially to kids. Each parent has the right to choose what they want for their kids and for themselves.

I, and many others will hold you responsible for any irreversible damage from unnecessary experimental mRNA treatment so please vote accordingly. Are you prepared to be responsible for the harm that will inevitably come if you move forward with these proposals?

May God be with you as you make this crucial vote.

Thank you,

Nora Berry

Sent from Mail

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

From: Lauren P

Sent: 1/5/2022 11:42:57 PM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: Covid WACs

External Email

To whom it may concern,

I want to voice my very strong opposition to the following:

- WAC 246-100
- WAC 246-100-070
- WAC 246-100-045
- WAC 246-100-040

Under NO circumstances do I support allowing health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons (family) to be isolated in a quarantine facility following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, or vaccination.

The fact that this is even being discussed is beyond despicable and reminiscent of Germany in WWII. We have certain inalienable rights in this country and these codes are in direct opposition to those constitutional rights.

I urge you to do right by the citizens of our state and country and stand up for our constitutional rights. Oppose these WACs!

-Lauren Plenger
Resident of Everett, WA

--

Lauren Plenger

From: Christina Jones

Sent: 1/7/2022 9:09:53 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Oppose inclusion of Covid 19 in Chapter 246-100 WAC

External Email

Good morning,

Regarding the January 12th Board of Health meeting, please object to applying Chapter 246-100 WAC to include COVID-19. As many people are vaccinated and many more have recovered from COVID-19, it is unnecessary to include this virus among other communicable diseases that require involuntary detainment.

Please do not include COVID-19 vaccinations in those immunizations required of school children in Washington State. This vaccine has not been adequately safety tested to allow this requirement. The EUA is proof that we have insufficient data to be requiring this vaccine of our children. Please require the manufacturers to complete placebo controlled studies before we mandate receipt of this vaccine for public education.

Thank you for your time, and your service to our community.

Christina

~There is no foot too small it cannot leave an impression on this world~

From: Danl Connelly
Sent: 1/6/2022 12:57:34 PM
To: DOH WSBOH
Cc:
Subject: Opposition to your proposed Policies from a Veteran

External Email

" I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. "

Danl Connelly

From: Ben Pesicka

Sent: 1/6/2022 9:02:08 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WA Board of Health - Monday Agenda Item 9

External Email

Hello,

In regards to your upcoming meeting on January 12, 2022, I would like to comment on agenda item 9 regarding Chapter 246-100 WAC amendments. I am deeply opposed to each of these proposed changes. I believe they are unethical, violate multiple human rights, and I believe this is a very dangerous direction for Washington State. I do not support these amendments. Do not let an "emergency" erode rights of the people to liberty.

Ben Pesicka

Sent from my iPhone

From: Pete Serrano

Sent: 1/7/2022 11:46:15 AM

To: DOH WSOH,Thai, Nathaniel J (SOH),Kahler, Kelie (SOH),Haag, Hannah R (SOH),Schreiber, Tracy N (SOH),Herendeen, Lindsay (SOH),Lang, Caitlin M (SOH),Donahoe, Kaitlyn N (SOH),Pskowski, Samantha L (SOH),Glasoe, Stuart D (SOH),Hoff, Christy Curwick (SOH),Hisaw, Melanie (SOH),Davis, Michelle (SOH)
Subject: OPPOSITION to WAC 246-90, 246-100, and 246-105 proposed rulemaking

External Email

Members of the Board of Health,

Silent Majority Foundation (SMF), a non-profit organization that represents 10,000s of Washingtonians. We are writing to inform the Board of Health that SMF and our supporters oppose any expansion of WAC 246-100, we oppose adding COVID-19 to the WAC 246-105-030 list requiring all vaccination for children, and we oppose the proposed modification to Local Boards of Health, as proposed in WAC 246-90, although we recognize that the impetus of WAC 246-90 is Engrossed Second Substituted House Bill 1152 (2021). We will address each issue in turn.

Opposition to Expansion or Enforcement of WAC 246-100

We oppose the Board of Health, or any Board's strengthening or expansion of WAC 246-100, specifically WAC 246-100-040, Procedures for Isolation or Quarantine as such restraints violate the US and State of Washington Constitutions and violate personal liberties. That WAC 246-100-040 (and the corresponding RCW 43.20.080) has been on the books since 2003 does not render the rule constitutional, reasonable, or otherwise justifiable by law. SMF and our supporters oppose any attempt to enforce or expand such quarantine and isolation processes or other infringements of constitutional rights or civil liberties.

Opposition to Adding COVID-19 to WAC 246-105

We also oppose adding COVID-19 to WAC 246-105-030 for several reasons, but chiefly because COVID-19 vaccine effectiveness remains questionable, and there is clear risk with vaccinating children.

VAERS data indicates nearly 28,000 adverse events for children aged 0-17,
(<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19>
)

This includes 55 deaths in that age group

(<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DEATHS=ON>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedalerts.org%2Fvaersdb%2Ffindfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DEATHS=ON>
)

In context the United States has experienced 823 deaths within the 0-18 year old category US since the onset of the pandemic (<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisi>
COVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-
juj3&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ca778f06a2f11482cc33508d9d2163939%7C11
>).

There is no clear indication that the COVID-19 vaccine will do more good than harm for the children of Washington. Further, this proposed Rule raises the question that if minors are harmed from the COVID-19 vaccine, who will take responsibility? Is the Board of Health willing to commit to funding a liability/compensation fund for minors injured from the COVID-19 vaccine? We oppose adding COVID-19 to WAC 246-105-030 (or any other section of WAC 296-105) or requiring COVID-19 vaccine for children.

Opposition to WAC 246-90 Modifications to Local Health Boards

Finally, we recognize that the Board of Health may have limited authority with respect to your approach to WAC 246-90; nonetheless, we object to any modification (proposed or actual) to the existing structure of local Boards of Health that would infringe on local control or decision-making authority. Specifically, it is unclear on how that process will work and who benefits and/or who is served by the process. We object to any Rule that would remove the decision-making authority from local elected officials. These elected officials better know the needs of their communities than state officials. Further, we question the need for certain equitable representation where no such representation may be applicable to the county or region. Simply stated, we oppose any proposed rule that would remove local control for health matters, including the decision of how to structure a local health board.

We reiterate our opposition to: (1) strengthening or expanding WAC 246-100; (2) adding COVID-19 to WAC 246-105-030 or requiring COVID-19 vaccine for children; and (3) any modification to local Boards of Health that would take away local control or decision-making.

Sincerely,

Silent Majority Foundation

Vincent Cavaleri, Director of Education

Eric Marchant, Director of Business Development

Pete Serrano, Director/General Counsel

Rob Waites, Director of Advocacy

Pete Serrano
Director/General Counsel
pete@silentmajorityfoundation.org
5426 N. Rd 68 Ste. D #105
Pasco, WA 99301
paypal: donations@silentmajorityfoundation.org
<<mailto:donations@silentmajorityfoundation.org>>
Zelle: donations@silentmajorityfoundation.org
<<mailto:donations@silentmajorityfoundation.org>>

From: Maggie Elliott
Sent: 1/6/2022 3:52:02 PM
To: DOH WSBOH
Cc:
Subject: WAC Code Policies

External Email

To whom this may concern,

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Thank you,
Maggie

Sent from my iPhone

From: Al and Rachel Robison

Sent: 1/7/2022 10:29:15 AM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: COVID policy

External Email

I am opposed the following

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

Rachel Robison

Chelan

--

Rachel and Allen Robison

From: Sue Kicha
Sent: 1/7/2022 12:03:58 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Wa State Board of "Health" & Inslee's Tyrannical & Unconstitutional Quarantine Camps & Forced Vaccine's

External Email

It's come to our attention that the WA Board of Health & Dictator Inslee is considering passing UNCONSTITUTIONAL bills for Quarantine Camps & forced vaccines with:

- *WAC 246-100-040
- *WAC 246-100-105
- *WAC 246-100-070
- *WAC 246-100-045

If you pass these bills you WILL BE IN VIOLATION of the NUREMBERG CODE & YOU WILL BE INDICTED for CRIMES AGAINST HUMANITY for your participation. Currently there are Common Law juries being formed ALL around WA State which have the power to do this to YOU! If you have't heard about this, you ought to look it up before you vote. WE THE PEOPLE will hold you accountable for YOUR actions, & we will not let you get away with this CRIME!

These bills not only violate our precious & beloved Constitution but several other health laws including:

- * PATIENT BILL OF RIGHTS
- * HIPPA LAWS

- * THE Supreme Court ALREADY RULED THAT NO EMERGENCY CAN ELIMINATE ANY RIGHTS GUARANTEED BY THE CONSTITUTION

If your "Health" Board & Inslee proceed to pass these bills after being warned of these facts you are KNOWINGLY VIOLATING, YOU will be considered to be intentionally committing TREASON against the Constitution & against We the People of the United States of AMERICA!

The covid Omicron variant is contagious HOWEVER, VERY MILD...HEALTHY PEOPLE ARE NOT DYING OF IT. Actually it will help us reach herd immunity quickly for anyone interested in REAL SCIENCE. However, our government officials don't seem to be interested in real science. Instead you all only use data that goes alongside of your AGENDA.....& are fully focused on THE GREAT RESET & destroying our state & country for a virus with a 99.997% SURVIVAL RATE, so you'll be able to pass the Vaccine Passport to take over control our assets if we don't comply with your every whim. You are EVIL!!!!

We are actively ORGANIZING & WE THE PEOPLE will PEACEFULLY fight you on this. We are thankful for the 2nd Amendment during times like these when our government has become tyrannical — this is exactly WHY our founders made the 2nd amendment so we the people if need be could defend ourselves from governmental TYRANNY. ***Canada & Australia sure wished they hadn't surrendered their guns....they NOW have no defense against their tyrannical DICTATOR government officials & are now a communist police state. This is not a threat...it is a simple fact.

Never have I understood the importance of the 2nd Amendment UNTIL BIDEN & INSLEE have gone CRAZY MAD & now our own Wa State Board of Health too over covid

restrictions taking ALL OUR FREEDOMS AWAY Again for a very survivable virus for healthy people of all ages.

You act like we don't talk with friends from other states. ALL RED STATES ARE WIDE OPEN. Our daughter goes to college in Arizona, & they don't even mask up there! Dear friends moved to Florida & they said Covid is NON-EXISTENT there!!!

WE THE PEOPLE OF WASHINGTON STATE WILL NOT ALLOW YOU TO FORCE ANYTHING INTO OUR BODIES OR OUR CHILDREN'S THAT WE HAVEN'T FREELY CHOSEN FOR OURSELVES.

There are MILLIONS OF US IN WA STATE & only a few hundred or thousand of you. We are AWAKE to your tyranny & stomping all over our Constitutional Rights. WE WILL WIN THIS BATTLE....not you! We will rise up against you & protest every minute of everyday against this until you make the right decisions to OPPOSE THESE BILLS & any others in the future!

SK
Bellevue, WA

Get Outlook for iOS

Get Outlook for iOS

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Lindsay Tuiasosopo
Sent: 1/6/2022 10:09:57 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: I oppose

External Email

I oppose the proposed:

- * WAC 246-100-070
- * WAC 246-100-045
- * WAC 246-100-040
- * WAC 246-100
- * WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Lindsay Tuiasosopo

Concerned and informed citizen

From: David Boone

Sent: 1/7/2022 10:37:30 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Please be informed now so you won't face multiple charges and a conviction later.

External Email

Hello I am writing to state my strong objections to any law or mandate requiring an experimental vaccine(s) which now the CDC says don't prevent infection or transmission and are creating many serious side effects including death according to the vaers reports. Coerced experimental vaccines are violations of state, federal and international laws in place and carry very severe penalties, both financial and incarceration. If you are being delegated by our governor Inslee to be the front person for this illegal program you would be advised to be aware of what he is delegating to you and the penalties YOU would be subject to. Whatever you are being paid for this position it's not worth the risk of implementing a vaccine mandate.

1. Constitutional-

This country was founded with a very UNIQUE Constitution in the World. This Constitution for the United States of America gives us inalienable rights in the Declaration of Independence and rights to our own bodies in the First Amendment. By voting to allow local health officers to BREAK THE Constitution you yourselves are committing TREASON. Any Law Officers that would consider or do these actions of taking people from their homes are committing TREASON also. An emergency order that goes AGAINST the Constitution is not LAW. Mandates are not LAW.

In the Proposed Policies it has an illogical statement: -Allow local health officers to use law enforcement (WAS 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). Here is the rub: Voluntarily means you have a CHOICE. Requests are just suggestions.

You will be breaking the following Laws:

A. Committing a crime against humanity by breaking the Nuremberg Code – The Nuremberg Code for Crimes Against Humanity by the International Military Tribunal at Nuremberg, Germany 1947.

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision.

B. Treason – By going against the Constitution for the United States of America; specifically the 1st, 4th and 14th Amendments.

C. Breaking of the ADA and HIPAA Laws of Washington state.

D. Breaking the Civil Rights Act.

2. Health-

I have attached several short videos for you to watch from several doctors and a flier also called "Masked Science."

I do not support:

- #1 The breaking of the Constitution for the United States of America.
- #2. Taking away Medical Freedoms from parents and their children by forcing immunizations at schools (or masks for that matter.)

Just so you are aware.....20 or more Criminal Complaints and Commercial Liens have been filed against all 19 of Clallam and Jefferson County Board of Health public servants. Each of these complaints totalled \$5,130,000.00= \$270,000.00 x 19. Interesting that there are 19 of State Board Health Public Servants too.

Constitutionally Educated Citizens will not sit back and allow STATE Board of Health People to do the same, break our rights as listed above. If you want a Commercial Lien in the amount of \$270,000 or more put against you....go forward with this action. Please read the constitutions of our state and nation.

David Boone
davidboone@embarqmail.com <mailto:davidboone@embarqmail.com>
360-301-4493
Brinnon, WA

From: ryan muir

Sent: 1/6/2022 9:30:57 PM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: WAC 246-100

External Email

I strongly oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals! I also strongly oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools! This needs to stop!

Ryan Muir

From: Caitlin Hendricks

Sent: 1/7/2022 9:10:55 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I oppose WAC 246-100 proposed policies

External Email

Good morning,

I am writing this morning to voice my opposition of the proposed policies. First and foremost I oppose policy (WAC 246-100-070) which allows local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040) these specifics come from WAC 246-100.

I also would like to voice my opposition to WAC 246-105 that requires Covid-19 injections as part of school immunization.

Thank you for your time.

Sincerely,
Caitlin Hendricks

From: tesieray
Sent: 1/5/2022 2:05:45 PM
To: DOH WSBOH
Cc:
Subject: PROPOSED Policies

External Email

I am writing to Vehemently object to the following proposed policies! This is a violation of our 1st Amendment and our 4th Amendment and is a violation of the Nuremberg Code of Conduct which states that experimental drugs have to be given with informed consent.

At this time there are no FDA Approved Vaccines or MRNA therapies available in the USA.

The Comirnaty Vac. Is only FDA approved vac. It is not available in USA.

currently the Mandate has been out on stay in 24 states. This will go to SCOTUS.

In addition to Constitutional objections. Top virologists across the country have stated that vaccinating into a pandemic only causes Antibody Dependent Enhancement.

*source 1 of many

<https://www.science.org/content/blog-post/antibody-dependent-enhancement>

The Covid-19 Virus continues to mutate. The first inoculations are already obsolete according to the CDC they do not protect against the Variants. The Omicron virus while very contagious is no more severe than the common cold.

It is overkill to continue Mandates and displays a dictatorial nature of the current Administration.

Many people have underlying conditions that actually prohibit Vaccination.

Others have strong religious objections to using fetal tissues in our bodies.

Sincerely
Tess Ray
tesieray@gmail.com
District 10 Thurston County

On Jan. 12th at 9:30 AM – 3:30 PM, the WA State Board of Health will discuss applying current infectious disease WAC codes to include Covid-19 for all WA State residents.

PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

DETAILS HERE:

<https://sboh.wa.gov/Meetings/MeetingInformation/2022/January12Online>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FMeetings%2FMeetingInformation%2FJanuary12Online>

- To voice your concerns, email your comments to wsboh@sboh.wa.gov <<mailto:wsboh@sboh.wa.gov>> by noon, Friday January 7.

*Register for the live webinar here:

https://us02web.zoom.us/webinar/register/WN_DjusY10WTj-EyQyDTdyxsw

- You can also dial in using your phone for listen-only mode: Call in: +1 (253) 215-8782 (not toll-free) Webinar ID: 894 7406 4216 Passcode: 957396

- Location: 101 Israel Rd. SE, Tumwater, WA 98501

- Comments must be in by this Friday, Jan. 7th at noon. Don't wait!

WAC CODE LAWS:

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-100-070>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault.aspx?cite=246-100-070&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb73f532df1f84685b33208d9d09759be%7C11d0e217261&isredir=1>

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-100-045>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault.aspx?cite=246-100-045&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb73f532df1f84685b33208d9d09759be%7C11d0e217261&isredir=1>

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-100-040>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault.aspx?cite=246-100-040&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb73f532df1f84685b33208d9d09759be%7C11d0e217261&isredir=1>

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-100>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.leg.wa.gov%2Fwac%2Fdefault.aspx?cite=246-100&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb73f532df1f84685b33208d9d09759be%7C11d0e217261&isredir=1>

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.leg.wa.gov%2Fwac%2Fdefault.aspx?cite=246-1&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Cb73f532df1f84685b33208d9d09759be%7C11d0e217261&isredir=1>

Zoom Video Communications

(https://us02web.zoom.us/webinar/register/WN_DjusY10WTj-EyQyDTdyxsw)

Welcome! You are invited to join a webinar: January 12 State Board of Health Public Meeting. After registering, you will receive a confirmation email about joining the webinar.

Welcome! The meeting is scheduled to begin at 9:30 a.m. on Wed., January 12. Please remember to add this to your online calendar. Thank you for attending."

From: Linda Comstock
Sent: 1/6/2022 2:01:00 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

Dear Members of the Washington State Board of Health,

We thank you for taking the responsibility of health for the citizens of Washington State.

We understand that you are considering some measures in the upcoming January 12 meeting that we think would be unwise and against the Constitution of the United States of America. We are especially referring to WAC 246-100-070, WAC 246-100-045, and WAC 246-100-040.

Article IV in the the Constitution of the United States states "The right of the people to be secure in their persons, homes, papers, and effects against unreasonable searches and seizures shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

Article V states that no person shall be deprived of life, liberty or property without due process of law.

Please consider wisely your actions to propose Covid-19 involuntary/mandatory detainment/isolation in a quarantine facility plus Covid-19 school immunization requirements as we believe this would not be legal.

Sincerely,
Michael and Linda Comstock
Federal Way, Washington

From: Rachel Honeck
Sent: 1/6/2022 2:13:15 PM
To: DOH WSBOH
Cc:
Subject: WE HAVE THE RIGHT TO CHOOSE

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

From: Tracymcphee@comcast.net
Sent: 1/6/2022 9:12:58 PM
To:
Cc:
Subject: Strongly oppose mandatory child vaccines, masks and quarantine

External Email

I am writing to let you know I strongly oppose the government overreach in the following proposed policies. Do not mask our children in school, do not require mandatory vaccinations for COVID for adults or children, and do not add COVID to the possible conditions for which detainment at quarantine facilities could be required.

>

> • I oppose allowing local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040).

>

> • I oppose including the Covid-19 injections as part of school immunization requirements using WAC 246-100.

>

> Sent from my iPhone

> Tracy McPhee

> 5265 Shilshole Ave NW #100, Seattle WA 98107

From: Darla Ridilla
Sent: 1/5/2022 1:28:34 PM
To: DOH WSBOH
Cc:
Subject: Public Comment



attachments\BA3E18E882F94C9E_WA BOH Public Comment - 1-12-22.docx

External Email

Please include the attached letter in the public comments for the 1/12 WA BOH Board meeting in regards to the requirement of the Covid-19 vaccination for school-aged children.

Darla Ridilla

360-801-6118

darlaridilla@gmail.com <mailto:darlaridilla@gmail.com>

"Ask not what your country can do for you – ask what you can do for your country." JFK

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce3af987fa77d481a>

Virus-free. www.avg.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Demailclient&data=04%7C01%7Cwsboh%40sboh.wa.gov%7Ce3af987fa77d481a>

From: Kelly Irons
Sent: 1/6/2022 6:32:40 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Proposed legislation re: covid 19

External Email

I oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. I also oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools.

Kelly Irons

From: Constitutional Freedom

Sent: 1/6/2022 10:24:47 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Discussion on Applying Current WAC Codes that are Against Constitutional Rights



attachments\C3DF3F358AB24D59_Masked Science.pub



attachments\812F2DF02D274FDA_18 Reasons to Not Get the Covid Experimental Vaccine.docx



attachments\789182B712554182_List of Drs-Against Covid.docx

External Email

1/6/22

Dear State Board of Health Members,

I have already written one short email to you about this Unconstitutional Action you are considering. I am writing to you now to reinform you in more detail and include health reasons.

1. Constitutional-

This country was founded with a very UNIQUE Constitution in the World. This Constitution for the United States of America gives us inalienable rights in the Declaration of Independence and rights to our own bodies in the First Amendment. By voting to allow local health officers to BREAK THE Constitution you yourselves are committing TREASON. Any Law Officers that would consider or do these actions of taking people from their homes are committing TREASON also. An emergency order that goes AGAINST the Constitution is not LAW. Mandates are not LAW.

In the Proposed Policies it has an illogical statement: -Allow local health officers to use law enforcement (WAS 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). Here is the rub: YOU NEED TO LEARN ENGLISH!! Voluntarily means you have a CHOICE. Requests are just suggestions. This is illogical in itself.

You will be breaking the following Laws:

A. Committing a crime against humanity by breaking the Nuremberg Code – The Nuremberg Code for Crimes Against Humanity by the International Military Tribunal at Nuremberg, Germany 1947.

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject

matter involved, as to enable him to make an understanding and enlightened decision.

B. Treason – By going against the Constitution for the United States of America; specifically the 1st, 4th and 14th Amendments.

C. Breaking of the ADA and HIPAA Laws of Washington state.

D. Breaking the Civil Rights Act.

2. Health-

I have attached several short videos for you to watch from several doctors and a flier also called "Masked Science."

I do not support:

#1 The breaking of the Constitution for the United States of America.

#2. Taking away Medical Freedoms from parents and their children by forcing immunizations at schools.

Just so you are aware.....20 or more Criminal Complaints and Commercial Liens have been filed against all 19 of Clallam and Jefferson County Board of Health public servants. Each of these complaints totalled \$5,130,000.00= \$270,000.00 x 19. Constitutionally Educated Citizens will not sit back and allow STATE Board of Health People to do the same, break our rights as listed above. If you want a Commercial Lien in the amount of \$270,000 or more put against you....go forward with this action. It is telling that you are even discussing this!!! I recommend you all go back and take a Civics Class and study the Constitution.

I will be on the call on Wednesday.

Sincerely,

Rose Marschall

From: Casey Bandy
Sent: 1/6/2022 2:24:57 PM
To: DOH WSBOH
Subject: Washington Covid Detainment Policy

External Email

Ma'am's and Sir's on the Washington State Board of Health,

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

The Covid infection has over a 99% rate of survivability and while some age groups and those with certain comorbidities are at a higher risk, the majority of the population is not. If those age groups and citizens with concerning health issues are worried for their safety let them voluntarily isolate on their own terms. DO NOT involuntarily detain healthy people for a potential cold/flu. This is an unprecedented situation but should not be infringing on the rights of the citizens of this state and country. No product of "vaccine" available in the US is FDA approved and all are still going through clinical trials. We do not consent to be the lab rats for this trial. The PCR testing protocols have been discontinued therefore all of the mandates, restrictions, or regulations being placed on us based on case counts via this method of testing are invalid and therefore should also be discontinued.

When it comes to the children and your attempt to add this to a vaccine schedule as a requirement is so far beyond criminal, I cannot stress enough how wrong this is. Again, NO PRODUCT AVAILABLE IN THE UNITED STATES has completed clinical trials and we will not know how this will affect human beings long-term considering we are now set to wait over 50 years for data to be released on the "vaccines". Everything that has been done surrounding Covid-19 has been reckless.

Stop the insanity and do not approve, pass, legalize any measures that allow for involuntary detention, treatment, or injection related to Covid-19. Our bodies, our choice, right??

Sincerely,
C. Bandy

From: Katrina Mason
Sent: 1/7/2022 10:10:47 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Jan 12th meeting

External Email

To Nathaniel,

I am a Washington state citizen and a parent. I STRONGLY OPPOSE the use of police officers and health officials for taking persons to detainment facilities who do not comply with quarantine, face masks, testing, and vaccination. WE ARE UNITED STATES CITIZENS WITH A CONSTITUTION. WE HAVE INDIVIDUAL RIGHTS AND LIBERTIES. WE DO NOT LIVE IN WORLD WAR II, NAZI GERMANY. NO COVID QUARANTINE CAMPS!!! I strongly oppose adding covid to list of diseases. Please show studies where covid has been isolated.

I STRONGLY OPPOSE required covid vaccination for children and adolescents. Recent information coming out shows that these covid vaccines, are not vaccines, they are gene modification therapies. These gene modification therapies are not safe. See VAERS report: VAERS through 12/24,21: 1,000,227 adverse events reported. 21,002 deaths, 110,609 hospitalizations, 109,245 urgent care, 156,456 doctor office visits, 8,673 anaphylaxis, 12,532 Bell's palsy, 22,117 3,435 miscarriages, 10,640 heart attacks, 22,117 myocarditis/pericarditis, 35,650 permanently disabled, 5,011 Thrombocytopenia/low Platelet, 23,892 life threatening, 36,492 severe allergic reaction, and 11,462 shingles. <https://openvaers.com/covid-data>. There has not been full disclosure as to what are in these injections. The vaccine box insert is blank. The current offered covid gene modification injections are under EUA, thus they are not FDA approved.. only Cominarty is FDA approved and it is currently not being offered. Children and adolescents are at much higher risk of vaccine damage than covid.

I strongly oppose proposed WACS:

WAC 246-100-070
WAC 246-100-045
WAC 246-100-040
WAC 246-100
WAC 246-105

These proposals are violations of Nuremberg Code: "The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision."

- Katrina Mason

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Mark Anthony
Sent: 1/7/2022 10:20:26 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: DO NOT Include the Covid-19 injections . . .

External Email

Dear Nathaniel,

I strongly disagree with any vaccine mandate and or allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntary comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100□□□□□□

DO NOT Include the Covid-19 injections as part of school immunization requirements ! ! !

Thank you,
Mark Anthony
Spokane WA

From: Noreen Marie McConnell

Sent: 1/7/2022 11:43:24 AM

To: Thai, Nathaniel J (SBOH)

Cc:

Subject: I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

External Email

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

From: Stullhead
Sent: 1/6/2022 2:16:19 PM
To: DOH WSBOH
Cc:
Subject: To the voting parties

External Email

It baffles my mind how any government thinks it can force a FREE people to vaccinate or be arrested. This should not even be called to the floor for voting. It saddens me that many are blind to the whole truth and how they think it okay to force people to put something in their body. My body my choice. I recommend voting for choice and freedom to choose. You should not be able to overreach the powers and use law enforcement for covid 19 restrictions.

And in case I am not being clear,

" I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105. "

Cordially,

Dean Stull

From: Vanessa Anconetani

Sent: 1/6/2022 9:46:17 PM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: Rejecting required Covid-19 injections for children

External Email

Hello,

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

Thank you,

Tempest Anconetani

--

Tempest Anconetani

From: pamelacoffell
Sent: 1/7/2022 10:04:23 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: WSBOH UPCOMING MEETING

External Email

Washington State Board of Health Members,

I wish to STRONGLY OPPOSE allowing local health officers to use law enforcement (WAC 246-100-070 <tel:246-100-070>) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045 <tel:246-100-045>) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040 <tel:246-100-040>). These specifics come from WAC 246-100 and including the Covid-19 injections as part of school immunization requirements using WAC 246-105.

The government has no right to force anyone to take anything into their bodies they do not choose to take. This idea is equal to the taking of God-given freedoms in Nazi Germany. It also is criminal to punish or detain anyone for their choice of medical freedom. Reference the NUREMBERG Code! A Quarantine facility where people are forced to stay is absolutely wrong, especially in the face of the Covid disease and it's variants which only have a tiny fraction of risk of death to the average person. Even those with comorbidities have a very high chance of surviving this virus. Several of my friends ages 40 up to 75, (all unvaccinated), some with several comorbidities have had Covid (including Delta variant) have all survived. Our God-given natural immunity kicked in and we successfully navigated the disease and are now stronger for it. Allowing people's natural immunities to fight this virus is the ONLY way to reduce its strength. The mRNA vaccines are EXPERIMENTAL and should not be forced on anyone, period! These vaccines have been proven to carry more of a health risk than getting Covid! Look at the VAERS reports!

Also, I have the same opinion about not mandating children to be vaccinated against Covid. Almost ALL children survive the virus as easily as the common cold or flu virus. Again, these vaccines are EXPERIMENTAL and have not yet proven to be safe! Heart, nervous system, and other systems in the bodies of young people receiving these vaccines are being affected in atrocious ways! The risk FAR OUTWEIGHS any benefit! It is truly WRONG to mandate these vaccines when natural immunity is very effective against this virus!

Please accept my concerns and recommend AGAINST these proposals being presented.

Sincerely,
Pamela Coffell
8186 Jude Canyon Rd
Cashmere, WA 98815

Sent from my Verizon, Samsung Galaxy smartphone

Sent from my Verizon, Samsung Galaxy smartphone

From: Tim & Julie Bogdanov

Sent: 1/6/2022 11:38:15 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to WAC 246-100 & WAC 246-105

External Email

I am completely against any of the proposed Covid policies that are overreaching and immoral. I stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

- Julie

From: Elizabeth-andy Brant
Sent: 1/6/2022 2:48:50 PM
To: DOH WSBOH
Cc:
Subject: Policies

External Email

I am completely against any of the proposed Covid Policies that are over reaching and immoral. We stand against these proposed WAC's: WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Do what's right and do not implement any of these!

-Elizabeth Brant

Sent from my iPhone

From: Juliya Rusev
Sent: 1/7/2022 10:49:50 AM
To:
Subject: I OPPOSE THIS BILL

External Email

I am completely against any of the proposed Covid policies that are over reaching and immoral. I stand against these WAC's:
WAC 246-100-045, WAC 246-100-070, WAC 246-100-040, WAC 246-100, WAC 246-105!

We are a free people and will not stand for this!

Sent from my iPhone

From: Barbara Sams
Sent: 1/5/2022 3:59:22 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I strongly OPPOSE WAC 246-100 rule making that would expand any authority to involuntarily quarantine individuals!

I also strongly OPPOSE adding C19 vaccinations to the WAC 246-105 schedule of required vaccinations for children to attend school.

- B.J. Sams

Sent from my iPhone

From: VENNEZA VIRAY

Sent: 1/6/2022 9:09:04 AM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: Opposing letter

External Email

Good morning,

We oppose WAC 246-100 Rulemaking that would expand any authority to involuntarily quarantine individuals. We also oppose adding a C-19 vaxx to the WAC 246-105 schedule of required vaccines for children to attend schools.

From: Janet Allen
Sent: 1/5/2022 8:38:34 PM
To: DOH WSBOH
Subject: WSBOH Public Comment



attachments\062E536CC6CD419A_Outlook-1uedmgta.png

External Email

Dear Washington State Board of Health, □

I am a life long resident of the State of Washington and I currently reside in the City of Enumclaw, Washington. I am writing to you tonight to relay my concern for an issue you are addressing at your next board meeting. My concern is specifically around your consideration of WAC 246.100.070 and WAC.246.100.040.

I have heard that the Washington State Board of Health is considering allowing local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of people who refuse to voluntarily comply with the request for medical examination, testing, treatment, counseling or vaccination. I understand the Board is considering COVID 19 vaccination to be included in this WAC. I am requesting that the board vote to decline any language that would allow such a stance. In this time of polarized opinion on the best course of managing the pandemic, inserting such a barbaric method of public health policy will only inflame the polarization.

I respectfully request that the Washington State Board of Health look for way to manage the crisis in our health care system. Explore and implement plans to increase staffing of hospitals, clinics and long term care facilities. Provide treatment of the sick rather than forced detention of our citizens.

I have family members who are not able to get the vaccine because of health problems and I don't feel they should be ordered to detain because of this. Please consider other avenues to keep this virus in check.

I am a 64 year old woman and I am totally vaccinated and grateful that I was able to get the vaccine. I just feel it's not fair, legal, or just to victimize my friends and family that have either chosen to not get the shots, or are just not able to because of health concerns.

Thank you for accepting this letter from a concerned citizen of this beautiful state.

□

Best wishes & warmest regards,

From: DENNIS L KUGLER

Sent: 1/7/2022 11:01:18 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: DON'T MANDATE VACCINE FOR CHILDREN TO GO TO SCHOOL

External Email

Children are at extremely low risk for Covid

- The vaccines are still only EUA (emergency use authorized)
- There are no long-term studies to document any history of safety
- Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- The vaccine apparently does not stop the spread of the disease

PLEASE DON'T SUPPORT THIS

From: Carol Linden
Sent: 1/7/2022 7:48:45 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vote against vaccines for school age children

External Email

My name is Carol Linden,
I'm pleading for you to vote against vaccines for school age children.
I looked into how Sweden handled the initial breakout of Covid 19.
We're you aware that not ONE child died??
They went to school, wore NO masks, played with their friends, there was no vaccine at that time!
NOT ONE CHILD DIED from age 0-15
NOT 1 CHILD
Nathaniel Thai, NOT ONE CHILD
Sincerely,
Carol Linden
Sent from my iPhone

From: April Memarian
Sent: 1/6/2022 4:14:08 PM
To: DOH WSBOH
Cc:
Subject: Regarding children being vaccinated to attend school

External Email

It has become laughable that this is even a discussion anymore. Back in the beginning there were many interviews and videos with top scientists and physicians that have since been disregarded by entities such as Wa BOH. They stated that the vaccine may help for the initial COVID strain, but anything after that it will weaken and even debilitate your ability to fight the COVID variants. Now here we are proving those brilliant minds right. It's horrendous that your lack of listening to the real truth and science has caused this state to end up in the condition it is. Stop with this insanity of pushing a vaccine that has been proven to cause debilitating harm to so many, it does not lessen or prevent the new variants and it is horrific that you want to force children who do not get more than a cold from this to risk their cardiovascular health over something you fear, NOT them. You aren't going to pay their bills when they have life long health injuries from this vaccine! Allow this state to educate the youth and families on what vitamins and nutrients to be taking during this time that help weaken COVID. Open up pharmacies to be able to deliver ivermectin. Don't kid yourselves, ivermectin works, I as well as many family and friends are living proof that it works. You are breaking numerous laws and going against the constitution of the United States by even considering to force an emergency vaccine on children. Be done with nonsense and start focusing on rehiring nurses at regular rates, not triple what they should be making and actually get hospitals running back to normal.

You all are more scared and worried than the public is. We're ready to live like the other part of the US. As a mother of two teen boys, I am telling you, I know many many families who feel the same.

Please leave the kids alone,

April Memarian

From: John and Wendy Santamaria

Sent: 1/7/2022 10:26:02 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid 19 Vaccinations for Children and Quarantine Camps

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools and involuntary quarantine detention camps in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Using law enforcement to detain people in a quarantine camp is against medical freedom and freedom of choice. Medical decisions should remain a private choice for people, families, their physician and God. Please vote against the use of camps and involuntary detainment.

Thank you,
Wendy Santamaria

From: Sharon x

Sent: 1/6/2022 9:25:34 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: mandatory vaccination Covid19 WA state students

External Email

Vaccines for the Covid19 inoculation for WA State school students is absolutely not based on the science. I trust that all of you as representatives of the people will make your decisions with a strong sense of ethics, safety, practicality, and solid science. Thank you for your consideration. Here are some of the issues at hand.

These Covid19 inoculations are not FDA approved and by FDA's own rules cannot be made mandatory. It is known that Comirnaty, which is the approved version, is not the same as the Pfizer-BioNTech inoculation, which is the one available. These are not interchangeable products and should be treated as such.

To that end, the research for Pfizer-BioNTech inoculations have shown to be incredibly sloppy and likely not reflective of actual true data outcomes. How can a public trust this shot with articles from reputable journals such as this produce this paper!! Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial | The BMJ

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F375>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F375>

Revelations of poor practices at a contract research company helping to carry out Pfizer's pivotal covid-19 vaccine trial raise questions about data integrity and regulatory oversight. Paul D Thacker reports In autumn 2020 Pfizer's chairman and chief executive, Albert Bourla, released an open letter to the billions of people around the world who were investing their hopes in a safe and ...
www.bmj.com

No healthy child (no comorbidities) has ever died from Covid19 and any of its variants. Through the CDC's own admission, there are concerns in young people with myocarditis and pericarditis. And personally I find it unfathomable that a member of the FDA Advisory Committee is quoted as saying, "We are never going to learn about how safe the vaccine is until we start giving it." We all should be asking why we put an experimental drug where long-term data is sorely missing.

As a parent and with all that I know, I am skeptical about having my student receive an experimental injection. Please use your good conscience and let the decision of the Covid-19 vaccine be at the discretion of families and not government.

I know there is more that I am not including here. Please consider all the input that you will receive.

Thank you for your consideration. God bless you and I hope you all will make the ethical choice.

-Sharon Hochberg

From: N Nilsen
Sent: 1/7/2022 10:22:36 AM
To: DOH WSBOH
Subject: January 12th Meeting input

External Email

☐
☐

I STRONGLY OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school and childcare settings. THESE INJECTIONS ARE NOT FDA APPROVED!! The supposed FDA approved "Confirmnaty" version of Pfizer concoction is NOT available for use and is a classic "Bait-and- Switch" move that further undermines trust in our federal regulators

There is overwhelming evidence that these experimental shots are wholly unnecessary in the low-risk pediatric population and are causing documentable harm to kids. If you take this step, you will be responsible for harming innocent children and the public school systems will see an exodus the likes of which the state can ill-afford to deal with as well. Well-informed parents are the best defense against this abomination and assault on the freedom of informed refusal. THERE IS SIMPLY NO LONG-TERM DATA ON SAFETY/USE IN THIS POPULATION! Besides, this is not a true vaccine, as evidenced by the flood of Omicron currently in those being "fully vaccinated". Our children and grandchildren should not be sacrificed for the old/weak/infirm who can choose the shots as consenting adults and therefore assume their own risk of harm.

I do SUPPORT Informed Choice Washington's Petition for Rulemaking — the petition is item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. Where there is risk, there must ALWAYS be informed consent, which includes informed refusal.

I also adamantly oppose any attempts at our government to house individuals against their will in the so-called "Quarantine Camps"/hotels which have been re-purposed for isolation, especially if it is involuntary quarantine. There is absolutely no reason for this to even be a possible public health measure and needs to be removed from state public health powers.

Sincerely,

Nicholas M Nilsen

From: Ben Sharpe
Sent: 1/7/2022 9:48:00 AM
To: Sharpe Ben
Cc:
Subject: Comments regarding Covid-19 Vaccination Requirements for School Children

External Email

Good Morning,

I am not "anti-Vax", both my wife and I have been fully vaccinated however I do not support a mandate for all school age kids to be required to be vaccinated for a number of reasons.

1. Covid Vaccination, especially given the vaccines are still under EUA, should be a decision between patient and doctor and not a requirement of the schools. I understand that other vaccines are required, however they are all FDA approved while Covid vaccines are not approved by FDA.

2. Covid in children is generally mild and therefore the risk of Covid related infection does not necessitate requiring children to be vaccinated and exposing them to the risks of the vaccine. My kids have all had Covid and all of them responded well and thankfully had a very minor case.

3. At minimum natural immunity should be allowed as an alternative to vaccination when considering vaccination status and Covid risk in children. That's only common sense. There are a huge number of studies that demonstrate natural immunity is better than the vaccine especially against Delta and Omicron. Here's one out of Israel that demonstrates natural immunity is vastly superior to vaccination

(<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.08.24.21262415v1>
>)

4. There are risks of cardiac adverse events in kids post vaccination which are well known and documented

(<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.08.30.21262866v1>
>) which are pretty scary.

5. This same study indicates kids are 4-6 times more likely to develop myocarditis than end up in the hospital for any reason associated with Covid. Think about that for a second - 4-6x risk of a terrible heart disease versus being admitted to the hospital due to covid.

The bottom line is that requiring vaccination is trying to solve a problem that barely exists and exposes children to potential health challenges as a result of the vaccine. Parents and doctors should be allowed to make risk reward decisions for their children and schools are not a significant at risk environment for Covid 19 related illness.

Ben Sharpe
Mercer Island, WA

From: Kasha Sonntag
Sent: 1/6/2022 8:20:43 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Critical data to consider regarding Covid vaccination in children

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- * Children are at extremely low health risk for Covid
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term safety studies
- * Several studies show kids have greater risk with the Covid inoculation than they do benefit
- * Studies document vaccinated and unvaccinated can both transmit Covid
- * The vaccine does not stop the spread of the disease
- * Informed Consent is the law and the safety data is not adequate or even publicly available in full
- * Myocarditis is a greater risk to adolescents than Covid health risk

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2021.08.30.21262866v1>>

Please see the following study titled

"Why are we vaccinating children against Covid-19?"

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscience%2Farticle%2Fpii%2FS221475002100161X>>

You are responsible to know the data if you are making recommendations that guide policy.

Children remain the lowest risk group regarding Covid, but have carried the greatest burden from the overreaching, long overdue and ineffective attempts to "protect" them. They were needlessly kept out of school for more than a year and their education and mental health suffered. This is crucial developmental time they won't get back. They continue to be required to wear masks in school which is an undue burden given the lack of evidence to support this requirement. We are one of few states still imposing such needless measures, Washington needs to figure it out, and stop doing it at the expense of children and the those you are supposed to serve and protect.

Concerned parent and WA citizen
Kasha Sonntag (Puyallup School District)

Sent from my iPhone

From: Laurice Warthan
Sent: 1/6/2022 10:28:06 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No Vaccines for school age children

External Email

Please, do not consider requiring vaccines for school age children. Like all other decisions regarding their children parents should have the final say about what's best. It should be up to parents to choose.

As an educator, ministry leader and parent I whole heartedly disagree with enforcing mandates on citizens. I also believe that the masks and face covering requirements are doing more harm than good to school aged children and students and should be lifted immediately!

In service to my community,

Mrs. Laurice Warthan

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fghei36&data=04%7C>

From: avoges22
Sent: 1/7/2022 8:44:29 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: OPPOSE AGENDA ITEM #8

External Email

To whom it may concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about Covid-19 shots for consideration of mandating the shots for school. I OPPOSE Covid-19 shot mandates, PERIOD. The science does NOT support the notion that unvaccinated individuals spread the virus any more than vaccinated individuals. Children are statistically at ZERO risk of dying from Covid (their survival rate is in the range of 99.997 - 99.998%); where there is no risk, there can be no benefit. Furthermore, there are numerous studies now that support adverse affects of the vaccine on our children. Even the FDA has doubts about the safety of a vaccine for an individual under the age of 16. (www.fda.gov/media/151710/download...the <https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fda.gov%2Fmedia%2F151710/download...the> required studies on children will not even be completed until May 31, 2027!!!!!! And that is only one of the required pediatric assessments!) There has been enough time now to find out the truth about what is going on with Covid, and there is no excuse for draconian measures to be inflicted on our children just to be able to attend school.

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EAU) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. As noted in the FDA link above, the required pediatric studies required are not yet completed. STOP USING OUR CHILDREN AS TEST SUBJECTS!!!

Sincerely,

Amy Voges

Sent from my Verizon, Samsung Galaxy smartphone

From: Jeannette Sumpter
Sent: 1/7/2022 9:15:33 AM
To: Jeannette Sumpter
Cc:
Subject: Please Vote NO on MANDATORY VACCINES FOR ANYONE, LEAST OF ALL CHILDREN!

External Email

Please do not require vaccination of children for admission to school and day care! Please do not take authority away from parents, especially since this vaccine is still only approved as Emergency Use and no one really knows the long term side effects. All one need do is look at the government's own website (VAERS) for vaccine related adverse effects to know that these vaccines are not without risks. Thousands have been injured and many have died, having taken the shot under duress.

This latest variant is proving to be mild in its symptoms and the "vaccine" is not proving to be effective or efficient in eradicating Covid so why should anyone take the risk of injecting themselves or least of all their children with an unproven solution.

Please listen to Dr. Robert Malone who is one of the founding scientists for the mRNA "vaccine!"

JRE #1757 - Dr. Robert Malone, MD (rumble.com)
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvru95s-jre-1757-dr.-robert-malone-md.html%3Ffbclid%3DIwAR3jjOK-AoeveJUb9Y6KyQkELS4PkPfexKXqFUXb7QkrAzVO4aT_9bHgzn&data=04%7C01%7CNathaniel.Thai%40sbo>

As a mother and a grandmother, I implore you to vote NO on mandatory vaccinations for Covid19.

Regards,

Jeannette Sumpter

Bothell, WA

425-486-9541

From: Vanessa Reiter

Sent: 1/6/2022 6:51:42 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public comment Covid shot for children

External Email

To Whom It May Concern,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Vanessa

From: Lisa and Mike Ilyankoff

Sent: 1/7/2022 9:15:19 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments for Jan. 12, 2022 meeting for a concerned WA citizen

External Email

Dear BOH,

I am writing this comment for the January 12, 2022 meeting.

Ref item #8: I strongly oppose forming a tech advisory group. This is taking steps to consider adding the covid shot to the vaccine schedule for school age kids. This is still under EUA and at this point the risks far outweigh the benefits.

Ref item #11: I absolutely support this item. It is a petition filed by Informed Choice WA.

Please take the time to review this link:

<https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C229925e9efcd4739f18c08d9d200ff2f%7C11>>

Sincerely,

Lisa Ilyankoff

From: O.J. Marston
Sent: 1/6/2022 10:20:24 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: BOH meeting January 12th

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. item #8 on the agenda for January 12th meeting.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

I do want to encourage you to support item #11 on the agenda that Xavier Figueroa, PhD, on behalf of ICWA, asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks

completed Phase 3 trial studies, to the school required list.

Sincerely,
O.J. Marston
John L. Scott Real Estate
425-210-0744

From: Michelle Conner
Sent: 1/6/2022 5:40:17 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: □□

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Our family has had bad reactions to Moderna mRNA. My son extremely ill at 2nd shot. My brother in law. My Mom's heart Dr increased her heart medication 2 days after booster not liking pacemaker reading. My mother-in-law has been struggling to get blood pressure under control. High and low referral to heart specialist after 2 week's severe flu illness, since 2nd dose.

Please do what you can to care for our children. Don't make one child a sacrifice for experimentations. □□

Furthermore, a vaccine mandate is even likely to increase racial inequity by disproportionately removing Black and minority students from school (<https://wtop.com/dc/2021/12/report-warns-covid-19-vaccine-mandate-for-dc-students-could-increase-racial-inequity/> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwtop.com%2Fdc%2F2021%2F12%2Freport-warns-covid-19-vaccine-mandate-for-dc-students-could-increase-racial-inequity/>

warns-covid-19-vaccine-mandate-for-dc-students-could-increase-racial-inequity%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C7a6419a578284b3644f808d9d206e2). The same will be true in the more rural areas of the state which have increased poverty and rates of vaccine hesitancy, further increase educational inequity across social economic lines.

We should not force a vaccine for a population that is not threatened by the disease. These vaccine doses could be used all over the world by elderly people that need them. Children that have rare medical situations which leave them vulnerable to COVID can still get the vaccine. There is no reason to push this on every child in the state.

Please make a logical, data based decision. We can't keep making decisions based on fear. We're better than that.

Thank you for your time.

Connie Bedient
Spokane, Wa

From: Lorrie Fox

Sent: 1/7/2022 10:18:45 AM

To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), DOH WSOH

Cc:

Subject: Forced quarantine for the "un-vaccinated" and forced vaccinations especially for children is inhumane.

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State, and forced quarantine for the "un-vaccinated" or anyone with "signs or symptoms" of "COVID-19".

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

4. The proposed rule giving DOH powers to involuntarily quarantine or inject US citizens is in violation of federal law. Under Title 21 CFR (Code of Federal Regulations) Section 50.23 & 50.24 It is illegal to exercise coercion when administering experimental medical treatments. Coercing any US citizen to receive medical treatment against their will constitutes an act of domestic terrorism, which is a felony. Any attempted enforcement of such an unlawful rule would expose anyone enforcing it to charges of domestic terrorism. Since the proposed rule will be UNLAWFUL by definition and will also violate WA State Constitution, Article 1 Section 7 - right to privacy - there is only one option. Abolish consideration of such a rule or face criminal charges (Domestic Terrorism and/or Conspiracy to commit Domestic Terrorism).

5. The virus is not possible to detect. "Deeply hidden in an official document on covid-19, the CDC ruefully admitted as early as summer 2020 that it does not have a measurable virus: 'As no quantified (= measured) isolated virus objects of 2019-nCoV are available at this time...' (page 39 of the 'CDC 2019-Novel Coronavirus (2019- nCoV) Real-Time RT-PCR Diagnostic Panel' (July 13). In other words, the CDC, as one of THE leading medical authorities in the world, could not, and still cannot, demonstrate a virus.

Writing about the scientifically totally debunked for this purpose, but still shamelessly abused PCR test, the CDC stated under the heading 'limitations': "The detection of viral RNA cannot demonstrate the presence of an infectious virus, or that 2019-nCoV is the causative agent of clinical symptoms." And in addition: "This test cannot exclude other diseases caused by other bacterial or viral pathogens."

In other words, we cannot prove that the people who get sick and are hospitalized, and very occasionally die, were sickened by a new coronavirus called SARS-CoV-2, nor can we prove that it caused them to develop a new disease called 'covid-19.' It could just as easily be a different virus and a different disease. (And since all the symptoms, including severe pneumonia, correspond seamlessly to what flu can cause historically in vulnerable people...'if it looks like a duck and walks like a duck, it is a duck'.

Earlier this year, Samuel Eckert's German Team and the Isolate Truth Fund pledged a reward of at least \$265,000 for any scientist who can provide incontrovertible proof that the SARS-CoV-2 virus has been isolated and therefore exists. They too pointed out that not one lab in the world has yet been able to isolate this coronavirus. That sum has now been increased to 1 MILLION EUROS."

(https://thetruthiswhere.wordpress.com/2021/06/26/cdc-sued-for-fraud-by-7-universities/?fbclid=IwAR3vqssglXDxPq9vt8bKgZCYC0QdEBbRf_u6jdcDqislx9dOxNqhkdzyrfs

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthetruthiswhere.wordpress.com%2F2021/06/26/cdc-sued-for-fraud-by-7-universities%2F%3Ffbclid%3DIwAR3vqssglXDxPq9vt8bKgZCYC0QdEBbRf_u6jdcDqislx9dOxNqhkdzyrfs&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C0793b2050c6>

In closing, force-vaccinating healthy children, or anyone for that matter, for a disease that doesn't affect them to make some adults feel safer is a new low for humanity. Forced quarantine of the "un-vaccinated" population or those showing "signs or symptoms" of "COVID-19" is an abuse of power. Please do the right thing and do not move forward with this mandatory vaccination, particularly for school aged children, or forced quarantine of anyone.

Medical freedom is meant for us all,

Lorrie Fox

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C0793b2050c6>

Virus-free. www.avg.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C0793b2050c6>

From: corrinna walter
Sent: 1/6/2022 10:45:51 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccinations for school age children

External Email

Hello.

I am a retired nurse of 30+ years experience, many years in pediatric nursing and school nursing (SVSD). As a nurse, I have give probably thousands of vaccinations to adults and children - I highly believe in vaccinations. Making sure kids were vaccinated (or had proper exemptions) was a large part of my job during my 12 years with SVSD. I would like my voice to be heard for the sake of my grandchildren, and all children. School vaccines for a virus with an almost non existent number of deaths, and has not been shown to be a burden to hospitals and/or the school districts (no closures recorded due to large amounts of Covid numbers in children); therefore, it is completely unreasonable (and disturbing) to mandate an experimental vaccine for children.

So again, I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of

the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. THIS IS AN ATTACK ON OUR CHILDREN. Please do the right thing and do not require these vaccinations for school age children.

Thank you for listening.

Corrinna

Sent from Corrinna's cell - God Bless America ☐☐☐☐

From: Brian&Elyse Newcomb

Sent: 1/6/2022 10:33:38 PM

To: Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to COVID WAC Codes



attachments\D2BEE2A880A14DBC_MedRxiv Natural Immunity Case Study.pdf

External Email

Good Morning,

I am a Washington state resident that is deeply concerned regarding the discussion of implementing COVID WAC codes that blatantly violate the constitutional rights of all Washington residents. It is very clear that, if one does their research or does any thinking for oneself, that if we just let COVID run its course herd immunity will be obtained, be it through vaccination or natural immunity. It should be a person's choice as to how they choose to live their life.

The mRNA vaccine is ineffective at preventing infection and transmission of the virus. I know many many people who are fully vaccinated, mask everywhere they go, and have still come down with COVID. The science shows this. Breakthrough infections are a real thing and they happen often.

Numerous studies have shown that natural immunity is just as good, if not superior to that of the vaccine, in protecting individuals from reinfection and transmission of the virus. One the largest case studies conducted by MedRxiv in Israel concludes, "This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. Individuals who were both previously infected with SARS-CoV-2 and given a single dose of the vaccine gained additional protection against the Delta variant."

If vaccinated individuals can also become infected and transmit the virus then what purpose is it to acquire "immunity" by means of force through a medical procedure that doesn't achieve what is intended to be accomplished, immunity? Why can we not also acknowledge natural immunity as a viable option?

I've attached the previously referred to study at the end of this email.

I pray you have peace of heart and clarity of mind as you move forward with such heavy decisions to be made that will impact thousands of lives. I in no way envy the position that any of you are in, especially in such times as these. Please hear the voice of the people though, we do not want to give up our freedom of choice because if it's this now, what will be next? It's time to draw the line in the sand. Please stand for what is right.

Warm Regards,

Elyse Newcomb

Title page

Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections

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The authors declare they have no conflict of interest.

Funding: There was no external funding for the project.

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Abstract

Background:

Reports of waning vaccine-induced immunity against COVID-19 have begun to surface. With that, the comparable long-term protection conferred by previous infection with SARS-CoV-2 remains unclear.

Methods:

We conducted a retrospective observational study comparing three groups: (1)SARS-CoV-2-naïve individuals who received a two-dose regimen of the BioNTech/Pfizer mRNA BNT162b2 vaccine, (2)previously infected individuals who have not been vaccinated, and (3)previously infected *and* single dose vaccinated individuals. Three multivariate logistic regression models were applied. In all models we evaluated four outcomes: SARS-CoV-2 infection, symptomatic disease, COVID-19-related hospitalization and death. The follow-up period of June 1 to August 14, 2021, when the Delta variant was dominant in Israel.

Results:

SARS-CoV-2-naïve vaccinees had a 13.06-fold (95% CI, 8.08 to 21.11) increased risk for breakthrough infection with the Delta variant compared to those previously infected, when the first event (infection or vaccination) occurred during January and February of 2021. The increased risk was significant ($P<0.001$) for symptomatic disease as well. When allowing the infection to occur at any time before vaccination (from March 2020 to February 2021), evidence of waning natural immunity was demonstrated, though SARS-CoV-2 naïve vaccinees had a 5.96-fold (95% CI, 4.85 to

7.33) increased risk for breakthrough infection and a 7.13-fold (95% CI, 5.51 to 9.21) increased risk for symptomatic disease. SARS-CoV-2-naïve vaccinees were also at a greater risk for COVID-19-related-hospitalizations compared to those that were previously infected.

Conclusions:

This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. Individuals who were both previously infected with SARS-CoV-2 and given a single dose of the vaccine gained additional protection against the Delta variant.

Introduction

The heavy toll that SARS-CoV-2 infection has been taking on global health and healthcare resources has created an urgent need to estimate which part of the population is protected against COVID-19 at a given time in order to set healthcare policies such as lockdowns and to assess the possibility of herd immunity.

To date, there is still no evidence-based, long-term correlate of protection¹. This lack of correlate of protection has led to different approaches in terms of vaccine resource allocation, namely the need for vaccine administration in recovered patients, the need for booster shots in previously vaccinated individuals or the need to vaccinate low-risk populations, potentially previously exposed.

The short-term effectiveness of a two-dose regimen of the BioNTech/Pfizer BNT162b2 mRNA COVID-19 vaccine was demonstrated in clinical trials² and in observational settings^{3,4}. However, long term effectiveness across different variants is still unknown, though reports of waning immunity are beginning to surface, not merely in terms of antibody dynamics over time⁵⁻⁷, but in real-world settings as well⁸.

Alongside the question of long-term protection provided by the vaccine, the degree and duration to which previous infection with SARS-CoV-2 affords protection against repeated infection also remains unclear. Apart from the paucity of studies examining long-term protection against reinfection⁹, there is a challenge in defining reinfection as opposed to prolonged viral shedding¹⁰. While clear-cut cases exist, namely two separate clinical events with two distinct sequenced viruses, relying solely on these cases will likely result in an under-estimation of the incidence of reinfection.

Different criteria based on more widely-available information have been suggested¹¹, the Centers for Disease Control and Prevention's (CDC) guidelines refer to two positive SARS-CoV-2 polymerase chain reaction (PCR) test results at least 90 days

apart.¹² Using similar criteria, population-based studies demonstrated natural immunity^{13,14} with no signs of waning immunity for at least 7 months, though protection was lower for those aged 65 or older⁹.

The Delta (B.1.617.2) Variant of Concern (VOC), initially identified in India and today globally prevalent, has been the dominant strain in Israel since June 2021. The recent surge of cases in Israel¹⁵, one of the first countries to embark on a nationwide vaccination campaign (mostly with the BioNTech/Pfizer BNT162b2 vaccine), has raised concerns about vaccine effectiveness against the Delta variant, including official reports of decreased protection¹⁶. Concomitantly, studies have demonstrated only mild differences in short-term vaccine effectiveness¹⁷ against the Delta variant, as well as substantial antibody response¹⁸. Apart from the variant, the new surge was also explained by the correlation found between time-from-vaccine and breakthrough infection rates, as early vaccinees were demonstrated to be significantly more at risk than late vaccinees⁸. Now, when sufficient time has passed since both the beginning of the pandemic and the deployment of the vaccine, we can examine the long-term protection of natural immunity compared to vaccine-induced immunity.

To this end, we compared the incidence rates of breakthrough infections to the incidence rates of reinfection, leveraging the centralized computerized database of Maccabi Healthcare Services (MHS), Israel's second largest Health Maintenance Organization.

Methods

Study design and population

A retrospective cohort study was conducted, leveraging data from MHS' centralized computerized database. The study population included MHS members aged 16 or older who were vaccinated prior to February 28, 2021, who had a documented SARS-CoV-2 infection by February 28, 2021, or who had both a documented SARS-CoV-2 infection by February 28, 2021 *and* received one dose of the vaccine by May 25, 2021, at least 7 days before the study period. On March 2, 2021, The Israeli Ministry of Health revised its guidelines and allowed previously SARS-CoV-2 infected individuals to receive one dose of the vaccine, after a minimum 3-month-interval from the date of infection

Data Sources

Anonymized Electronic Medical Records (EMRs) were retrieved from MHS' centralized computerized database for the study period of March 1, 2020 to August 14, 2021.

MHS is a 2.5-million-member, state-mandated, non-for-profit, second largest health fund in Israel, which covers 26% of the population and provides a representative sample of the Israeli population. Membership in one of the four national health funds is mandatory, whereas all citizens must freely choose one of four funds, which are prohibited by law from denying membership to any resident. MHS has maintained a centralized database of EMRs for three decades, with less than 1% disengagement rate among its members, allowing for a comprehensive longitudinal medical follow-up. The centralized dataset includes extensive demographic data, clinical measurements, outpatient and hospital diagnoses and procedures, medications

dispensed, imaging performed and comprehensive laboratory data from a single central laboratory.

Data extraction and definition of the study variables

COVID-19-related data

COVID-19-related information was captured as well, including dates of the first and second dose of the vaccine and results of any polymerase chain reaction (PCR) tests for SARS-CoV-2, given that all such tests are recorded centrally. Records of COVID-19-related hospitalizations were retrieved as well, and COVID-19-related mortality was screened for. Additionally, information about COVID-19-related symptoms was extracted from EMRs, where they were recorded by the primary care physician or a certified nurse who conducted in-person or phone visits with each infected individual.

Exposure variable: study groups

The eligible study population was divided into three groups: (1) fully vaccinated and SARS-CoV-2-naïve individuals, namely MHS members who received two doses of the BioNTech/Pfizer mRNA BNT162b2 vaccine by February 28, 2021, did not receive the third dose by the end of the study period and did not have a positive PCR test result by June 1, 2021; (2) unvaccinated previously infected individuals, namely MHS members who had a positive SARS-CoV-2 PCR test recorded by February 28, 2021 and who had not been vaccinated by the end of the study period; (3) previously infected *and* vaccinated individuals, including individuals who had a positive SARS-CoV-2 PCR test by February 28, 2021 and received one dose of the vaccine by May 25, 2021, at least 7 days before the study period. The fully vaccinated group was the comparison (reference) group in our study. Groups 2 and 3, were matched to the

comparison group 1 in a 1:1 ratio based on age, sex and residential socioeconomic status.

Dependent variables

We evaluated four SARS-CoV-2-related outcomes, or second events: documented RT-PCR confirmed SARS-CoV-2 infection, COVID-19, COVID-19-related hospitalization and death. Outcomes were evaluated during the follow-up period of June 1 to August 14, 2021, the date of analysis, corresponding to the time in which the Delta variant became dominant in Israel.

Covariates

Individual-level data of the study population included patient demographics, namely age, sex, socioeconomic status (SES) and a coded geographical statistical area (GSA, assigned by Israel's National Bureau of Statistics, corresponds to neighborhoods and is the smallest geostatistical unit of the Israeli census). The SES is measured on a scale from 1 (lowest) to 10, and the index is based on several parameters, including household income, educational qualifications, household crowding and car ownership. Data were also collected on last documented body mass index (BMI) and information about chronic diseases from MHS' automated registries, including cardiovascular diseases¹⁹, hypertension²⁰, diabetes²¹, chronic kidney disease²², chronic obstructive pulmonary disease, immunocompromised conditions, and cancer from the National Cancer Registry²³.

Statistical analysis

Two multivariate logistic regression models were applied that evaluated the four aforementioned SARS-CoV-2-related outcomes as dependent variables, while the study groups were the main independent variables.

Model 1—previously infected vs. vaccinated individuals, with matching for time of first event

In model 1, we examined natural immunity and vaccine-induced immunity by comparing the likelihood of SARS-CoV-2-related outcomes between previously infected individuals who have never been vaccinated and fully vaccinated SARS-CoV-2-naïve individuals. These groups were matched in a 1:1 ratio by age, sex, GSA and time of first event. The first event (the preliminary exposure) was either the time of administration of the second dose of the vaccine *or* the time of documented infection with SARS-CoV-2 (a positive RT-PCR test result), both occurring between January 1, 2021 and February 28, 2021. Thereby, we matched the “immune activation” time of both groups, examining the long-term protection conferred when vaccination or infection occurred within the same time period. The three-month interval between the first event and the second event was implemented in order to capture reinfections (as opposed to prolonged viral shedding) by following the 90-day guideline of the CDC.

Model 2

In model 2, we compared the SARS-CoV-2 naïve vaccinees to unvaccinated previously infected individuals while intentionally *not* matching the time of the first event (i.e., either vaccination or infection), in order to compare vaccine-induced immunity to natural immunity, regardless of time of infection. Therefore, matching

was done in a 1:1 ratio based on age, sex and GSA alone. Similar to the model 1, either event (vaccination or infection) had to occur by February 28, to allow for the 90-day interval. The four SARS-CoV-2 study outcomes were the same for this model, evaluated during the same follow-up period.

Model 3

Model 3 examined previously infected individuals vs. previously-infected-and-once-vaccinated individuals, using “natural immunity” as the baseline group. We matched the groups in a 1:1 ratio based on age, sex and GSA. SARS-CoV-2 outcomes were the same, evaluated during the same follow-up period.

In all three models, we estimated natural immunity vs. vaccine-induced immunity for each SARS-CoV-2-related outcome, by applying logistic regression to calculate the odds ratio (OR) between the two groups in each model, with associated 95% confidence intervals (CIs). Results were then adjusted for underlying comorbidities, including obesity, cardiovascular diseases, diabetes, hypertension, chronic kidney disease, cancer and immunosuppression conditions.

Analyses were performed using Python version 3.73 with the stats model package.

$P < 0.05$ was considered statistically significant.

Ethics declaration

This study was approved by the MHS (Maccabi Healthcare Services) Institutional Review Board (IRB). Due to the retrospective design of the study, informed consent was waived by the IRB, and all identifying details of the participants were removed before computational analysis.

Data availability statement

According to the Israel Ministry of Health regulations, individual-level data cannot be shared openly. Specific requests for remote access to de-identified community-level data should be directed to KSM, Maccabi Healthcare Services Research and Innovation Center.

Code availability

Specific requests for remote access to the code used for data analysis should be referred to KSM, Maccabi Healthcare Services Research and Innovation Center.

Results

Overall, 673,676 MHS members 16 years and older were eligible for the study group of fully vaccinated SARS-CoV-2-naïve individuals; 62,883 were eligible for the study group of unvaccinated previously infected individuals and 42,099 individuals were eligible for the study group of previously infected and single-dose vaccinees.

Model 1 – previously infected vs. vaccinated individuals, with matching for time of first event

In model 1, we matched 16,215 persons in each group. Overall, demographic characteristics were similar between the groups, with some differences in their comorbidity profile (Table 1a).

During the follow-up period, 257 cases of SARS-CoV-2 infection were recorded, of which 238 occurred in the vaccinated group (breakthrough infections) and 19 in the previously infected group (reinfections). After adjusting for comorbidities, we found a statistically significant 13.06-fold (95% CI, 8.08 to 21.11) increased risk for breakthrough infection as opposed to reinfection ($P < 0.001$). Apart from age ≥ 60 years, there was no statistical evidence that any of the assessed comorbidities significantly affected the risk of an infection during the follow-up period (Table 2a).

As for symptomatic SARS-COV-2 infections during the follow-up period, 199 cases were recorded, 191 of which were in the vaccinated group and 8 in the previously infected group. Symptoms for all analyses were recorded in the central database within 5 days of the positive RT-PCR test for 90% of the patients, and included chiefly fever, cough, breathing difficulties, diarrhea, loss of taste or smell, myalgia, weakness, headache and sore throat. After adjusting for comorbidities, we found a 27.02-fold risk (95% CI, 12.7 to 57.5) for symptomatic breakthrough infection as

opposed to symptomatic reinfection ($P < 0.001$) (Table 2b). None of the covariates were significant, except for age ≥ 60 years.

Nine cases of COVID-19-related hospitalizations were recorded, 8 of which were in the vaccinated group and 1 in the previously infected group (Table S1). No COVID-19-related deaths were recorded in our cohorts.

Model 2 –previously infected vs. vaccinated individuals, without matching for time of first event

In model 2, we matched 46,035 persons in each of the groups (previously infected vs. vaccinated). Baseline characteristics of the groups are presented in Table 1a. Figure 1 demonstrates the timely distribution of the first infection in reinfected individuals.

When comparing the vaccinated individuals to those previously infected at any time (including during 2020), we found that throughout the follow-up period, 748 cases of SARS-CoV-2 infection were recorded, 640 of which were in the vaccinated group (breakthrough infections) and 108 in the previously infected group (reinfections).

After adjusting for comorbidities, a 5.96-fold increased risk (95% CI, 4.85 to 7.33) increased risk for breakthrough infection as opposed to reinfection could be observed ($P < 0.001$) (Table 3a). Apart from SES level and age ≥ 60 , that remained significant in this model as well, there was no statistical evidence that any of the comorbidities significantly affected the risk of an infection.

Overall, 552 symptomatic cases of SARS-CoV-2 were recorded, 484 in the vaccinated group and 68 in the previously infected group. There was a 7.13-fold (95% CI, 5.51 to 9.21) increased risk for symptomatic breakthrough infection than symptomatic reinfection (Table 3b). COVID-19 related hospitalizations occurred in 4 and 21 of the reinfection and breakthrough infection groups, respectively. Vaccinated

individuals had a 6.7-fold (95% CI, 1.99 to 22.56) increased to be admitted compared to recovered individuals. Being 60 years of age or older significantly increased the risk of COVID-19-related hospitalizations (Table S2). No COVID-19-related deaths were recorded.

Model 3 - previously infected vs. vaccinated and previously infected individuals

In model 3, we matched 14,029 persons. Baseline characteristics of the groups are presented in Table 1b. Examining previously infected individuals to those who were both previously infected and received a single dose of the vaccine, we found that the latter group had a significant 0.53-fold (95% CI, 0.3 to 0.92) (Table 4a) decreased risk for reinfection, as 20 had a positive RT-PCR test, compared to 37 in the previously infected and unvaccinated group. Symptomatic disease was present in 16 single dose vaccinees and in 23 of their unvaccinated counterparts. One COVID-19-related hospitalization occurred in the unvaccinated previously infected group. No COVID-19-related mortality was recorded.

We conducted a further sub-analysis, compelling the single-dose vaccine to be administered *after* the positive RT-PCR test. This subset represented 81% of the previously-infected-and-vaccinated study group. When performing this analysis, we found a similar, though not significant, trend of decreased risk of reinfection, with an OR of 0.68 (95% CI, 0.38 to 1.21, P -value=0.188).

Discussion

This is the largest real-world observational study comparing natural immunity, gained through previous SARS-CoV-2 infection, to vaccine-induced immunity, afforded by the BNT162b2 mRNA vaccine. Our large cohort, enabled by Israel's rapid rollout of the mass-vaccination campaign, allowed us to investigate the risk for additional infection – either a breakthrough infection in vaccinated individuals or reinfection in previously infected ones – over a longer period than thus far described.

Our analysis demonstrates that SARS-CoV-2-naïve vaccinees had a 13.06-fold increased risk for breakthrough infection with the Delta variant compared to those previously infected, when the first event (infection or vaccination) occurred during January and February of 2021. The increased risk was significant for a symptomatic disease as well.

Broadening the research question to examine the extent of the phenomenon, we allowed the infection to occur at any time between March 2020 to February 2021 (when different variants were dominant in Israel), compared to vaccination only in January and February 2021. Although the results could suggest waning natural immunity against the Delta variant, those vaccinated are still at a 5.96-fold increased risk for breakthrough infection and at a 7.13-fold increased risk for symptomatic disease compared to those previously infected. SARS-CoV-2-naïve vaccinees were also at a greater risk for COVID-19-related-hospitalization compared to those who were previously infected.

Individuals who were previously infected with SARS-CoV-2 seem to gain additional protection from a subsequent single-dose vaccine regimen. Though this finding corresponds to previous reports^{24,25}, we could not demonstrate significance in our cohort.

The advantageous protection afforded by natural immunity that this analysis demonstrates could be explained by the more extensive immune response to the SARS-CoV-2 proteins than that generated by the anti-spike protein immune activation conferred by the vaccine^{26,27}. However, as a correlate of protection is yet to be proven^{1,28}, including the role of B-Cell²⁹ and T-cell immunity^{30,31}, this remains a hypothesis.

Our study has several limitations. First, as the Delta variant was the dominant strain in Israel during the outcome period, the decreased long-term protection of the vaccine compared to that afforded by previous infection cannot be ascertained against other strains. Second, our analysis addressed protection afforded solely by the BioNTech/Pfizer mRNA BNT162b2 vaccine, and therefore does not address other vaccines or long-term protection following a third dose, of which the deployment is underway in Israel. Additionally, as this is an observational real-world study, where PCR screening was not performed by protocol, we might be underestimating asymptomatic infections, as these individuals often do not get tested.

Lastly, although we controlled for age, sex, and region of residence, our results might be affected by differences between the groups in terms of health behaviors (such as social distancing and mask wearing), a possible confounder that was not assessed. As individuals with chronic illness were primarily vaccinated between December and February, confounding by indication needs to be considered; however, adjusting for obesity, cardiovascular disease, diabetes, hypertension, chronic kidney disease, chronic obstructive pulmonary disease, cancer and immunosuppression had only a small impact on the estimate of effect as compared to the unadjusted OR. Therefore, residual confounding by unmeasured factors is unlikely.

This analysis demonstrated that natural immunity affords longer lasting and stronger protection against infection, symptomatic disease and hospitalization due to the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. Notably, individuals who were previously infected with SARS-CoV-2 and given a single dose of the BNT162b2 vaccine gained additional protection against the Delta variant. The long-term protection provided by a third dose, recently administered in Israel, is still unknown.

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Tables and figures

Table 1a. Characteristics of study population, model 1 and 2.

	Model 1 – with matching of time of first event		Model 2 – without matching of time of first event	
Characteristics	Previously infected (n=16,215)	Vaccinated individuals (n=16,215)	Previously infected (n=46,035)	Previously infected <i>and</i> vaccinated (n =46,035)
Age years, mean (SD)	36.1 (13.9)	36.1 (13.9)	36.1 (14.7)	36.1 (14.7)
Age group – no. (%)				
16 to 39 yr	9,889 (61.0)	9,889 (61.0)	28,157 (61.2)	28,157 (61.2)
40 to 59 yr	5,536 (34.1)	5,536 (34.1)	14,973 (32.5)	14,973 (32.5)
≥60 yr	790 (4.9)	790 (4.9)	2,905 (6.3)	2,905 (6.3)
Sex – no. (%)				
Female	7,428 (45.8)	7,428 (45.8)	22,661 (49.2)	22,661 (49.2)
Male	8,787 (54.2)	8,787 (54.2)	23,374 (50.8)	23,374 (50.8)
SES, mean (SD)	5.5 (1.9)	5.5 (1.9)	5.3 (1.9)	5.3 (1.9)
Comorbidities – no. (%)				
Hypertension	1,276 (7.9)	1,569 (9.7)	4,009 (8.7)	4,301 (9.3)
CVD	551 (3.4)	647 (4.0)	1,875 (4.1)	1830 (4.0)
DM	635 (3.9)	877 (5.4)	2207 (4.8)	2300 (5.0)
Immunocompromised	164 (1.0)	420 (2.6)	527 (1.1)	849 (1.8)
Obesity (BMI ≥30)	3,076 (19.0)	3,073 (19.0)	9,117 (19.8)	8,610 (18.7)
CKD	196 (1.2)	271 (1.7)	659 (1.4)	814 (1.8)
COPD	65 (0.4)	97 (0.6)	218 (0.5)	292 (0.6)
Cancer	324 (2.0)	636 (3.9)	1,044 (2.3)	1,364 (3.0)

SD – Standard Deviation; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD – Cardiovascular Diseases; DM – Diabetes Mellitus; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 1b. Characteristics of study population, model 3.

Characteristics	Previously infected (n=14,029)	Previously infected and single dose vaccinated (n=14,029)
Age years, mean (SD)	33.2 (14.0)	33.2 (14.0)
Age group – no. (%)		
16 to 39 yr	9543 (68.0)	9543 (68.0)
40 to 59 yr	3919 (27.9)	3919 (27.9)
≥60 yr	567 (4.0)	567 (4.0)
Sex – no. (%)		
Female	7467 (53.2)	7467 (53.2)
Male	6562 (46.8)	6562 (46.8)
SES, mean (SD)	4.7 (1.9)	4.7 (1.9)
Comorbidities		
Hypertension	892 (6.4)	1004 (7.2)
CVD	437 (3.1)	386 (2.8)
DM	529 (3.8)	600 (4.3)
Immunocompromised	127 (0.9)	145 (1.0)
Obesity (BMI ≥30)	2599 (18.5)	2772 (19.8)
CKD	137 (1.0)	162 (1.2)
COPD	30 (0.2)	53 (0.4)
Cancer	241 (1.7)	267 (1.9)

SD – Standard Deviation; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; DM – Diabetes Mellitus; CKD – Chronic Kidney Disease; COPD – Chronic

Obstructive Pulmonary Disease.

Table 2a. OR for SARS-CoV-2 infection, model 1, previously infected vs. vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	2.57	13.06	8.08 – 21.11	<0.001
SES		0.04	1.04	0.97 – 1.11	0.251
Age group, yr.					
	16-39	Ref			
	40-59	0.05	1.05	0.78 – 1.4	0.751
	≥ 60	0.99	2.7	1.68 – 4.34	<0.001
Sex					
	Female	Ref			
	Male	-0.03	0.97	0.76 – 1.25	0.841
Comorbidities					
	Obesity (BMI ≥ 30)	0.01	1.01	0.73 – 1.39	0.967
	Diabetes mellitus	-0.36	0.7	0.39 – 1.25	0.229
	Hypertension	0.1	1.11	0.72 – 1.72	0.641
	Cancer	0.37	1.44	0.85 – 2.44	0.171
	CKD	0.53	1.7	0.83 – 3.46	0.146
	COPD	-0.46	0.63	0.15 – 2.66	0.529
	Immunosuppression	-0.1	0.91	0.42 – 1.97	0.803
	Cardiovascular diseases	0.26	1.3	0.75 – 2.25	0.343

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 2b. OR for Symptomatic SARS-CoV-2 infection, model 1, previously infected vs. vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	3.3	27.02	12.7 – 57.5	<0.001
SES		0.04	1.04	0.96 – 1.12	0.312
Age group, yr.					
	16-39	Ref			
	40-59	0.19	1.21	0.88 – 1.67	0.25
	≥ 60	1.06	2.89	1.68 – 4.99	<0.001
Sex					
	Female	Ref			
	Male	-0.19	0.82	0.62 – 1.1	0.185
Comorbidities					
	Obesity (BMI ≥ 30)	0.02	1.02	0.71 – 1.48	0.899
	Diabetes mellitus	-0.31	0.73	0.37 – 1.43	0.361
	Hypertension	0.12	1.13	0.69 – 1.85	0.623
	Cancer	0.37	1.45	0.8 – 2.62	0.217
	CKD	0.1	1.1	0.42 – 2.87	0.846
	COPD	-0.78	0.46	0.06 – 3.41	0.445
	Immunosuppression	-0.37	0.69	0.25 – 1.89	0.468
	Cardiovascular diseases	0.03	1.03	0.52 – 2.03	0.941

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 3a. OR for SARS-CoV-2 infection, model 2, previously infected vs. vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	1.78	5.96	4.85 – 7.33	<0.001
SES		0.07	1.07	1.03 – 1.11	<0.001
Age group, yr.					
	16-39	Ref			
	40-59	0.06	1.06	0.9 – 1.26	0.481
	≥ 60	0.79	2.2	1.66 – 2.92	<0.001
Sex					
	Female	Ref			
	Male	-0.01	0.99	0.85 - 1.14	0.842
Comorbidities					
	Obesity (BMI ≥ 30)	0.12	1.13	0.94 – 1.36	0.202
	Diabetes mellitus	-0.15	0.86	0.61 – 1.22	0.4
	Hypertension	-0.12	0.89	0.67 – 1.17	0.402
	Cancer	0.2	1.22	0.85 – 1.76	0.283
	CKD	0.3	1.35	0.85 – 2.14	0.207
	COPD	0.48	1.62	0.88 – 2.97	0.121
	Immunosuppression	-0.03	0.98	0.57 – 1.66	0.925
	Cardiovascular diseases	0.08	1.09	0.77 – 1.53	0.638

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 3b. OR for Symptomatic SARS-CoV-2 infection, model 2, previously infected vs. vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	1.96	7.13	5.51 – 9.21	<0.001
SES		0.07	1.07	1.02 – 1.12	0.003
Age group, yr.					
	16-39	Ref			
	40-59	0.09	1.1	0.9 – 1.33	0.35
	≥60	0.8	2.23	1.61 – 3.09	<0.001
Sex					
	Female	Ref			
	Male	-0.02	0.98	0.82 – 1.16	0.785
Comorbidities					
	Obesity (BMI≥30)	0.16	1.18	0.95 – 1.46	0.133
	Diabetes mellitus	-0.11	0.89	0.61 – 1.32	0.571
	Hypertension	-0.01	0.99	0.72 – 1.35	0.943
	Cancer	0.08	1.09	0.7 – 1.69	0.71
	CKD	0.13	1.14	0.65 – 1.98	0.654
	COPD	0.5	1.65	0.82 – 3.31	0.162
	Immunosuppression	0	1	0.54 – 1.85	0.999
	Cardiovascular diseases	0	1	0.67 – 1.5	0.99

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 4a. OR for SARS-CoV-2 infection, model 3, previously infected vs. previously infected and single-dose-vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Previously infected and vaccinated	-0.64	0.53	0.3 – 0.92	0.024
SES		0.11	1.12	0.98 – 1.28	0.096
Age group, yr.					
	16-59	Ref			
	≥ 60	-0.81	0.44	0.06 – 3.22	0.422
Comorbidities					
	Immunosuppression	0.72	2.06	0.28 – 15.01	0.475

SES – Socioeconomic status on a scale from 1 (lowest) to 10

Table 4b. OR for Symptomatic SARS-CoV-2 infection, model 2, previously infected vs. previously infected and vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Previously infected and vaccinated	-0.43	0.65	0.34 – 1.25	0.194
SES		0.06	1.06	0.9 – 1.24	0.508
Age group, yr.					
	16-59	Ref			
	≥ 60	-16.9	0	0.0 – inf	0.996
Comorbidities					
	Immunosuppression	1.15	3.14	0.43 – 23.01	0.26

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10.

Table S1. OR for COVID-19-related hospitalizations, model 1, previously infected
vs. vaccinated

Variable	Category	β	OR hospitalized	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	2.09	8.06	1.01 – 64.55	0.049
SES		0.05	1.05	0.72 – 1.53	0.81
Age ≥ 60 yrs (16-39, ref)		5.08	160.9	19.91 – 1300.44	<0.001

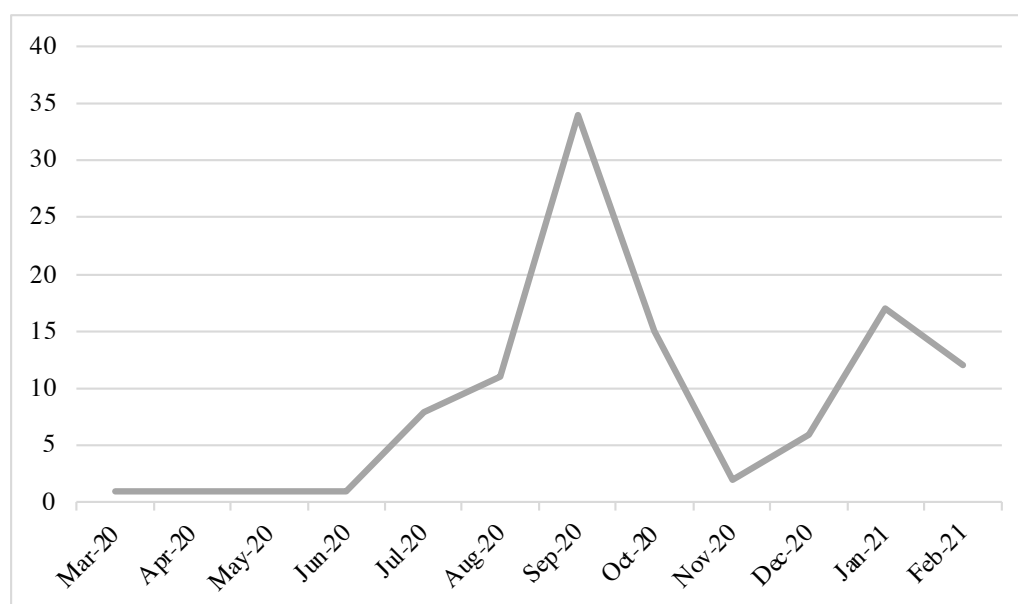
OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10

Table S2. OR for COVID-19-related hospitalizations, model 2, previously infected
vs. vaccinated

Variable	Category	β	OR hospitalized	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	1.95	7.03	2.1 – 23.59	0.002
SES		-0.07	0.93	0.74 – 1.17	0.547
Age ≥ 60 yrs (16-39, ref)		4.3	73.5	25.09 – 215.29	<0.001

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10

Figure 1. Time of first infection in those reinfected between June and August 2021, model 2.



From: Patrick Nelson

Sent: 1/6/2022 6:14:00 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Please note that we are the voters you need to worry about!

External Email

I would like to express my extreme opposition to the implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long-term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school-age children.

Patrick Nelson

From: amy.lubienski33

Sent: 1/7/2022 9:41:44 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Please oppose the mandatory COVIC shot for children

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- * This should be a parent decision, not the state
- * Children are at much lower risk
- * This is too far and would be taking too much control

Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998 <tel:99.997-99.998> % or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested.

No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM.

Thank you for doing what is right and not making the COVID shot mandatory. I pray you make the right decision before God.

Amy Lubienski

Covington Wa

Sent from my Verizon, Samsung Galaxy smartphone

From: Sonyayst cc McDonald
Sent: 1/7/2022 9:59:41 AM
To: DOH WSBOH
Cc:
Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,

Sonya McDonald
Kirkland, WA

Sent from my iPhone

From: Janet Young
Sent: 1/6/2022 4:47:59 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Re: Decision about Recommending Covid-19 Vaccine for School Children

External Email

Each member of the Washington State Board of the Health has a grave responsibility to set practices and make policies that affect individual citizens and families of the State of Washington. Parents have the right and responsibility to make decisions for their children. A vaccine of any kind is putting a substance into a body that has either wanted efficacy against disease or unwanted short-term or long-term damage. I ask the board to rule against any recommendation of the Covid-19, Novel Coronavirus Vaccine for children in Washington State schools or anyone else.

As Americans we have sovereign jurisdiction over our bodies. Parents know their children best and should make ultimate medical decisions for their children. They can consult their doctors or faith leaders. Parents want to make informed choices about what goes into their children's bodies. Children are not at great risk of Covid-19 or of spreading it. I urge the Board to vote No or Against the Covid-19 vaccination recommendation for Washington's school children.

Sincerely,

Janet M. Young

Maple Valley, WA

January 6, 2022

From: Jessica Iskra
Sent: 1/7/2022 6:49:50 AM
To:
Cc:
Subject: From a concerned Washingtonian Mom (urgent)

External Email

Dear WSBOH,

Hello, I do not approve of the mandatory Covid Vaccinations for childcare and school admission.

Hoping you will refuse this type of action for the following reasons:

Covid vaccination is still under emergency use authorization, children under the age of 18 have a 99.995% of survival rate, and they have a higher chance of death or adverse reaction to covid vaccine than covid-19 itself.

Thank you for your time and consideration, it's VERY appreciated! We CAN make the right decisions□

Jessica Iskra
Cosmopolis, WA

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Heather Clerget

Sent: 1/6/2022 6:37:27 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Opposed to mediatory Covid 19 shots

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- * The vaccine does not stop the spread of the disease or stop people from getting it.
- * Children are at low risk for Covid and have robust immune system's.
- * The vaccines are still only EUA (emergency use authorized)
- * There are no long-term studies to document any history of safety
- * Only parents and doctors should be making medical choices not legislation.

Respectfully,
Heather

Sent from my iPhone

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

From: Julie Sofikitis

Sent: 1/6/2022 9:45:46 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Stop Children Vaccine Mandates

External Email

□ Dear Washington State Board of Health,

I am writing to you as a concerned citizen to please stop the madness! I am totally against covid vaccinations in children to attend schools! I am also against the plans on making a law for health officials to be able to detain any citizen if they don't abide by your health orders (getting vaccinated for covid).

May I remind you that covid vaccines are still under EAU authorization and no one is getting informed consent (please open up an insert of any of these covid vaccines...you will see a blank page). Not only are these vaccines not approved, they do not work to stop anyone from getting or spreading covid. If that is the case, how can this even be on the table. It is a huge overreach! Lastly children under the age of 18 have 99.995% survival rate for covid infection! Why would anyone with basically zero risk take any type of medication, especially when there have been so many adverse reactions! In this instance, the risks of taking this vaccine outweigh the benefits! Please do the right thing and strike down these proposals! Protect our children's and our rights and freedoms to bodily autonomy! I never in a million years thought I would ever have to write such an email and defend my position on this...where is the common sense!

I am asking you, the Board of Washington State Health, to refuse to make these covid vaccinations mandatory for our children!!

Sincerely,
Julie Mock
206-850-1737

Sent from my iPad

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 4:01:17 PM
To: DOH WSBOH
Cc:
Subject: FW: TAG Rules development and concerns for SBOH vaccine mandate for children



attachments\02B68DB3748440DB_Washington State Board of Health letter signed.docx

-----Original Message-----

From: Twinkle Kitty <tkitty187@gmail.com>
Sent: Thursday, January 6, 2022 3:56 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: TAG Rules development and concerns for SBOH vaccine mandate for children

External Email

Please read.

From: Melanie Robbins

Sent: 1/7/2022 1:01:32 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Please say NO to C-19 Vax for Our Kids!

External Email

Dear members of the WA State Board of Health,
I implore you to TRULY consider our children's actual health outcomes and do NOT recommend the experimental Covid-19 vaccines as mandatory for school children! There are NO long-term studies and no vaccine created in this way and this quickly has ever been used. Don't force our kids to be an experiment!

Our children are not at high risk for Covid-19 - not getting it, not transmitting it, and no child has had detrimental outcomes from Covid that didn't already have serious health issues. Don't make so many children suffer as experimental guinea pigs for so little in return.

The Covid vaccines DO NOT stop the transmission of Covid! They are not effective and they are not safe. There are many extremely troubling reports of myocarditis and other serious heart conditions (including death!) from young, healthy individuals whose only common factor is the Covid vaccines.

Please due your true due diligence and look at the real facts, not just the ones provided by those benefitting from the vaccines financially. The vaccine industry is dependent on our being and staying sick. They have no motive to actually improve our health.

Actual natural immunity from Covid-19 will protect our children much better and much longer and without the toxic, life-altering, and unknown side effects of the vaccines. It would be better for our kids to have Covid when they are young and can handle it best -- just like Chicken Pox. Then they will likely have life-long immunity... Rather than life-long side effects from the vaccines.

And these vaccine injuries are REAL. Take a look at the Vaccine Adverse Event Reporting System (VAERS), please visit - <https://openvaers.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F&data=04%7C>>. These numbers are very likely only a tip of the iceberg, as vaccine injury is extremely underreported. Those injuries are very real and devastating to the individuals they effect. There are over 1.8 million adverse vaccine events reported. It is not rare... And those numbers are not just statistics - they are real, human lives that are forever changed for the worse ... or taken away altogether. Where there is RISK there must be CHOICE!

If parents want to vaccinate their children against Covid, that should be their choice. And they can! But it is wrong - morally, ethically, and medically to force this untested and experimental vaccine upon the children of Washington by threatening them with the loss of their education!

I urge you, please, do the right thing and keep this decision in the hands of the parents!
Where will it all end if you don't? How many dozens of boosters will be needed after that?
With each shot there is more compounded risk. Please, keep your hands and your
conscience clean and DO NOT recommend the Covid-19 vaccines be required for our
students!

Respectfully,
Melanie Robbins

Bellingham, WA

From: Sarah Chase

Sent: 1/6/2022 10:47:43 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine Discussion 2022

External Email

To whom it may concern,

As a parent I am adamantly opposed to a covid vaccine requirement for school aged kids and daycares. This vaccine has not had any long term (or relatively short term) safety studies done and is only approved for emergency use. The SCIENCE shows that though this virus is becoming more transmissible it is also becoming LESS severe symptom wise (especially in children).

No parent wants their child to get sick, not even with the common cold (which is where covid is heading in mutation). However the reality is that if they don't catch it at school they will catch it at the grocery store, the library, from mom or dad who got it from work etc. DESPITE vaccination status!

It is absolute discrimination to refuse children access to public school because their parents don't feel comfortable giving them an experimental vaccine (and it's only considered a 'vaccine' because the definition of a vaccine has recently been amended). When my husband and I chose to have children we intended to raise them as a couple, the TWO of us.

It should absolutely be a CHOICE.

I'd really think hard about your decision. A collapse of washington state education is in store if this becomes mandatory.

Best regards

From: rachelak2015@gmail.com

Sent: 1/6/2022 5:04:07 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to vaccine mandate

External Email

Attention BOH,

Regarding the upcoming January 12th meeting on the topic of Immunization Criteria for Child Care and School Entry (making Covid shots mandatory for child care and school admission), I am fully and completely against this idea. Children are at extremely low risk for Covid and that the vaccines are still only EUA (emergency use authorization). Please note, I say NO to a state mandate covid 19 vaccination for children.

Sincerely,

Rachel Hernandez

From: Jul Hy

Sent: 1/7/2022 6:20:21 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking.

This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely, Julia Hy

From: coffeegirlinseattle@yahoo.com

Sent: 1/7/2022 10:45:36 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), caitlyn.lang@sboh.wa.gov, Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 12th vaccine recommendation meeting

External Email

Dear Washington State Board of Health member,

We understand that on Wednesday January 12th 2022 the Washington Board of Health members will be meeting to discuss whether or not to recommend the vaccine for school age children. This greatly concerns us as we have 2 school age children (one with a medical health issue), due to this we feel it is our duty and right as parents to express our concerns with you our "publicly elected officials". If you have eyes and ears to watch and listen to the news/media I am sure you are aware by now that this vaccine DOES NOT prevent the transmission of COVID-19 and in fact has created a HIGH number of "fully vaccinated" individuals who are now falling sick. Dr Fauci himself has recently come out to say that cloth masks DO NOT prevent transmission as this is an airborne virus and the CDC can't decide what it wants the "rules" to be so it seems our government is failing miserably. There has ALWAYS been either a religious or medical exemption option offered in place, why now all of a sudden do you see it fit to deem that we do not have that basic right??????? You might want to re-read our constitution. We DO NOT care if there is an EUA in place or not, NO ONE has rights above parents when it comes to our children's health. The fact that you would even suggest we be FORCED to put something into our children that #1. has NO long term testing or data (NO SCIENCE), #2. is essentially a "mystery cocktail" (no one has EVER told us what's in it and the "product information" insert in the box the vaccine comes in is BLANK, which essentially equates to NO INFORMED CONSENT), #3. it is now well documented as the cause of myocarditis in people of ALL ages and #4. Has absolutely NO legal liability on the manufacturer's part when it comes to adverse reactions ASTOUNDS me beyond measure. Let me make this CRYSTAL CLEAR we ARE NOT anti-vaccine, but we are not for THIS vaccine under these extreme conditions. We are fully aware that this vaccine does not cause adverse reactions in EVERY case but as I stated above we are also parents to a child with a medical concern and have done enough research to know that adverse reactions ARE REAL and are causing harm to our children, more harm than good. We are NOT willing to gamble with our sons health over a virus that we now know has a 0.01% probability of infection and a 99.995% survival rate among children. You will not see this information on mainstream media because they DO NOT want you to see it we had to do our own research over many months. Take the example of Maddie De Garay into consideration (article from FOX NEWS linked below) she was once a healthy teenager who volunteered for the clinical trial and now has severe health complications and surprise surprise big pharma and the Biden admin have NEVER reached out to help her IN ANY WAY.....Why??? because they have NO LEGAL LIABILITY.....The simple fact that big pharma is NOT willing to stand by a product it created and instead actively turns its back on someone it has hurt concerns us and it should concern you as well. What about the fact that 5 year olds are now having SERIOUS reactions (article linked below) or that teen deaths are now happening as a result of this vaccine (also linked below). What will it take for you to realize that requiring a "one size fits all" medical procedure is like trying to fit a square peg into a round hole, it just doesn't make sense. We all have our own medical situations and concerns individually which is why this should be a CHOICE plain and simple. YOU are a public servant which in case you have forgotten means you were

elected to serve the WILL OF THE PEOPLE.....NOT the federal governments agenda
 and you DO NOT have the right to tell us as parents what we will or will not do when it
 comes to our children's healthcare and you NEVER will. WE are fully prepared and ready
 to pull our children OUT of your "Education system" should this measure pass and I can
 guarantee you (from what I am hearing from other parents in the community) there are
 A LOT of us thinking the same thing weather they are willing to publicly speak out about
 it or not. Get ready for your schools student enrollment to go waaaaaaaay down along
 with the federal funding that comes with every single child. You are doing the WRONG
 thing and need to make a choice in yourself weather you are willing to subject our kids to
 this experimental sham of a "vaccine" by going with this administrations atrocious
 agenda or protect our children and their rights, the "I'm just doing my job" excuse is NO
 longer acceptable. WAKE UP!!!!!!!

Mom details 12-year-old daughter's extreme reactions to COVID vaccine, says she's now in wheelchair | Fox News

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.foxnews.com%2Fmedia%2Fwoman-daughter-covid-vaccine-reaction-wheelchair&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cb320c3481de447b8424308d9d20db5f6

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.foxnews.com%2Fmedia%2Fwoman-daughter-covid-vaccine-reaction-wheelchair&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cb320c3481de447b8424308d9d20db5f6

<<https://s.yimg.com/nq/storm/assets/enhancrV2/23/logos/foxnews.png>>

Mom details 12-year-old daughter's extreme reactions to COVID vaccine, s...

Stephanie Giang-Paunon

An Ohio mother is speaking out about her 12-year-old daughter who suffered from extreme reactions and nearly die...

Reactions in 5 year olds

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

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fcdc-covid-vaccine-data-injuries-5-year-olds%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cb320c3481de447b8424308d9d20db5f6%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fcdc-covid-vaccine-data-injuries-5-year-olds%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cb320c3481de447b8424308d9d20db5f6%2F)

Teen deaths

3 More Reports of Teen Deaths After COVID Vaccines, as Reported Injuries Exceed 850,000 • Children's Health Defense (childrenshealthdefense.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fdeaths-covid-vaccines%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cb320c3481de447b8424308d9d20db5>

Sincerely,

Malin C. Glaister and Joshua D. Childs

206-939-7578

From: Linda Felipez
Sent: 1/6/2022 4:32:20 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

As a taxpayer and citizen of Washington state I am speaking out against agenda items number nine and 11 if the upcoming meeting.

I am strongly opposed to moving people to Covid camps against their will, as is being addressed in agenda item number nine.

I strongly oppose the agenda item number 11, forcing families to have their public school children given the jab despite the fact that it has not had sufficient testing!

Both of these items are wrong on so many levels! As a citizen and a tax payer, I expect that my opinion in opposition to both will be considered.

Linda Felipez
130 Bryant Ave. #23
Walla Walla, WA 99362

Sent from my iPhone

From: Lila Bliss

Sent: 1/6/2022 10:07:16 PM

To: DOH WSBOH, Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine Requirement

External Email

To whom it may concern,

I believe that a vaccine requirement for school aged children is against our American and parental rights. Being forced to inject something into our children when we don't know the long term effects on even adults would be putting our children in potential danger.

This vaccine hasn't been studied long enough for many adults to feel comfortable getting it so forcing us to give it to our children is just flat out wrong. If this vaccine requirement passes I wouldn't be surprised if you lose a ton of students. Which would also mean losing a ton of funding if I'm not mistaken and a lot of schools are understaffed already. This decision could be detrimental to the districts and our children. I'm asking, begging actually, for this not to be passed. We shouldn't have to decide between sending our children to school or exposing them to something with unknown long term effects. Not every one can homeschool and those that can't find other solutions will be forced to do something they don't agree with. Look at the recent issues with firing people due to not getting the vaccine. Struggling to find bus drivers, road workers, government departments are understaffed. Even the teachers. The same will happen here if it's forced on our children and they're the ones that will suffer the most.

Thank you for your consideration,

Lila Bliss

From: t von trotha

Sent: 1/7/2022 9:05:37 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: Considerations for the SBOH regarding items on the January 12th meeting agenda

External Email

☐ Dear WA State Board of Health,

Thank you for your work in service to our state and for reviewing public comments on important deliberations of the Board. I offer the following for the Board's consideration regarding items 8, 9 and 11 on the January 12th meeting agenda.

In the summer of 2021, the Office of the Superintendent of Public Instruction published the following in a FAQ on returning to school in Fall 2021:

"What is the process for requiring the COVID-19 vaccine for students?

The State Board of Health (SBOH) may formally consider requiring the COVID-19 vaccine for children in schools if a vaccine is licensed and recommended by federal authorities. The SBOH reviews vaccines that are fully licensed by the Food and Drug Administration (FDA) and recommended by the Advisory Committee on Immunization Practices (ACIP).

Once fully licensed COVID-19 vaccine(s) are recommended by the ACIP, the SBOH could convene a technical advisory committee to review the vaccine(s) against the state's immunization criteria. If the vaccine(s) passed the criteria and recommendations of the committee, the SBOH would consider adding it to the state's list of required immunizations through a formal action to begin rulemaking at a future Board meeting."

The only one COVID-19 vaccine available for use in individuals 5 through 11 years of age has only received Emergency Use Authorization from the FDA. The only available vaccine is not fully licensed by the FDA. Why has a technical advisory committee been convened to review an EUA vaccine? The fact sheet <https://www.fda.gov/media/153717/download> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>> for age 5 through 11 recipients states:

"For children 5 through 11 years of age, there are no other COVID-19 vaccines available under Emergency Use Authorization and there are no approved COVID-19 vaccines. Under the EUA, there is an option to accept or refuse receiving the vaccine. Should you decide for your child not to receive it, it will not change your child's standard medical care."

COVID-19 deaths have proved rare among children over the course of the pandemic. As of last week (December 2021), 721 in the U.S. had died of the disease, according to data reported to the American Academy of Pediatrics.

The childhood population is not statistically at significant risk from COVID-19. This is an empirical fact borne out by the data. A July 2021 Wall Street Journal report provided research from the United Kingdom that shows that even children who were infected have an extremely high case survival rate. "Children are at extremely slim risk of dying from Covid-19, according to some of the most comprehensive studies to date, which indicate the threat might be even lower than previously thought," WSJ notes

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fin-children-risk-of-covid-19-death-or-serious-illness-remain-extremely-low-new-studies-find-11625785260&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ce07c343ab3cd4dca6be808d9d1ffea>

The July 2021 CDC data recorded “542 deaths involving Covid-19” among those under 18 since January 2020. When ruling out 94 percent of this population due to serious underlying comorbidities, such as heart disease and cardiopulmonary disorders, the case survival rate for healthy children under the age of 18 is 99.99 percent. The vaccines also do not ‘stop the spread,’ according to the CDC’s admission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbeckernews.com%2Fcdc-director-changes-her-story-now-admits-covid-vaccines-dont-prevent-virus-transmission-40754%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ce07c343ab3cd4dca6be808d9d1ffea489>, and their lowering of transmission is not highly effective and wanes quickly.

The CDC's figures

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fcases-updates%2Fburden.html&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ce07c343ab3cd4dca6be80>
estimated that at least 120 million Americans had been infected with Covid-19 by the
end of May 2021 thus possessing natural immunity, which is superior to vaccinated
immunity. The FDA advisory panel did not account for natural immunity which is highly
prevalent among the childhood population.

During the week of Dec. 22-28, an average of 378 children 17 and under were admitted per day to hospitals with the coronavirus, while an average of nearly 10,200 people of all ages were admitted per day during the same week in December, the CDC reported. Children represent a small percentage of those being hospitalized with COVID-19, and doctors say they have less illness than those who came in during the delta variant over the summer, consistent with early indications that the omicron variant causes milder illness.

The FDA did not examine reports on COVID-19 antibodies, acknowledge natural immunity from prior infection or the very low risk posed to healthy children or adults. The case survival rate for all ages in Washington state is 98.9 percent. This calls into question motives to require vaccines regardless of the medical necessity, the ethics or the actual science and calls into question whether a vaccine recommendation and a subsequent requirement are justifiable on public health grounds.

Additionally, according to the Associated Press, new COVID-19 cases in Americans of all ages have skyrocketed to the highest levels on record: an average of 300,000 per day, or 2 1/2 times the figure in mid-December 2021. The milder omicron accounted for 59% of new cases last week of December, according to the CDC. This calls into question the real effectiveness of the current EUA vaccines for all age groups, and should give significant pause to requiring COVID-19 vaccines for children attending K-12 schools and child care centers.

Thank you for your time and consideration.

Sincerely,

Tracy von Trotha

Gig Harbor

From: Meghan Vogel
Sent: 1/7/2022 9:04:28 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Please fight for our freedom

External Email

To Nathaniel,

I am writing you to voice my opposition to any sort of mandated vaccines for school children. I have 3 children who will be attending school in WA in the next few years.

It is discriminatory for ethnic and religious groups, goes against science because clinical trials have not been completed or successful in showing the efficacy and safety of Covid 19 vaccines, and goes against freedom of choice. The shots are dangerous for many individuals as you can readily see in the VAERS reporting. Even if it only harms ONE person, where there is risk of harm, there must be choice. I have multiple family members and friends who have suffered effects ranging from heart races to severe life long tremors that there is no remedy as a direct result of the Covid 19 vaccine. It is outrageous that mandating vaccines for ANYONE but especially children is an option. One size does not fit all. This is not science. This is tyranny. Please fight for our children. Do what is right, not what you feel pressured to do.

All it takes for evil for triumph is for the good men to do nothing. Please be a good person. Do something. Fight for our freedom even if you personally support Covid 19 vaccines.

Please please take heed!
Meghan Durazo

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Catherine Thomas

Sent: 1/6/2022 5:31:28 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), tracy.schreiber@sboh.wa.gov, Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to Covid shots!

External Email

Covid shots should absolutely NOT be a requirement for our children to attend school or childcare.

Children are at extremely low risk for Covid. The vaccines are still only EUA (emergency use authorized). Further more, this IS an ABUSE OF POWER!

Thank you,

Catherine Thomas

Sent from my iPhone

From: Jens Poland

Sent: 1/6/2022 9:58:50 PM

To: wsboh@sboh.wa.govrhealth,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Board of Health meeting

External Email

January 6, 2022

Dear Board of Health members,

It has come to my attention that in your upcoming board meeting there will be a discussion of involuntary isolation/quarantine of people as described in parts of WAC 246.100. This is quite alarming, to say the least, and I certainly OPPOSE this as it would definitely violate our constitutional rights!!

Another agenda item that I am completely OPPOSED to is mandating any Covid-19 vaccine for children in childcare and to attend K-12 public school. Covid-19 is not a threat to children, and furthermore it is not FDA approved as it is only approved for emergency use.

Sincerely,

Darcy Poland

From: Ed Quinn

Sent: 1/7/2022 7:13:54 AM

To: Thai, Nathaniel J (SBOH)

Cc:

Subject: Please face facts, vaccines are NOT vaccines and have horrific side effects. They shouldn't be forced on children.

External Email

*

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

I would also like to denounce involuntary detainment of people at quarantine sites, a completely draconian measure, and completely unnecessary.

Asking individuals to quarantine at home with COVID is perfectly understandable, and just as effective as putting people behind fences. We all know that there is something far more diabolical behind this measure than simply keeping others from COVID. I adjure you in the strong name of Jesus Christ to NOT follow through with this, because each one of you will be answering for this to the King of Kings and Lord of Lords, both in this life and the life to come.

Thank you for your kind attention to this email.

Ernest Quinn

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcalendar.yahoo.com%2F%3Fview>

From: Gina Natucci

Sent: 1/6/2022 9:48:04 PM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: NO VACCINE MANDATE!

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Kimberly Askevold

Sent: 1/6/2022 9:39:34 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking.

This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,

Kim Askevold

From: Adam Hanson
Sent: 1/7/2022 5:27:13 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: STOP

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>
) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long-term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Rubin, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>
)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Dawna Hart

Sent: 1/7/2022 6:51:34 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Forced Vaccinations

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

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Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Dawna Hart

425-443-8713

From: Lisa Anderson

Sent: 1/6/2022 6:51:08 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),stuat.glasoe@sboh.wa.gov,samantha.pskowski@sboh.wa,Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Please say no to a Covid 19 vaccine mandate

External Email

Dear Washington State Board of Health Members,

I am writing to you on behalf of the many public school children in Washington State. Research clearly shows that the risk factors for a child to become seriously ill from sars covid 19 are very small compared to the potential to life long negative impacts from the vaccinations that are still only available via Emergency Use. I would challenge each of you to go to the Pfizer website and do your own research- Comirnaty is "approved", but is NOT available and is not being injected in recipients - only the original Pfizer. The two are not the same.

Are you willing to take the blame? Support families when their child(ren) have adverse responses to the vaccination? The pharmaceutical companies are not standing behind their product, but are rather "hiding" behind emergency use. The injected sign all of their rights away. These vaccinations have NOT been tested long enough - what will they do to the cardiovascular system, pulmonary system, reproductive system. When I was young, Thalidomide was given to pregnant woman as "safe" to reduce nausea- so many have no forearms and hands- it hadn't been thoroughly tested. Where is the rush? Test thoroughly then, trust the outcome based on true scientific research.

For all of the people double vaccinated and boosted spreading and catching the virus currently - the vaccines clearly didn't do what they were to do as initially stated: to end the pandemic. Sars covid 19 is carried by people and animals, it will NEVER be eradicated and we are foolish to believe it is so.

America is a land of choice, that has been protected since 1776, but is quickly vanishing. There will be a mass exodus from the public school system, are you prepared for that?

Please allow parents to make the BEST decisions for their child(ren) and do not force something that is an experiment and our children are literally the lab rats to be part of Washington State's history.

Sincerely,

Lisa Anderson
Camano Island, WA

From: Kylynn Krotzer
Sent: 1/6/2022 8:18:49 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Mondays Agenda meeting

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to

learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sent from my iPhone

From: Jeff Warren
Sent: 1/7/2022 10:02:29 AM
To: DOH WSBOH
Cc:
Subject: SAY NO TO COVID 19 Vaccine Mandate for Schools

External Email

Washington State Board of Health:

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

In addition there are children, like my own, that have already contracted COVID-19 and have natural immunity. This natural immunity, based on nearly 150 studies, proves to be

equal if not better, than the protections provided by any of the vaccines. Any mandate to vaccinate school age kids is not "following the science" but rather bucking the science. The current Omicron variant is affecting vaccinated individuals more than it is unvaccinated. 96% of Omicron cases in Germany are among the vaccinated. I'm sure that is not isolated to Germany. As a matter of fact, our son has several vaccinated friends that have all now been infected with COVID (presumably Omicron).

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thanks,

Jeff

From: Tiffany
Sent: 1/6/2022 11:44:37 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), tracy.shreiber@sboh.wa.gov, Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Decision on whether or not to recommend the vaccine for school aged children

External Email

Good afternoon Washington State Board of Health members.

I'm a mother with 2 sons here in Washington State (12 & 8) and I am strongly opposed to mandating vaccines for our children to attend school. As you know, the vaccine does not prevent you from contracting or spreading the virus. That alone should be reason enough not to consider mandating it. If it can't stop you from getting it, and it can't stop you from spreading it, then I don't understand how requiring it could even be up for debate.

I have done a significant amount of research and based on the data available, I believe that the adverse risks of the vaccine, including myocarditis, which appears to be most prevalent in young men and boys, far outweighs the risks of my boys contracting COVID.

First, I'd like to point out the CDC's statistics for kids, ages 5-17 and their risk for Covid-19 Infection, Hospitalization, and Death is <1X (less than 1X)

Source: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fcovid-data%2Finvestigations-discovery%2Fhospitalization-death-by-age.html&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C28f68002d4c14cb9aee108d9d1b184c4%7C>>

According to the FDA website, in the United States, there is currently only ONE approved vaccine, the Pfizer vaccine and it is only approved for children over the age of 16. For children under the age of 16, this vaccine is still considered experimental and is using the emergency use authorization. This should not be considered.

Source: <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fvaccines-blood-biologics%2Fvaccines%2Fvaccines-licensed-use-united-states&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C28f68002d4c14cb9aee108d9d1b184c4%7C>>

Source: <https://www.fda.gov/vaccines-blood-biologics/comirnaty>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fvaccines-blood-biologics%2Fcomirnaty&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C28f68002d4c14cb9aee108d9d1b184c4%7C>>

Additionally, per the Washington State Department of Health website, as recently as 12/17/21 (not even one month ago), the CDC and the Washington State DOH

recommend against getting the Johnson & Johnson Covid-19 vaccine due to the risk of thrombosis (blood clots)

Source: <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>

There are several studies right now looking into the increased rates of myocarditis and pericarditis, which potentially have a much higher risk for adverse health impacts on young males specifically. Again, as a mom of two boys, this is of significant concern to me.

Below taken directly from the CDC website. Source:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Fclinical-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Fclinical-considerations%2Fmyocarditis.html&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C28f68002d4c1)

[considerations%2Fmyocarditis.html&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C28f68002d4c1](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Fclinical-considerations%2Fmyocarditis.html&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C28f68002d4c1)

Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults. There has not been a similar reporting pattern observed after receipt of the Janssen COVID-19 Vaccine (Johnson & Johnson).

Reported cases have occurred predominantly in male adolescents and young adults 16 years of age and older. Onset was typically within several days after mRNA COVID-19 vaccination, and cases have occurred more often after the second dose than the first dose. CDC and its partners are investigating these reports of myocarditis and pericarditis following mRNA COVID-19 vaccination.

You yourself, along with the CDC have recommended against the J&J for other reasons so while the risk of myocarditis may not be as high as with their vaccine, the risk of thrombosis is. I believe that as these studies continue, we will learn more and more about these adverse actions but right now, it's just not enough information to gamble with the lives and future health of our children.

I pray you don't take this decision lightly and ask that instead of considering a mandate for our children, for a virus that has no real risk to them, that instead, you'd make recommendations to schools to create policies around healthy eating, eliminating/reducing sugar and processed foods, require regular exercise and physical fitness and focus on mental health. Work on the things that will reduce the co-morbidities and the increased risk that comes with being overweight and depressed. These last few years have impacted our children in many ways, kids need school, they need their peers, they need social interaction as a critical piece of their development. This vaccine should not be a barrier to entry for any of these children and they should all be given the opportunity to attend school.

Below I've included a link to a recent interview on a podcast with an expert in this field, Dr. Robert Malone, that I think is worth listening to if you haven't already. He is the inventor of the nine original mRNA vaccine patents, originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone has close to 100 peer-reviewed publications which have been cited over 12,000 times. He's the Medical Director of The Unity Project, a group of 300

organizations across the US standing against mandated COVID vaccines for children. He's also the president of the Global Covid Summit, an organization of over 16,000 doctors and scientists committed to speaking truth to power about COVID pandemic research and treatment.

<https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCeYt?si=Mnhc4NZiSyipQy32O4G3fQ>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.spotify.com%2Fepisode%2F>

I strongly believe that there just isn't enough information out there to consider mandating this vaccine. The right to choose, this or any other medical decision should be left to the parents.

Thank you for taking the time to read this email and for making our kids and our future generations the priority.

Tiffany York
Mom

From: Hugh Pierce

Sent: 1/6/2022 7:39:24 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: COVID-19 Vaccine Mandate Proposal for Schools

External Email

To the Washington State Board of Health

My name is Hugh Pierce, and I am a 7-year resident of Anacortes, Washington. I have 2 children currently in the Anacortes School District. I am writing you to express my concerns regarding the potential of a vaccine mandate for children to attend school in-person. I urge you to not let this vaccine mandate become a reality.

This mandate would be unconstitutional, both state and federal, by infringing on our rights to privacy and our rights to make our own decisions for our children's health.

This mandate is not aligned with the actual risk that COVID-19 poses to children ages 0-19. Also, this mandate is not aligned with the risk that an un-vaccinated child poses to anyone else who is vaccinated. Please consider the following documented facts:

- * The COVID-19 vaccine does not prevent a person from getting COVID-19
- * A vaccinated person can still contract and spread the virus
- * Natural immunity from previous COVID-19 infection is better than the vaccine
- * The vaccine only minimizes the COVID-19 symptoms, does not eliminate them
- * There have been ZERO COVID-19 deaths in Skagit County for children ages 0-19.

The risk of mandating this vaccine completely out-weighs the benefits. An un-vaccinated child poses no increased risk to anyone who is vaccinated.

I urge you to consider the concerns I have mentioned above, and to do more research on this before implementing such an unconstitutional mandate. Do not implement a COVID vaccine mandate for my child to attend school.

Thank you for your time and consideration regarding this extremely important matter.

Sincerely,

Hugh Pierce

Parent, Anacortes School District

From: Valerie Johnson

Sent: 1/7/2022 9:16:20 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Todays Meeting

External Email

To Whom It Concerns,

Please be advised that as a parent, I do NOT wish to have the Covid vaccination as a requirement for Washington public schools. I will officially pull all four of my children from public school if this becomes the case. It should be the parents decision whether or not our kids get the Covid vaccine. Also, please note all the dangers that come with an untested vaccine, as the vaccine related death rates and major side effects are being completely ignored by the media. I personally know two (2) people that have received the vaccine, and both were dead by the end of the week. Both were healthy young men, and now they're no longer with us. How can you suggest or force parents to give this vaccine? YOU CAN'T.

Valerie Johnson

Parent of Four, willing to go FULL homeschooling.

From: Rob Marchand
Sent: 1/7/2022 11:54:57 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Mandate for school age children vote on January 12, 2021

External Email

Good Afternoon,

I am sending you what I and my associates have researched and need you to take into consideration when you are making a decision based on politics and not fully looking at the big picture as it relates to the health of our children not just now but for thier future. I EMPHATICALLY VOTE NO TO A VOTE THAT WOULD PROPOSE VACCINATION TO OUR SCHOOL AGED CHILDREN

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. I am not taking issue with the vaccine itself, and in fact continue to encourage vaccination in my community. My lack of support for a mandate stems from the following criteria not being met under sections II and III on the list of criteria:

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

- The vaccine has been directly available to every vulnerable sub-set of the population for some time.

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority. • It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus.

III. Implementation of the Criteria 7. The vaccine containing this antigen is acceptable to the medical community and the public.

While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority. • Under 51% of Spokane County residents are vaccinated. (srdc.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>>) • Less than 40% of kids 12-17 are vaccinated. (srdc.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>>) • Only 36% of the entire black community in Spokane County is vaccinated, and it is

reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srdc.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>>)

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

- Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

- As stated in the above vaccination statistics, parents are choosing not to vaccinate their children. Forcing them to do so (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods) does not fall within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with

such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thusly, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get it.

The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.--

Rob Marchand360-630-3835

From: Kyle Rash

Sent: 1/6/2022 6:21:34 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: For Board Consideration Regarding Mandatory Injections for Children

External Email

Board Members,

I highly encourage you to consider your position very carefully with regard to requiring school aged children to obtain a COVID shot.

In order to assist you, I recommend you look at your vote from the position of whether it is legal within our system of government or an overstep of authority; whether it's appropriate to demand parents subject their children to an event that has no recourse or liability if proven inappropriate; and from a moral standpoint of whether it's appropriate to demand (without proper consideration) that a person be subjected to an injection they cannot legally argue against; and from another legal standpoint regarding whether a person can be made to give up the fundamental rights to life, liberty, and the pursuit of happiness as guaranteed in our nation's founding documents to all Americans- not just consenting adults.

My children, as minors, cannot fight a legal battle as to the treatment of their bodies. As a parent, I am charged with their well-being and for the provision of care as determined by my morals, values, and judgement. I can be held accountable for my failure.

Although you cannot be held financially liable for your vote, you do stand a distinct possibility of losing items significantly more valuable than your portfolio and wealth. You run the risk of losing your morality, your reputation, and your legacy. For many politicians, maintaining reputation and legacy are paramount.

If the morality of the situation doesn't persuade you to vote against any mandates with regard to "vaccines", let me add a little more meat to the stew that's boiling.

I will not subject my children to the injection. I will fight it. I will fight you and every position you take.

Furthermore, I have the ability to take my family to another state. If I move, you lose my economic impact on the system....and let me assure you that I have a positive impact on the revenue received in this state. I have the ability to take my military pension as well as my two six-figure income producing companies to another state. With that move, I will also take the money I spend on goods and services out of this state and someone else will reap the positive impact of my family's residency.

I will not buy Washington; I will not support Washington.

A line has been drawn.

I am not the only one who feels this way.

You can add to the exodus of this state or you can start righting the ship to get it back on a proper course.

The vote is yours.....select wisely.

Sincerely,

Kyle G. Rash

LtCol, USMC(ret)

Multiple WA State business owner

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: Sandra Scherich

Sent: 1/7/2022 9:18:49 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 12th Meeting Agenda Item

External Email

To whom it may concern:

I have reviewed the agenda to be discussed regarding changing the rules regarding Department of Health codes in relation to "communicable disease". This is my attempt to dissuade you from considering such changes in enforcement related to citizens' health. There will be no end to forcing citizens to make health choices that they do not want if rules like this are put in place. I implore you to continue to support citizen's rights over their own bodies and medical choices by NOT considering detention for non-compliance with health codes related to COVID-19. Please do NOT consider refusal to provide equal education services to those abstaining from COVID-19 vaccination for school aged individuals.

PLEASE DO NOT APPROVE THESE CHANGES TO THE HEALTH CODE ENFORCEMENT.

Thank you,

Sandy Scherich

Concerned Voting & Tax Paying Citizen

From: Ryan & Sheriah Little

Sent: 1/7/2022 9:36:19 AM

To: DOH WSOH,Hoff, Christy Curwick (SOH),Hisaw, Melanie (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH),DOH WSOH,rslittle5@gmail.com,Davis, Michelle (SOH)

Cc:

Subject: Do NOT mandate the vaccine for entry into school

External Email

Dear Members,

I am writing as a parent of school aged children that have been burdened by the consequences of the pandemic. I am deeply concerned about a potential mandate regarding the COVID-19 vaccine that may be required for school entry. I am requesting that you do NOT mandate these vaccines for children and here is why.

The statistics are clear! Children are not affected by the virus the same way immuno-compromised adults are. The effects of the virus on children are low enough that the risk of long term side effects from a COVID-19 vaccine FAR outweigh any benefit that vaccine could offer. We MUST follow this science!

Decisions about medical choices, including vaccines, should be first faced with discernment - NOT mandated by a third-party. Based on the already low levels of enrollment in ALL school systems (both public and private), mandating the vaccine would further mark a mass exodus from these schools.

Again, follow the science and DO NOT mandate the vaccine for entry into school. The decision to do so would be extremely detrimental and profound on OUR children and our future.

Sheriah Little
RLS LLC
Reliable Labor Services LLC
reliablelaborservicesllc.com
(425)350-9034
(425)350-8967

Sent from my iPhone

From: RANDY BICKNELL

Sent: 1/6/2022 11:58:48 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Possible Vaccine Requirements for kids

External Email

Hi, my name is Randy Bicknell a lifelong Washingtonian. I grew up in Renton and now currently make my home in the great city of Bothell. My wife and I have two young kids and I own a business here in Washington. Mine and my wifes whole immediate family all make Washington our home. There are many in our family who have taken the vaccine but also many who haven't. All of us extending to each other the freedom to choose whats right for each person individually. Among my family and friends who vary widely in opinion on the subject, all of them believe in this same model of freedom to choose whats right for each person or family but especially when it comes to kids and parents rights to choose for their children. Children are at an extremely low risk of adverse events from covid even less then seasonal flu. Our kids have been in school and there has been zero impact on kids or parents and extended families in our network among the many familes in our school. I feel like Washington is a great state, my home state. Taking the right to choose away from people especially regarding their own children doesn't feel like the Washington I grew up in. Please consider the right to choose freely as an individual or as a family with future decision making regarding schooling for our kids. I hope you recieve the spirit with which I am writing this as one of respect and honor of your positions of authority and the difficult positions that you have with the many decisions facing our health. Thank you for your time in reading this, I want all of you to know that I sincerely wish you all the best.

God Bless,

Randy Bicknell
206-714-0121

From: Leslie Drury
Sent: 1/6/2022 5:51:58 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Writing in opposition

External Email

I am a K- 12 educator in WA State and have been instructing students for 40 years.
I'm writing to you about the agenda for the January 12, 2022 meeting.
I am in opposition to the following:

- 1) Any involuntary isolation/quarantine of people as described in parts of WAC 246.100;
- 2) Any mandate on COVID vaccines for children as a requirement to attend K-12 public schools.

Sincerely,

Leslie Drury

1042 Shaw Road

Ferndale, WA 98248

Leslie.drury@gmail.com <mailto:Leslie.drury@gmail.com>

From: pavemo@comcast.net

Sent: 1/7/2022 9:18:57 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: Health WAC and Constitutional and civil rights over reach

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State as well as for the citizens.

You all need to be on the right side of history. Do you want to go down as the architects of genocide based on foreign globalist agendas? We the people know who you are and we expect you to do what's right. Make the right call, in accordance with the Constitution of the United States.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA

product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Marvin Mosley

From: Tricia Degan
Sent: 1/7/2022 10:46:49 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Mandates

External Email

I am opposed to making COVID-19 vaccination mandatory for school admission or childcare in our State for the following reasons:

1. Kids are at extremely low risk to COVID 19
2. Many kids have had COVID 19 and have natural immunity, this needs to be discussed as a superior immunity
3. The Constitution and Nuremberg Code stops you from making this experiment mandatory.
4. Liberty supersedes fear
5. As a parent of 3 school age kids, I will not back down on this cause. There will be no mandates for my kids.
6. Where there is RISK there has to be choice.

Thank you,

Tricia Cyr

From: Jim Keeffe

Sent: 1/6/2022 10:55:15 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Do NOT implement COVID-19 vaccine mandates for school children!!!

External Email

To all Washington State Board of Health members -

I would like to express my EXTREME!!! opposition to you plan to implement a COVID 19 vaccine requirement for schools in Washington State. I don't care how you hide behind Gov. Inslee's mandates, or the typical, "we're just following CDC guidelines" mantra. During the past nearly two years, you have all been presented with plenty of evidence, studies, and professional testimony debunking the so-called 'science' the CDC and Dr. Fauci continually spew out. If you vote to implement your plan to force all students to be vaxed under threat of siccing law enforcement on the families of those who refuse, you will have chosen to ignore irrefutable evidence, you will become morally bankrupt and you will never be forgiven for your purposeful potential harming of children.

The following three points are AMPLE reasons to never mandate Covid-19 experimental vaccines to children:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.
2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.
3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully under powered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Respectfully, only if you withdraw your plans to mandate Covid-19 vaccines for school children -

James Keefe

From: Elisha Lane
Sent: 1/6/2022 6:41:00 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Time sensitive, vote NO

External Email

To the Washington State Board of Health members,

I'm a registered voter here in Washington and would like you to vote NO for the mandate of children to have to have the Covid vaccine to go to school. I believe that medical decisions and treatment should be between the person/family and their medical providers only.

Thank you for your time,

Elisha Lane

From: Chrystal or Ron
Sent: 1/7/2022 10:20:38 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), hanah.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Subject: Re: Covid 19 injection requirement for school children

External Email

PS to below message: WAC 246-105-040 requires "the department's" guidelines for schools be consistent with national immunization guidelines. I do not believe we have a national immunization requirement for Covid 19. In fact, the attempt to implement a national requirement for Covid 19 injections has been struck down by the federal courts, so there is no national guideline for you to follow.

Chrystal Perrow, Winthrop, WA

On 1/7/2022 10:08 AM, Chrystal or Ron wrote:

According to the Proposed Policies you all will be considering during the next few days, you want to allow local health officers to use law enforcement to force an emergency order to involuntarily detain a person ... following refusal to voluntarily comply with requests for vaccination. You also want to include the Covid 19 injection as part of school immunization requirements.

The Covid 19 "injections" (as identified by you above) are not vaccines. They do not prevent contracting Covid 19. We now know that many fully injected people are getting Covid 19.

Also children have an extremely low chance of getting Covid 19 and if exposed, their survival rates are over 95%! So where is the necessity for an Emergency Order to require all school children to have this shot? We are seeing too many children suffer from permanent heart damage after receiving this shot, and even dying.

Bottom line: You are considering passing an emergency order to require a shot that is not a vaccine to protect children from a disease they can easily survive, but which shot may cause them permanent heart/health issues.

I would not want to be you when the lawsuits begin by parents whose children become permanently injured by these injections. The information is out there and easily accessible. Please do your homework before you make this draconian decision for all school children.

Chrystal Perrow, Winthrop, WA

From: Brett Grosso

Sent: 1/6/2022 7:46:14 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Involuntarily detain families for not taking covid vaccines!? No way!!!

External Email

I am writing to voice my extreme opposition to this proposal. How can you possibly consider this?

The covid vaccines are experimental, this is in direct violation of the nuremberg code, as well as our rights as Americans.

I hereby put the Washington State Board of Health on notice.

Thank you,

Brett Grosso

On Thu, Jan 6, 2022, 7:10 PM Brett Grosso <brettgrosso@gmail.com>
<mailto:brettgrosso@gmail.com> > wrote:

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an

analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors
(americasfrontlinedoctors.org

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

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,

Brett Grosso

From: Wendy Butzerin
Sent: 1/6/2022 6:45:44 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: January 12th Meeting

External Email

Mr. Thai,

I'm writing about my serious concerns regarding the Covid related policies which will be discussed at your January 12th meeting. I adamantly oppose involuntarily detaining an individual based solely on their Covid related medical decisions and compliance. The dominant variant Omicron is much milder, so these current proposed policies surrounding Covid bewilder me. Choosing not to take a vaccine, covid test, medical examination, or quarantine should not be considered a misdemeanor requiring law enforcement to get involved. These decisions should all be voluntary.

The Covid vaccines are proposed as the primary solution for our society, however they have been shown to be ineffective after just a few months. Washington State has a large percentage of vaccinated people and yet we still have many cases. Why is that? It is not just the unvaccinated spreading Covid. People who have taken the vaccine are also able to continue to transmit the disease to others. There are many documented Covid breakthrough cases (some high profile cases). This occurs even after people have taken both initial vaccines and the booster.

We actually do not even have any current FDA approved vaccinations for Covid being offered to the public. The Pfizer vaccine that is available on the market is not FDA approved. The FDA approved Corminaty, and for some reason people are actually still getting the Pfizer EUA injection. Does that explain why there are so many thousands of adverse effects from the Covid vaccines shown on the VAERS website at the CDC? I'm not against vaccinations in general. These Covid vaccinations need to be tested further and the public needs to be informed about the adverse reactions. There should be no mandates or coercion for any vaccinations and especially for a vaccination that has not even completed clinical trials. This brings me to my other serious concern. I think it is dangerous to mandate Covid Vaccines for school children in public and private schools. Parents need to be able to weigh the risks for each child and be free to make the decision that is best for them. Kids are at low risk for Covid but are at risk for a variety of adverse reactions.

All Covid related medical decisions need to be made with informed consent not coercion. As an American citizen we are allowed that right. I hope those of you making these important policy decisions will carefully consider the negative impact these policies will have to the community.

Sincerely,

Wendy Butzerin

From: Marilyn Bennett
Sent: 1/7/2022 10:10:12 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Public Comment

External Email

Dear Board Member,
I am AGAINST mandating the shot for children to attend school.
Children are at extremely low risk for Covid. The shots are still only EUA (emergency use authorization). The FDA approved drug is not being made or available in the US. This is an experimental drug and is covered by the Nuremberg Code.

Children are our most vulnerable and valuable asset. They should not be required to take an EXPERIMENTAL drug in order to attend school. The risk of lifetime damage from the drug during their formative years exceeds the risk of death from covid.

1. More children die of the flu than covid.
2. More children die in car accidents than from covid.
3. According to the CDC/VEARS reports, More children have died from the shot than from covid.

There are no long term studies to see the effects of this therapeutic on children. There have been cases of myocarditis (a life shortening disease) that especially show up in children who participate in sports.

We need to protect them from possible life long damage.

AND the Shot/Therapeutic is NOT working for Omicron. It was made for Alpha.

The Health Department should NOT MANDATE a product with this FAILURE rate. The original claims for this product were WRONG. How many more problems may be on the horizon from this experimental drug??? What if myocarditis rates increase in children with time? What if neurological problems in children increase with time? How many other issues? Possibly fertility issues in both males and females?

Who will assume the liability for this mandated experiment for the damages to the children??? Are you were willing to pay for damages caused by a shot that doesn't work maybe even half of the time against a virus that kills less children than the flu or car accidents?

VOTE NO on the mandate to ensure the health and safety of our children.

Sincerely,
Marilyn Bennett

From: Stacey Williams
Sent: 1/6/2022 5:43:12 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccinating children

External Email

To whomever it may concern,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you
From a mother of 3 school aged children
Stacey Howard

From: LOREN JACKSON

Sent: 1/6/2022 5:29:21 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Covid-19 Shots for our children

External Email

Covid shots should absolutely NOT be a requirement for our children to attend school. Children are at an extremely low risk for Covid and the vaccines are still only emergency use authorized. We do not have enough information on long term effects of these vaccines and your names will be attached to this decision for all of history. Everyone will know what you've done, and the weight it will carry.

TO ALL - DO NOT REQUIRE COVID SHOTS FOR OUR CHILDREN!!

I am asking you to make the right decision, no required covid vaccinations for our children

Loren Jackson

1117 Bellingham Washington 98226

From: Dan Morris

Sent: 1/7/2022 11:52:42 AM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: State Board of Health Washington - Proposed Policy for Infectious Disease

External Email

Proposed Policy

Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling and vaccination (WAC 246-100-040). In addition, include Covid-19 injections as part of school immunization requirement using WAC 246-105.

My opinion

This proposed policy is extremely over-reaching and goes against basic human dignity and decency.

For the state to enter a person's house and force them to comply with a vaccination or risk detention is the most un-American thing I can think of. As Americans we have fought for our rights to have individual freedoms and bodily autonomy. What this policy is now suggesting is that individual rights should now be subjugated for the great good of society. Rather than trust people to make their own informed decisions based on their own beliefs and research, the state is now the sole arbiter of truth and that there is only one, correct way to think. This totalitarian mindset has to stop.

In the early 1950s, Senator Joseph R. McCarthy of Wisconsin had charged that hundreds of communists had infiltrated the state department and other federal agencies. For four years he held hearings and acted as judge, jury, prosecutor, castigator, and press agent, all in one. McCarthyism finally came to an end in 1954 when McCarthy picked a fight with the US Army. Senator McCarthy was in the middle of calling one of the Army's attorney's a communist when Joseph Welch stood up and angrily interrupted McCarthy by saying "You have done enough. Have you no sense of decency?" Overnight, McCarthy's immense national popularity evaporated. Censured by his Senate colleagues, ostracized by his party, and ignored by the press, McCarthy died three years later, 48 years old and a broken man.

We have reached that point in time with Covid. Have you no sense of decency? What started as two weeks to flatten the curve has now grown to encompass all facets of society (workplace mandates, school closures, small businesses shutting down, firing of police officers, doctor and firefighters that refuse to comply, economic turmoil). Rather than focusing on treatment for Covid, the sole focus has been on masks and vaccinations. We have seen over time that Covid is highly transmissible and not something we can contain. We need to learn to live with it and overtime, like the 1918 Spanish Flu, pandemic viruses typically mutate and evolve into an endemic disease that circulates at lower, more manageable levels.

This policy should not be implemented. It goes against the fabric of the United States and the freedoms outlined by our founding fathers in the constitution. When people get

covid-19 they should stay home until they are no longer transmissible. They should be encouraged to treat their symptoms from home as they see fit. After they recover, they enter back into daily life as normal. For those that feel vaccination is their best personal choice, they should feel free to make that decision and get vaccinated and additional boosters as necessary based on their needs and situation. No one should be forced to take an experimental treatment if they do not want to. We have God-given rights to our own bodily autonomy and those right should never be infringed upon through mandates, economic coercion or fear of detention.

We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

Sincerely,

Dan Morris

Bonney Lake, WA

From: Nazee Bemis

Sent: 1/6/2022 9:13:40 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 vaccine mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,
Nazee Bemis

□

Sent from my iPhone

From: M Bassage

Sent: 1/6/2022 10:27:39 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Regarding covid-19 vaccines for children

External Email

Dear Washington State Board of Health members,

Thank you for your service to the citizens of Washington State.

We are writing today about your discussion of whether to include the Covid-19 vaccine in the required vaccines for child-care and school entry.

We oppose including these EUA vaccines in the required immunization schedule for children for the following reasons:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (A Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)

Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making this vaccine mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children.

The published data of myocarditis as a vaccine side effect is 1 in 2,700 in boys 12-17 (see study <https://www.medrxiv.org/content/10.1101/2021.12.21.21268209v1.full.pdf> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>). This heightened risk, and all side effects, need to be fully assessed before implementing any kind of vaccination policy.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM. There is now plenty of publicly available data about the efficacy, and especially waning efficacy of the vaccine, the potential risks of Covid-19 to children, and the potential risks of the vaccine to children. We urge this agency to proceed with the utmost

caution when assessing the risks and benefits of mandatory vaccination for children.

As faithful Catholics, we also are concerned with the grave matter of voluntary vaccination. The Church, as our moral compass, teaches that in order to honor the dignity of the human person, vaccination must always remain voluntary and free of any coercion.

Our children deserve for their health decisions to be considered with their own health as a priority, not as casualties of trying to protect others. We urge you to pause any policy including Covid-19 vaccines for children as the data from the ongoing studies continues to be assessed.

Sincerely,

Michael and Megan Bassage-Glock

Seattle, WA

From: Scott Farley
Sent: 1/6/2022 10:58:34 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO!!!

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,
Scott Farley
Father to 7 & Grandpa to 14

From: Maureen Bernardy
Sent: 1/6/2022 9:40:38 PM
To: Maureen Bernardy
Cc:
Subject: NO mandate for Children regarding Covid 19 vaccines

External Email

Dear people,
I'll keep this brief.
Do NOT Vote for any mandate for school aged children to receive the Covid injection(s).
We do not have anywhere near the data to show it is safe or necessary for children.
Rule #1 First, do no harm.
Sincerely,
Maureen Bernardy
36628 25th Ct S
Federal Way WA 98003

From: Haley
Sent: 1/6/2022 11:07:26 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Do What is Right

External Email

Nathaniel,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

I'd strongly urge the members of the board in control of such an important decision to form their consensus based of the facts, logic and reasoning while using honesty, and fairness from an unbiased perspective to guide those decisions.

With great power comes great responsibility; Which is why it is crucial the members of the board make the right decision for the people and our children.

I understand that everyone has a different set of morals and values that guide how we each make our own decisions. Which is why it's important for you to really dive deep and ask yourself who you really are and determine if you are proud of who you are and what you as an individual are support and represent.

No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than

2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>).

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Hailey Unland

From: Michelle Bastian

Sent: 1/7/2022 9:24:47 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments for Jan. 12, 2022 meeting for a concerned WA citizen

External Email

Dear BOH,

I am writing this comment for the January 12, 2022 meeting.

Ref item #8: I strongly oppose forming a tech advisory group. This is taking steps to consider adding the covid shot to the vaccine schedule for school age kids. This is still under EUA and at this point the risks far outweigh the benefits.

Ref item #11: I absolutely support this item. It is a petition filed by Informed Choice WA.

Please take the time to review this link:

<https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C86afe5f43fff4cb5dbc508d9d20298d4%7C11>>

Sincerely,

--

Michelle Bastian

425.770.4480

"The only way to get through life is to laugh your way through it. You either have to laugh or cry. I prefer to laugh. Crying gives me a headache."— Marjorie Pay Hinckley

From: Terry Rude
Sent: 1/7/2022 8:52:54 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine recommendation

External Email

I am writing about the meeting you are having next week to consider a vaccine requirement for school aged children.

I can hardly believe that you are even considering this when children are at a very low risk from covid-19.

To take the choice away from parents is not only morally wrong, it is clearly unconstitutional.

I ask you to please say no to this requirement - I fear you would alienate many many families and leave them no choice but to take their children out of public schools.

Thank you for your consideration,

Terry Rude
425-345-8809

From: chris

Sent: 1/7/2022 8:46:34 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

I have 2 kids in the Enumclaw school district and 4 times so far my daughter has had a rash on her ear from the mask string. And not to Mandate the kids to get a covid shot is beyond ridiculous. My kids are healthy as can be and to put something in there body we have no idea what will be a side effect down the road is not worth the risk for me and my kids.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: DiAnna Webber
Sent: 1/6/2022 8:18:24 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Washington State Board of Health - Vaccine Mandates

External Email

Dear Board of Health,

Please be advised that I support every parent's right to choose whether or not to vaccinate their children, I stand strongly against a vaccine mandate.

It's very obvious that the vaccine will not prevent COVID infection or transmission, failing one of the qualification criteria for mandated vaccines set forth by the Board of Health (BOH). My husband and I have known many individuals that are fully vaccinated that have been infected and have spread the infection to other vaccinated individuals. While the vaccine may prevent severe illness some, it does not stop the spread. COVID poses low risk to children.

There was recently an outbreak in Antarctica, on a base where individuals were vaccinated and/or boosted, and tested prior to arrival. COVID outbreak in Belgian research station in Antarctica - ABC News (go.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2F.php%3Fu%3Z_y5n3sXQHNBpHBk0b25E-8l3xSKI%26h%3DAT1gZxEXMK-H7hApdS2DZugMbK-7cG5vDZkUuwV_uw0jfjbuNz5cKK6SNzfstODaoit1kKYDyL0tdiiT5vqIN7yUXT5gz2PEWENi5z6gZVCgJ-dfZ2CqTfSBYjuRrQ-wxqpTTj0-uRzQVchaXcEsvbQ%26__tn__%3DR%5D-R%26c%5B0%5D%3DAT22NYOY9mPqaezdGgIZmgU0sINVsmQUH5t1wA8T1WOILqiw8rYFB8U7IKYhfVMWDLQG-4N-LZmgIjpe9udMv5pHRdkGMOLoetCJwpCpbJoqwl5JK9Uwdu0azGAMjnnzeA_qyk4Eod5-qZaE3&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C73ebdf1ebd40439a581908d9d194bdad%7C>) You can't mandate a vaccine for an illness that can't be eradicated.

Pediatric cases are rising, but lots and lots of testing is taking place due to testing requirements by sports teams, test to stay at schools, and anxious parents bringing their children in for evaluation when they have a sore throat or nasal congestion. Most cases detected are very mild, and in many cases are asymptomatic—as has been the case throughout the pandemic. Pediatric hospitalizations have been overestimated as well, perhaps by as much as 40% according to this Stanford study.

Anthony Fauci and the CDC agree and have publicized that the COVID shot does not prevent the spread or infection of, in fact, Anthony Fauci has acknowledged that breakthroughs do occur. Additionally, cardiovascular injury is a fact acknowledged and is now required to be listed as a side effect on the labels of the vaccine. More and more data indicate that the risk of myocarditis is far higher than we previously realized. Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection (nature.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffacebook.com%2F.php%3Fu%3K8%26__tn__%3DR%5D-R%26c%5B0%5D%3DAT22NYOY9mPqaezdGgIZmgU0sINVsmQUH5t1wA8T1WOILqiw8rYFB8U7IKYhfVMWDLQG-4N-LZmgIjpe9udMv5pHRdkGMOLoetCJwpCpbJoqwl5JK9Uwdu0azGAMjnnzeA_qyk4Eod5-qZaE3&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C73ebdf1ebd40439a581908d9d194bdad%7C>

qZaE3&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C73ebdf1ebd40439a581908d9d194bdad%7C
) The benefits of the vaccine must outweigh the risks and we don't have enough data to show benefits to healthy children.

The vaccine is also still under "Emergency Use Authorization" and by law must be a choice after having full informed consent provided.

Many, many parents (including my husband and I) will withdraw our children from the public school system if this vaccine is mandated. You need to consider the impact that a mandate will have on our educational infrastructure from that point as well.

Thank you for your time and I hope you take parents' comments about this topic very seriously. All of us want the best for our children. Please do the right thing and do not mandate this vaccine at this time.

Sincerely,

Dianna Webber

From: Jeffrey Hochstein
Sent: 1/7/2022 11:13:07 AM
To: DOH WSBOH
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

I am sending my comments regarding making the Covid shot mandatory for child care and school admission.

I'm sure your receiving lots of studies. It is getting hard to tell the truth from lies. But I do know this, I personally know 2 younger friends that almost died from the covid vaccination (heart Issues). That is where I draw my conclusions.

I am definitely against mandatory covid shot for child care and school admission. Really all mandatory covid vaccines.

Leave the risk to the parents discretion. The Choice should be ours not the government.. The responsibility will lie on you, if implemented or the parent if not. Make the right choice.

Thank You
Jeff Hochstein

From: Twinkle Kitty
Sent: 1/11/2022 12:32:32 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: TAG MEETINH and SBOH MEETING JAN 12 and subsequent meetings

External Email

In response to your clarification for the meeting tomorrow, January 12, 2021 and subsequent meetings regarding vaccines for children:

There is no justification to mandate the covid vaccine for children age 5 and older. Nor is there a justification or need to require parents to file for an exemption. A parents' simple "no" to having their child be given the covid vaccine should close the matter. The decision and parental right to make the decision does not require your approval of an exemption. Nor does the risk to society outweigh the risk of the adverse effects of the vaccine.

I would ask the board to again review the under-reported VAERS data, increased cases of myocarditis, lack of definitive clinical trials, hidden vaccine contents, and future data. I would also remind the board this is not a "true" vaccine and only has EUA authorization which was inappropriate to begin with. Sincerely, Mary Sizer

Sent from my iPhone

From: L G

Sent: 1/7/2022 11:57:19 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),kwangett@uw.edu,DOH OS PHIP,DOH PCH OI School Information,Kcranfield,londeck@nasn.org,Calder, Allegra (DOHi)

Cc:

Subject: Registered Nurse and doctoral NP student public comment for 1/12/2022 BOH Meeting Agenda

External Email

Dear TAG team members and voting Board of Health members,

I am writing to you as an obstetric-neonatal-pediatric nurse and board-certified lactation consultant with seventeen years of nursing experience in hospitals, clinics, public health, and home care. I am currently in a nurse practitioner doctoral program at PLU, and I have applied all of my graduate-level coursework to understanding this issue. The State Board of Health (SBOH) is considering the covid19 vaccine for inclusion in chapter 246-105 WAC. (**This means the Covid vaccine will be required for school children).

As a concerned nurse, mother, and Washington state citizen, I OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about covid19 injections for consideration of mandating the injections for school. I am opposed to mandating these injections for school attendance and I am opposed to any policies that support the mass administration of m-rna covid19 injections for all healthy children. I support individual parent choice in this decision, in consultation with their health care provider. As a nurse, I cannot, in good conscience, promote the m-rna covid19 injections for healthy children or teens due to serious concerns about safety, necessity and efficacy including the lack of reproducible long term safety data. My concerns are summarized at this link, with citations, for your review.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.alonemd.substack.com%2Fp919-genetic-vaccine-safety-in%3Futm_campaign%3Dpost%26utm_medium%3Dweb%26utm_source%3Ddirect%26fbclid%3DIwAR1U

As a registered nurse, I wholeheartedly SUPPORT Informed Choice Washington's Petition for Rulemaking. This petition is item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

You have all the weight of public opinion supporting you and your vote of opposition on including the covid19 vaccine in inclusion of the school immunization schedule and your vote supporting item 11 on your agenda to prohibit any EUA product on the school required list.

Furthermore, I beg you to consider the following points:

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. I am not taking issue with the vaccine itself, and in fact continue to support vaccination as an individual choice for unique individual circumstances. My lack of support for a mandate stems from the following criteria NOT being met under sections II and III on the list of criteria:

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

- The vaccine has been directly available to every vulnerable sub-set of the population for some time.

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

- It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority.

- Under 51% of Spokane County residents are vaccinated. (srdc.org
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2F1.facebook.com%2F.php%3Fu%32PTY867_QmF-Ju0xuxFt2F4iN0gjtBVKQ%26__tn__%3D-UK-y-R%26c%5B0%5D%3DAT2nz3q5ovNbdncjLDycnXnNxa37xsQUaMXu2BwxrZIKvI-HrSe7GXDsjwqOjnlDIbiNihxaDbadWtFwZ_0whd-IgyH3X7NemLkAHy_AwvF9f8Ir1txlosrvGFInRRVwAU3S8yUdIdSCx5W1U54PEtWg7oQ8jjBTINF2ybhj0tcpeITFXU&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C636d3a5a53164127776008d9d217e783%7C1
)

- Less than 40% of kids 12-17 are vaccinated. (srdc.org
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2F1.facebook.com%2F1.php%3Fu%3DvUkP2nOCminU%26h%3DAT2zRwWj_WQADk6heZ68L24g8uLC2fdp93hdRVJYz5botS4sfolkHtIPH2VmHGRV3V2PTY867_QmF-Ju0xuxFt2F4iN0gjtBVKQ%26__tn__%3D-UK-y-R%26c%5B0%5D%3DAT2nz3q5ovNbdncjLDycnXnNxa37xsQUaMXu2BwxrZIKvI-HrSe7GXDsjwqOjnlDIbIbNihxaDbadWtFwZ_0whD-IgyH3X7NemLkAHy_AwwF9f8Ir1txlosrvGfInRRVwAU3S8yUdIdSCx5W1U54PEtWg7oQ8jjBTINF2ybhj0tcpeITFXU&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C636d3a5a53164127776008d9d217e783%7C1>

- Only 36% of the entire black community in Spokane County is vaccinated, and it is reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srcd.org <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2F1.facebook.com%2F1.php%3Fu%3>

v2P91DUhjM%26h%3DAT2zRwWj_WQADk6heZ68L24g8ulC2fdp93hdRVJYz5botS4sfolkHtIPh2VmhGRV3Wsl
2PTY867_QmF-Ju0xuxFt2F4iN0gjtBVKQ%26__tn__%3D-UK-y-
R%26c%5B0%5D%3DAT2nz3q5ovNbdncjLDycnXnNxa37xsQUaMXu2BwxrZIKvI-
HrSe7GXDsjwqQjnDIbiNihxaDbadWtFwZ_0whD-
IgyH3X7NemLkAHy_AwwF9f8Ir1txlosrvGFInRRVwAU3S8yUdIdSCx5W1U54PEtWg7oQ8jjBTINF2ybhj0tcpeITF
XU&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C636d3a5a53164127776008d9d217e783%7C1
)

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

- Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

- Forcing parents to inject their children with this disease-modifying medical therapy termed covid19 vaccination forces and coerces parents (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods). It does not fall within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thus, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get vaccinated by individual choice.

The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.

Thank you for your public service.

Kind regards,

Lara Gabriel, RN, BSN, IBCLC

From: JIM KELSEY

Sent: 1/7/2022 10:41:18 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Jan. 12th 9:30 AM – 3:30 PM WA State Board of Health Discussion Covid-19 for all WA State residents.



attachments\20AD03D45CC248C5_WA Board of Health Letter.pdf

External Email

1/7/22

To the Washington State Board of Health:

I will open this letter by asking that you 1) read this with an open mind and 2) actually take the information listed into consideration. The complete disregard of other's opinions contrary to the popular narrative is why conspiracy theories arise.

I have chosen to not take the covid shot for religious reasons. Not that I object to vaccines; however, I do object to putting something into my body that 1) I don't necessarily need, 2) that is still experimental and 3) could potentially do harm to it due to either the potential of having an allergic reaction to it or due to proven poor injection practices.

Because of my decision, I was told that I must 1) wear a KN95 mask at all times and 2) be tested for covid weekly because, according to our Director of Human Resources, the unvaccinated are the spreaders. I am not opposed to the two requirements, as that more than proves my point - people who have not taken the covid shot are NOT the primary spreaders - anyone, vaccinated or not, can catch it and spread it. In fact, a recent study this year in Denmark proves that the Omicron variant spreads more rapidly between vaccinated people than unvaccinated. <https://ept.ms/3EWcqAw> <https://ept.ms/3qXRrIn> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fredirect%3>

I survived an early variant of covid in February, 2019 without having to go to a doctor and I am 53 years old. You may say – it wasn't detected then. I have spoken with two local nurses who experienced a huge absence in the schools (over 20% of a district) and a large number of people coming in to the doctor that confirm my position. At the time, I just thought I had a bad case of the flu, which I rarely get, because it hadn't been detected then. My symptoms included: fever 99.7, chills, body aches to the point that I could hardly move, stuffy/runny nose, diarrhea, and couldn't keep anything down for the first day. After two days, I was feeling well enough to go out and shovel snow.

Meanwhile, my wife caught the bug and was down for a week. When I took her to the doctor, he said that she tested negative for the flu and that she had a virus he had never seen before. All of the symptoms are classic covid-19 – except that we didn't lose our sense of taste.

Every week, I have had students in my classroom out for Covid. I know because it says so on the attendance record and they are out for ten days. Yet, since Governor Inslee's mandate in mid-October, every week I have tested negative. Explain to me then, if the unvaccinated are spreading the disease, why am I testing negative? Outlier? I doubt it. Natural immunity???? I should hope to shout. The Israeli study from 3rd quarter, 2021 demonstrates that people with natural immunity were 6 times less likely to be infected with covid than those who were vaccinated. <https://ept.ms/30r9xJQ>

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

I am not downplaying the severity of the Alpha or Delta variants, but with a 99.5% survival rate, even with the original virus, there is cause for concern, but not to be fearful of it. Just yesterday, I spoke with a couple in their early-mid 70's who contracted the Omicron variant while on vacation. They are over it and said that the common cold was much worse than this covid variant.

My other concern is that those who are administering the covid shots told not to aspirate the needle prior to injection because no major veins run through the shoulder. Don't we have minor blood vessels running through our shoulder??? As an adult, I have had many series of allergy shots – at least three different times in my life – and even was allowed to administer the shots to myself. I was instructed by the nurse to always aspirate the needle so as to not inject the antigen into my bloodstream. Just because we do not have major veins in the shoulder area does not negate the need for safety.

Many online doctors and nurses (I will only list a few that I follow) – Dr. John Campbell, Dr. Vinay Prasad, Dr. Keith Moran – all experts in their field and all pro-covid shot – have expressed concerns that those who are experiencing myocarditis due to receiving the covid shot not erring on the side of safety by not aspirating the needle before injection. It takes no more than a few seconds and could save an individual from a lifetime of potential heart issues.

Finally, it is also the opinion of many medical professionals that I have listened to that there is no need to vaccinate the youth, unless there are underlying conditions that receiving the covid shot would benefit them. The people who need the shot are those at risk and it should be a choice, not a mandate. We do not need to be giving the youth something that could potentially harm them for the rest of their life and give them a shot that an elderly individual with compromised health may need.

Before you pass totalitarian legislation, please consider your clientele. Please consider data from people like myself who have had covid and have natural immunity, that have continually tested negative when even being exposed to the virus. Please consider data

from all over the world – Israel, Denmark, South Africa, the UK. Please consider the liberties of choice for an individual's health decisions. Please reflect on that path that Nazi Germany in how it approached the Jews and the path that your decisions are leading.

Sincerely,

Jim Kelsey

1/7/22

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<https://ept.ms/3EWcqAw> <https://ept.ms/3qXRrIn>

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Sincerely,

Jim Kelsey

From: Nellie Schell
Sent: 1/6/2022 4:12:54 PM
To: DOH WSBOH
Cc:
Subject: Regarding Jan 7th meeting about requiring Covid vaccine for school children

External Email

To whom it may concern,

It is wrong to require children to get the Covid vaccine to be in school.

In the first place, these vaccines are completely unnecessary. Covid is no more dangerous than the regular flu and pneumonia illnesses. The recovery rate has always been in the 99%, meaning that most people who get it recover just fine. Children have never even been in the statistics of those most affected.

In the second place, there is a lot of information that points to the danger of getting these Covid vaccines. The vaccines are not safe and should not be forced upon any person, especially children.

Parents are very tired of having unreasonable requirements forced upon ourselves and upon our children against our better judgements. Health decisions are personal and the vaccine requirements need to stop.

Thank you for your time.

From: lynette mclaughlin
Sent: 1/6/2022 5:54:09 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: strongly oppose forced vaccination for school age children

External Email

Hello Nathaniel,

I am a lifelong resident of Washington state.
I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,
Lynette McLaughlin

From: Joe & Jess Taylor

Sent: 1/6/2022 5:24:12 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: regarding - COVID-19 vaccination to the immunization law, WAC 246-105

External Email

Dear DOH and To Whom It May Concern:

We are emailing you today in regards to WAC 246-105. We oppose this law and we beg you as community members, constitutes, and people of this land. Stop searching for ways to control an uncontrollable situation. And start leading by example through bridge building, compassion, and understanding. This is what our great state truly needs. We have 3 children who attend Spokane Public schools. They have all had covid and thankful fared well through it. Our children do not want the vaccine and we stand in a legal and moral place to defend our children, with Informed Medical Consent and right to bodily sovereignty, in all things. And if the time comes that you vote to add the COVID-19 vaccination to the immunization law for entry into schools we will be pulling our children from Spokane Public Schools. Thank you, for your time and listening to concerned community members

Sincerely,
Joe and Jessica Taylor
Spokane WA

From: Allie Hawks
Sent: 1/6/2022 5:29:54 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine mandates

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sent from my iPhone

From: Galynne Matichuk
Sent: 1/7/2022 11:11:29 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Opposition to COVID-19 vaccine requirement for schools in WA state

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long-term risks of these vaccines.

Please do the right thing and do not require these vaccinations for school age children.

Galynne Matichuk

From: Katie Walsh
Sent: 1/6/2022 10:49:28 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: DO NOT SUPPORT MANDATORY COVID-19 VACCINATIONS

External Email

Hello,

My name is Katie Walsh and I am a first grade teacher at Coulee City Elementary and a mother of 2 current elementary students and one future student. I strongly support medical autonomy and choice when it comes to people's right to choose what is best for their bodies and their children's bodies. I urge you to allow individual freedoms in this area and discourage the recommendation for COVID-19 vaccinations of children to attend school or any person for that matter to live a life of their choosing. I believe it is complete discrimination to segregate students based on their medical status. I also believe that science has now shown that vaccinated individuals can indeed contact and spread this virus and that the affects of the virus on children are minimal and do not warrant the risks of the vaccine. All of my children and I have had the virus and our natural antibodies are alive and strong to offer us and others protection.

Education has come a long way in offering a free, appropriate, public, education for students across the nation. Unfortunately, with policy around COVID-19, I have seen that fall by the wayside and this potential mandate will force families to choose between what they feel like is in their child's best interest physically versus what they know is in their child's best interests emotionally, socially, and academically. This is not a free, appropriate, public education for ALL. Families and teachers that have options WILL withdraw their students from public institutions and WILL resign over this issue.

Enrollment is already on the decrease and continues to decrease due to, what in my opinion is, poor policy around managing COVID-19. The state is already going to have to pick up a big tab due to this. I can foresee public education in WA state turning into what it is in some developing countries with the "haves" opting for private or home-school and the "have-nots" being left in the public system due to no other option. Quality Educators will leave and public schools will become institutional islands that are poorly staffed and underfunded. WE CAN DO BETTER FOR OUR STUDENTS AND FAMILIES. You are in a position of influence and I ask that you use your influence to protect the whole child and family autonomy when it comes to making decisions of well-being for their child. Protect diverse, quality, flourishing public education and protect the right to a free, appropriate, public education.

Thank you,
Katie Walsh
Coulee City Elementary

<https://www.google.com/amp/s/www.opb.org/article/2021/11/26/washington-state-public-schools-student-enrollment-drop/%3foutputType=amp>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.google.com%2Famp%2Fs%2Fstate-public-schools-student-enrollment-drop%2F%253foutputType%3Damp&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cc1a8f6a217d>>

Sent from my iPhone

From: mariya reum

Sent: 1/7/2022 8:16:32 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid vaccine for school attendance

External Email

To whom it may concern.

I am a parent of two kids in the PSD school system .

It came to my attention that the board will be deciding whether to add Covid Vaccine as a requirement to be able to participate in school .

Let me be absolutely clear - keep this so called vaccine away from our kids . The side effects alone should give you pause. We are crippling our kids with myocarditis and other serious side effects for a virus that is a glorified cold?

The vax does not prevent getting the virus or transmitting it to others as do the childhood vaccinations currently in effect. So we inject our kids with something that does not protect them or others? Why? With a vaccine that had zero long term study?

I understand that some parents feel differently and it should be their choice whether to vax their kids with this joke of a vaccine. Just as it is MY choice whether I inoculate mine.

Some of the other things to consider are the mass exodus from the school system once this becomes a requirement as well as the lawsuits that will follow when, not if , kids will become injured from this "vaccine". And while the board might be protected from such a lawsuit, the individual members are not .

Thank you for you doing (I hope) the right thing , which is leaving this decision in the hands of parents .

Mariya Reum

From: Stephen McCall
Sent: 1/6/2022 6:56:48 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Public school vaccine mandate/involuntary detention

External Email

I am writing you to express my displeasure with what I am seeing you trying to pass. You will not stick my children with your untested and unproven vaccine that has only gotten this far because anyone in the medical and scientific community who talks out about its problems are being silenced, any attempt to vaccinate my children without my permission or knowledge will be met with legal ramifications for every member of this board. If need be I will home school my children, and as for the involuntary detention, we are not australia and I and my family will not go down like that.

Thank You
Steve McCall
stphn_mccall@yahoo.com

From: Elizabeth Thiede
Sent: 1/6/2022 8:53:16 PM
To:
Cc:
Subject: The kids

External Email

To Whom it May Concern,

I received information that the Board of Health in Washington is considering imposing a Covid-19 vaccine on children as a requirement for attending school.

This is unreasonable and foolish.

Please don't do this!

The vaccines are still experimental, children are largely unaffected by the virus, and the efficacy of the vaccine has severely diminished as new variants have come into play.

If you do this, it will prove to everyone that the Board of Health is only a political tool, and wholly unconcerned with the actual health of Washington residents. We already suspect that because of the ridiculous and harmful mask mandates.

If tyranny is the real goal here, then by all means lay aside science and reason, and stick it to the kids.

Sincerely,
Elizabeth Thiede
Mother/Grandmother

From: Laura Ratcliff

Sent: 1/6/2022 7:42:23 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: COVID 19 vaccine requirement

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

If Covid vaccines are going to be required for my 3 children to attend school in the future, THEY WILL BE PULLED OUT OF THE SCHOOL AND HOMESCHOOLED.

Sincerely,

-Lori

From: Craig Mooney

Sent: 1/7/2022 8:46:26 AM

To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), DOH WSBOH, Davis, Michelle (SBOH)

Cc:

Subject: WE'RE OUT IF THIS GETS IN!!!

External Email

We respectfully disagree with any decision that would add any covid "vaccinations" or experimental gene therapy drugs to the list of shots already required to attend our publicly funded school system.

Our dissent is of such a strong nature that if these experimental drugs are added, we will be unenrolling our 3 children from the public school system and joining the thousands that have already started homeschooling over the past 2 years. Thank you for your time and consideration on this matter.

Craig & Margarita Mooney

From: Alyssa Petroff
Sent: 1/6/2022 7:42:18 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccine requirement for school aged children

External Email

As a Washington state resident and mother, I oppose this vaccine requirement.

From: Sarah Karr
Sent: 1/7/2022 8:25:23 AM
To:
Cc:
Subject: Potential Vaccine Mandate for School Entry

External Email

Dear Members,

I am writing as a parent of school aged children that have burdened by the consequences of the pandemic. I am deeply concerned about a potential mandate regarding the COVID-19 vaccine that may be required for school entry. I am requesting that you do NOT mandate these vaccines for children and here is why.

The statistics are clear! Children are not affected by the virus the same way immuno-compromised adults are. The effects of the virus on children are low enough that the risk of long term side effects from a COVID-19 vaccine FAR outweigh any benefit that vaccine could offer. We MUST follow this science!

Decisions about medical choices, including vaccines, should be first faced with discernment - NOT mandated by a third-party. Based on the already low levels of enrollment in ALL school systems (both public and private), mandating the vaccine would further mark a mass exodus from these schools.

Again, follow the science and DO NOT mandate the vaccine for entry into school. The decision to do so would be extreme detrimental and profound on OUR children and our future.

Sincerely,

Sarah Karr

From: SHEA BROWN

Sent: 1/7/2022 7:20:29 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No to vaccine mandate for school kids

External Email

Hello,

Please vote no on these mandates for covid shots to school children. They are a massive over reach and unconditional, in addition, potentially dangerous and unneeded. Children are not even affected by this virus and if they do get it, it is very mild. It's ridiculous to mandate this. You will find is a mass exodus of students from the public school system if you do. People will stand up to protect their children even if you won't. Let school be what it's supposed to be, a learning environment, not a prison or concentration camp like it's been made into. Students are unhappy and apathetic towards school and life right now. They need normal. They need people. They need fun. Stand up and fight for freedom and choice for those who need you to stand in the gap for them. You are in your position for such a time as this. Do what is right, allow parents to make their own choices. These are our children and we know what is best for them.

Thank you,
Shea Brown

Sent from my iPhone

From: Mary E Joy W
Sent: 1/6/2022 4:13:21 PM
To: Thai, Nathaniel J (SBOH),DOH WSOH,Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH)
Cc:
Subject: End covid plandemic maddness!! No quarantines!

External Email

WA citizen,

No Quarantines!
No masks!
No vaccines!
Scamdemic
Stop harassing businesses, schools, soldiers etc
Say it with me coronavirus = flu

Beyond frustrated at Covid
Any further enforcement of covid will be seen as an attempt to baselessly power grab from American and WA citizens
If you are receiving funding from vaccine manufacturers that is RICO

Fix yourselves,
MEJL

Sent from ProtonMail mobile

From: Bruce & Kadi MacLearnsberry

Sent: 1/6/2022 10:42:08 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposed Mandatory Vaccination of School-Aged Children

External Email

January 6, 2022

To Washington State Board of Health (Michelle Davis, Melanie Hisaw, Christy Hoff, Stuart Glasoe, Samantha Pskowski, Kaitlyn Donahoe, Caitlin Lang, Lindsay Herendeen, Tracy Schreiber, Hannah Haag, Kelie Kahler, Nathaniel Thai):

With a very heavy heart this letter is written. Realizing the Board feels they have the right to force their vaccination opinion on every parent of a school child in the state of Washington brings me back to Nazi Germany. How did all these little Hitler's emerge? What a tragic moment we have reached.

As a longtime educator in the fields of math and science, I am appalled. There is no harm caused by leaving this decision up to the parents. Your consideration of a vaccine requirement for children is not a science-based decision.

Many professionals in the world of epidemiology, medicine and science are opposed to the Covid-19 vaccine being administered to children. Study after study after study shows children's risk of serious long-term effects from this disease is infinitesimal. The risk from the administration of the vaccine is greater than the risk of the disease. You know this! Yet, you are willing to be interlopers. What are you thinking?

Those of us who have chosen to educate ourselves on this vaccine, and there are many of us, know the unvaccinated pose no additional threat to the vaccinated. This has become glaringly apparent with the Omicron variant, and less so but still very apparent, with the Delta variant. In truth, it appears the vaccinated are possibly greater super-spreaders. We each must be willing to look at the facts truthfully and make the best decision for ourselves personally. We must own that responsibility and not impose our way on others. Please be sensible and truthful. Not anxious to force your position on others. There is no harm in this approach.

We should all be cheering the arrival Omicron. It is now the dominant strain with very few serious illnesses and virtually no deaths. This is the light at the end of the tunnel.

Public servants need to turn their hysteria into contemplation of the real scenario before us. It is not what many in the public eye have made it out to be. The decisions being made are not in keeping with the real facts and are deeply damaging the lives of many individuals and the smooth functioning of our country.

May you be moved to exercise wisdom in this critical decision.

Sincerely,

Kadi MacLearnsberry

1100 NW Thompson Rd

Poulsbo, WA 98370

From: tara crabbe

Sent: 1/6/2022 9:10:57 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Subject: HALT Immunization



attachments\799BA86B1D954F2F_image0.png

External Email

Subject Line: HALT Immunization Criteria for Children of Washington State

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,
(Tara)

>
> □

>
>
> Sent from my iPhone
>
>> On Jan 6, 2022, at 8:31 PM, tara crabbe <tararickycrabbe@icloud.com> wrote:
>>
>> □
>> When I read this I really had to do a double take. This is criminal it's almost like the Nazis. We are in America the land of the free. These kids are not criminals. W what you're proposing is going to have lasting affects on families and children.
>>
>> Please would you do this to your own family or friends?
>> Sent from my iPhone

From: Sabrina Renee
Sent: 1/6/2022 9:45:24 PM
To: DOH WSBOH
Subject: BOH Meeting, January 7th

External Email

I have been a resident in WA State for 25 years and have put all my children through the public school system. I have one child in high school and despise having to send him to school every day with a mask on his face. It should be our individual choices as parents as to whether or not we want to mask up, but we are being forced to do so because our district took money in exchange for masking and testing. Disgusting. I don't personally know how any of you sleep at night.

It has now come to my attention that the WA Board of Health is holding a meeting tomorrow to discuss adding the COVID shot to the mandatory childhood vaccines, while adding COVID to the list of conditions for which you can FORCE us into COVID quarantine facilities.

This is by far the most alarming procedure that could possibly happen, aside from lining the kids up and forcing them to be given this non-FDA approved poison without parental consent. It is not your place to play doctor. This has gone from "15 Days to Flatten the Curve" to almost TWO full years of hell.

If this decision moves forward, you will have an uprising of likes you have yet to see during this PLANdemic. We are SICK and tired of the games and tyrannical behavior from all levels of our governing bodies.

It's time to move forward and get back to being free.

Sabrina Coffin
Long Beach Peninsula, WA

From: David Gallagher
Sent: 1/7/2022 9:15:41 AM
To: David Gallagher
Cc:
Subject: Please do not implement COVID-19 Vaccine Requirement for Schools

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children. I have three children of my own and cannot think of endangering their future with an experimental drug while they are at almost zero risk of being harmed by this virus. Please review the data and do not pursue a left or right view, but to do no harm to our children.

Thank you for your consideration.

Sincerely,

David Gallagher

From: Kayla Burgess

Sent: 1/6/2022 6:35:04 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Mandates/ enforcements

External Email

Hello and good evening to all,

First and foremost I would like to thank you for your time in reading my email. I am a concerned parent of four children and with the proposed laws/ mandates that you are trying to impose with put my children's education at a huge risk. We practice social distancing my children wear masks when they are at school and when going places but they will not get vaccinated with the covid 19 injections because first they are for emergency use only, second they do not have enough research for long term side affects and third we as Christians do not believe in putting aborted cells into our bodies. My children's mental health and grades slipped horrible during the remote learning and that is what you would be forcing not just myself but many other families to do. If this passes you will see massive withdrawals of students and outright disappointment from so many people. Please take into consideration everything that I have mentioned and how many parents and children you will affect.

Thank you for your time,
Kayla

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Amber Ferrara

Sent: 1/7/2022 10:56:39 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), lindsay.herendeen@sbog.wa.gov, Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WA state board of health proposed school policies discussion

External Email

To whom it may concern regarding the policy being proposed.

We are questioning the timing of the policy change. Why, after two years-now? We've gone through going on three years of this pandemic and many variants. With the most current variant being the most transmissible but by far least severe. In other words: high case rates but lowest deaths and severe hospitalizations. So why-now? Children between 0-17 years old are the least affect by COVID and it's many variants. On a normal year more children died from choking and from the flu and from any number of things. These policies seem like it's more of a power grab to us, as school aged parents, than out of necessity.

If these are instituted school district funding will go down. Because we, like many others, will remove our kids from public school (or the state if needed) and choose other education means.

These policies are more damaging to our childrens future and education than COVID. It is irresponsible and unnecessary. If the vaccine works, than the adult teachers that have it should be safe and protected and have nothing to worry about. Which further questions the necessity of the policy change.

I hope you will make the best decision for my children and all children in the area and NOT institute these policies.

From: Marc Worthley

Sent: 1/6/2022 9:53:07 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to any vax requirements on our children to attend school!

External Email

The vaccines are more dangerous to children than the virus. The people do not want any more restrictions or infringements on our freedom and personal choices and will not take it any more. The "science" is against the safety and effectiveness of C19 vaccination on kids. More adverse effects and death from the vaccine than from Covid.

You will see an exodus from the public school system if these proposed requirements are enforced.

Marc Worthley
Island County

From: Perry F.
Sent: 1/10/2022 12:30:03 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Opposition of Covid Policies

External Email

Good morning,

I am writing this morning to voice my opposition of the proposed policies. First and foremost I oppose policy (WAC 246-100-070) which allows local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040) these specifics come from WAC 246-100.

This is illegal and in violation of the Nuremberg Act.

I also would like to voice my opposition to WAC 246-105 that requires Covid-19 injections as part of school immunization.

Thank you for your time.

Sincerely,
Perry Fernau

From: Stephanie Woods

Sent: 1/6/2022 10:57:12 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid Vaccination for children

External Email

☐ To whom it may concern:

I am writing you to let you know that I vehemently oppose a Covid vaccine requirement for school age children. It is a gross abuse of power to mandate such a thing. This is a personal decision that should be made by parents. Some of us refuse to let our children be apart of this experiment, especially considering the vaccine and booster are proving to be completely ineffective in the prevention and transmission of Covid. In addition to that:

COVID vaccines remain under Emergency Use Authorization.

2. Children under the age of 18 have a 99.995% survival rate from COVID infection.

3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19.

The children of WA have suffered enough in the last two years at the hands of "leaders" who aren't looking out for their best interests at all. These decisions have hindered their education and ability to learn, caused unnecessary fear, and high levels of anxiety and depression. Enough is enough, trying to force them to be injected with an experimental, ineffective vaccine to get an education, is absolutely criminal.

Thank you.

Concerned Parent

From: Teresa Marshall
Sent: 1/6/2022 5:34:23 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine mandates for children

External Email

I beg you to not even consider making the covid vaccine mandatory for our children to attend school or do anything else. The risk of them dying from covid is very rare, but the risk of adverse effects from the vaccine is higher than the risk of dying from Covid for children. It has been obvious that the vaccine does not stop the spread of Covid. The research regarding the decreased in severity of Covid, decreased hospitalization, or dying from covid is based on faulty and questionable information.

The first thing is that the only true way to say that the vaccinated person has less severe disease than the unvaccinated could only be proven by having same person get Covid and then vaccinate them and them get Covid again to prove that vaccination decreased severity. However, even that is not a proof because perhaps the decreased severity with the vaccine may be to immune memory.

The fact that vaccinated can pass on the disease too does not protect those around them so it is not a social obligation.

Everyone responded differently to Covid so how do you know how that vaccinated body would have responded to the disease? The symptoms run from asymptomatic to deadly with little rhyme or reason for why. It is difficult therefore to determine if a vaccine actually works.

I personally know both vaccinated and unvaccinated that have gotten the disease, passed the disease, was hospitalized for the disease and died from the disease and there seems to be no difference as I observe. We, however, do not know the long term adverse effects that the vaccine will have on our children. As far as I can tell the only people who are benefitting is the vaccine companies who have no liability for what they are doing to people. Do not force parents to take their children from public school to protect their health by refusing the vaccine. STOP THE MADNESS

Teresa Marshall, ARNP

From: Dave Lowe

Sent: 1/6/2022 8:16:19 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Health Board Meeting

External Email

Members of the Health Board,

I would like to express my extreme opposition to two different things that I understand you are considering in regard to COVID 19.

First is the possible use of the courts, ex parte, and law enforcement to involuntary confine/quarantine a person or group of people. This would rob us of due process for a disease that, though not trivial, has a mortality rate no higher than the seasonal flu. In addition, there is every indication, both in the data from South Africa and that which is emerging in the United States, that the Omicron variant of the virus, though more contagious than any of the others, is relatively mild and more like the common cold.

Second, the implementation of a COVID 19 vaccine requirement for schools in Washington State. There is no COVID vaccine available in the United States that has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (A Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense - childrenshealthdefense.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>
) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

In addition to these two things, I would like to say that the logic for not mandating the COVID 19 vaccine for children also applies to adults, whether it is in regard to employment or for any other reason.

The simple fact is that no one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. Here is an analysis of 10 Red Flags associated with Pfizer's studies:

Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org

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

Please carefully consider any actions that you might take in light of the freedoms that have been guarded and fought for by many Americans for over 200 years. As a veteran this is especially dear to me. I am not a lawyer, but it seems to me that implementation of heavy handed measures to deal with COVID 19 is unwarranted and unconstitutional. I expect that doing so will precipitate legal challenges, just like it has at the Federal level.

Respectfully,
Louis David Lowe

From: Julie Hafen
Sent: 1/7/2022 6:15:41 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: vaccine

External Email

Hello,

Our kids will be pulled out of public school if the covid vaccine becomes a requirement or they are discriminated against for not having it.

1- The risk of severe illness or death to children is still very low, considerably lower than influenza. There is a higher risk of adverse reactions to the vaccine. It is not our children's responsibility to protect the vulnerable at their own risk. Any vulnerable teachers and staff are welcome to vaccinate themselves to mitigate their own risk.

2- Vaccinated are still becoming infected and are spreading it the same as unvaccinated, posing the same risk to the vulnerable. Again, the vulnerable all have access to the vaccine to mitigate their own risk as they see fit.

3- While adverse reactions to the vaccine may be fairly low in the short term, they do happen. there are literally zero long-term studies in humans to know if there will be any impacts to health down the road. History is full of products once deemed to be safe by the FDA that are now banned. Let's see how this looks in 5 to ten years.

4- I would also like to add that as long as "any cloth or paper" mask is deemed sufficient, I will consider the source of the requirement to be of questionable intent. ALL ACTUAL SCIENCE has consistently shown an actual surgical mask to have marginal effectiveness against a virus, with a K95 or N95 to be the only mask to make much difference. The flimsy cloth or paper that the majority of children are wearing is less than effective. I would like the data on how many staff and children are out of WA schools with other viral/respiratory illnesses/asthma compared to the 2018/2019 school year. Our circle of children have been continually struggling with this since the beginning of school. Please see The University of Michigan website for info on their influenza outbreak that was severe enough that the CDC was called in. This university requires masks AND vaccines (and lets not forget that influenza particles are significantly larger than Covid particles). These are college students, capable of better mask hygiene than the younger children.

<https://news.umich.edu/cdc-on-u-m-campus-to-research-flu-cases/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnews.umich.edu%2Fcdc-on-u-m-campus-to-research-flu-cases%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C181315c06e044692b4f308d9d1e82dd9>>

Thank you,
Julie Hafen
Spokane Valley, WA 99016

From: Linda Hiemstra
Sent: 1/7/2022 9:04:26 AM
To:
Cc:
Subject: No Covid-19 vax for children

External Email

We, as constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

Larry & Linda Hiemstra

From: Judy Gunn
Sent: 1/6/2022 10:18:41 PM
To: DOH WSBOH
Subject: WSBOH Technical Advisory Group - Comments for Webinar on January 12, 2022

External Email

January 6, 2022

Washington State Board of Health
Technical Advisory Group (TAG)
ZOOM Webinar ID No. 894 7406 4216
Date & Time: Jan 12, 2022 09:00 AM Pacific Time (US and Canada)

Attention: WSBOH and TAG Members

Samantha Pskowski (SBOH)

Allegra Calder (BERK)

Hannah Febach (SBOH)

Tom Pendergrass (Retired Pediatrician)

Kate Cranfield (Public Health Nurse, Pierce County)

Lynnette Ondeck (School Nurse Administration, Anacortes)

Shauna Muendel (Health Care Authority with Background in Public Health)

Greg Lynch (School District Superintendent – Bremerton)

Annie Hetzel (Office of School Health)

Dimyana Abdelmalek (Thurston County Health)

Tom Locke (Representative for American Indian Health)

Adriana Liviare (Associate Program Director Public Health)

Jennifer Helseth (Specializing in children birth to 5 years of age)

Tao Sheng Kwan-Gett (Washington Department of Health)

Francis Bell (Pediatrician)

I am writing you all about a very grave matter. We have been informed regarding your most recent considerations for students regarding Vaccination and Testing. We as parents are aware that many of the Vaccination and Testing guidelines are in direct violation of congressional passed Acts, including GINA, ADA, and HIPAA.

You may not be aware of these violations, but we parents and students are aware of our rights. Student safety is paramount. We are bringing this information to you as you may be unaware of the worrying signs.

Upon review of the FDA's EUA and its approved labeling, a.k.a. "fact sheets," for each
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14463>
COVID-19
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14441>
vaccine
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F14630>
, it clearly states: "It is [the vaccine recipient's] choice to receive or not receive the
COVID-19 Vaccine." The reason each fact sheet includes this language is because the
same section
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%2F3&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C975f3e3e8ed64da9d52d08d9d1a54d0b%7C11d>
of the Federal Food, Drug, and Cosmetic Act that authorizes the FDA to grant an
Emergency Use Authorization (EUA) also requires the Secretary of Health and Human
Services to "ensure that individuals to whom the product is administered are informed ...
of the option to accept or refuse administration of the experimental product."

Please be advised that organizations are not shielded from liability with experimental agents. Also be advised that each individual member can be sued privately for breaking the law.

Under the 2005 PREP Act enacted by Congress (which can be viewed here
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.phe.gov%2FPreparedness%2F2005PREPAct>
>), pharmaceutical companies that manufacture EUA vaccines are shielded from liability related to injuries and damages caused by their experimental agents. However, any employer, public school, or any other entity or person who mandates experimental vaccines on any human being is not protected from liability for any resulting harm. While vaccine manufacturers may be shielded from liability, your institution is not protected, and neither are you.

You are required to inform students of their option to accept or refuse administration (by your policy) of a vaccine, test or face mask that is under Emergency Use Authorization.

The CDC reported the PCR diagnostic Panel will lose its EUA authorization as of December

31,2021.

"After December 31, 2021, CDC withdrew the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC has provided this notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives."

NOTE: In accordance with statutory legal requirements, I am requesting that you review the following questionnaire in connection with your proposed requirement that students receive a COVID-19 emergency use authorization (EUA) experimental investigational medical vaccine or to submit to testing.

1) The Food and Drug Administration (FDA) requires that EUA vaccine recipients be provided with certain vaccine-specific information to help them make an informed decision about vaccination. The EUA fact sheets that must be provided are specific to each authorized COVID-19 injection and are developed by the manufacturers of the injections (Pfizer/BioNTech, Moderna, Oxford/AstraZeneca, and the Johnson & Johnson subsidiary Janssen). The fact sheets must provide the most current and up-to-date information on the injections, and vaccine recipients must also receive information about adverse events. Have you read, understood, and will you provide parents and students with these fact sheets and with current information on adverse events so that we can make an educated decision?

2) Are you aware that the only FDA fully licensed and approved COVID-19 "vaccination" is Comirnaty? Pfizer/BioNTech hold the license to manufacture Comirnaty, however they have not currently begun to manufacture the fully licensed vaccine, and do not have a scheduled date to begin doing so. As such, there are no fully FDA approved COVID-19 vaccinations available in the United States. This has been upheld recently in a Florida Federal Court.

3) Please review the available databases of material adverse events (such as VAERS) reported to date for people who have received COVID-19 injections. Potential and reported adverse events include death, anaphylaxis, neurological disorders, autoimmune disorders, other long-term chronic diseases, cardiomyopathy, myocarditis, blindness and deafness, infertility, fetal damage, miscarriage, and stillbirth.

4) The FDA's guidance on emergency use authorization of medical products requires the FDA to "ensure that recipients are informed to the extent practicable given the applicable circumstances... [t]hat they have the option to accept or refuse the EUA product..." Are you aware of this statement? Do you intend to inform all parents and students that by law they have the option to refuse?

5) EUA products are unapproved, unlicensed, and experimental. Under the Nuremberg Code—the foundation of ethical medicine —no one may be coerced to participate in a medical experiment. The individual's consent is absolutely essential. No court has ever upheld a mandate for an EUA vaccine. In *Doe #1 v. Rumsfeld*, 297 F. Supp. 2d 119 (2003)¹⁵, a federal court held that the U.S. military could not mandate EUA vaccines for soldiers: "...[T]he United States cannot demand that members of the armed forces also serve as guinea pigs for experimental drugs" (*Id.* at 135). Are you aware of this?

6) The United States Code of Federal Regulations, The National Research Act of 1974 and the FDA require the informed consent of human subjects for medical research. The EUA COVID-19 injections are unapproved, unlicensed, investigational vaccines that are still in their experimental stage. It is unlawful to conduct medical research on a human being, even in the event of an emergency, unless steps are taken to secure the informed consent of all participants. Are you aware of this?

7) Since the Covid lockdowns began over one year ago, there have been over 178 reported breaches of unsecured protected health information (PHI), incidents investigated by the Office for Civil Rights (OCR). These breaches exposed millions of people's personal health information. Although many of these incidents were attributed to hacking, some of the breaches to PHI fell directly under the 1996 Health Insurance Portability and Accountability Act (HIPAA), such as sharing a patient's or person's information with an unauthorized individual or incorrectly handling PHI. How are you going to protect personal information with respect to your proposed requirement that students receive this injection?

8) Whereas pharmaceutical companies that manufacture EUA vaccines have been protected from liability related to injuries or deaths caused by experimental agents since the PREP Act was enacted in 2005, companies and all other institutions or individuals who mandate experimental vaccines on any human being are not protected from liability. Are you aware that you do not enjoy such liability protection?

9) Are you aware that students or their parents could file a civil suit against you, as individuals should they suffer an adverse event or death?

As legally authorized member of SBOH and/or TAG, please read and consider all of the above information and the included endnotes. Please note that you have been advised and as such, you individually will be held liable for any damage caused by requiring COVID-19 EUA vaccinations and testing.

Respectfully submitted,

Judith LJ Gunn

Endnotes:

1. Congressional Research Service. The PREP Act and COVID-19: Limiting Liability for Medical Countermeasures. Updated Mar. 19, 2021.

<https://crsreports.congress.gov/product/pdf/LSB/LSB10443>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrsreports.congress.gov%2Fproduct>

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwonder.cdc.gov%2Fvaers.html&d>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medalerts.org%2F&data=04>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F97321>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fuscode%3&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C975f3e3e8ed64da9d52d08d9d1a54d0b%7C11d>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.courtlistener.com%2Fopinion/v-

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ftc.gov%2Ftips-advice%2Fbusiness-center%2Fguidance%2Fadvertising-faqs-guide-small-business&data=04%7C01%7CNathaniel.Thai%40sbh.wa.gov%7C975f3e3e8ed64da9d52d08d>

18. Federal Trade Commission. Truth in Advertising. <https://www.ftc.gov/news->

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ftc.gov%2Fnews-events%2Fmedia-resources%2Ftruth-advertising&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C975f3e3e8ed64da9d52d08d9d1a54d0

https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf;jsessionid=618E88DD94EE65D46D5785CB2A64355

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.natlawreview.com%2Farticle/s-new-guidance-recordability-covid-19-vaccine-reactions&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C975f3e3e8ed64da9d52d08d9d1a54d0b>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.genome.gov%2Fabout-genomics%2Fpolicy-issues%2FGenetic-Discrimination&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C975f3e3e8ed64da9d52d08d9d1a5>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fgenomics%2Fgt>

54087a84297f%26utm_source%3Dsilverchair%26utm_medium%3Demail%26utm_campaign%3Darticle_a
jamainternalmedicine%26utm_content%3Dolf%26utm_term%3D011521&data=04%7C01%7CNathaniel.TH

Meaning Given the ease of use and good diagnostic performances, these findings suggest that saliva NAAT represents an attractive alternative to nasopharyngeal swab NAAT and may significantly bolster massive testing efforts.

24. View the Florida District Judge order in its entirety. <https://lynnwoodtimes.com/wp-content/uploads/2021/12/WINSORORDER.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flynnwoodtimes.com%2Fwp-content%2Fuploads%2F2021%2F12%2FWINSORORDER.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.v>

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7C01%7CNathaniel.Thai%40sboh.v>>
Secure Email.

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 4:35:58 PM
To: DOH WSOH
Cc:
Subject: FW: No Covid 19 vaccine mandate for school age kids/teens

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Centurylink <revival.design2@frontier.com>
Sent: Thursday, January 6, 2022 4:27 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: No Covid 19 vaccine mandate for school age kids/teens

External Email

Dear Stuart Glasoe-

I am emailing the Washington State Board of Health to reject and plead with you to not mandate the covid vaccine for school age children and teens.

I have 4 kids and I am not an anti vaccine parent. I acknowledge that covid19 is real and has been horrible for the elderly and those with pre existing conditions.

These vaccines are not safe for our kids and may cause irrevocable injury and damage. The viral gene injected into parent cells forces my child's body to make toxic spike proteins. These proteins often cause permanent damage in children's critical organs. These organs include the brain and nervous systems, heart and blood vessels(including blood clots), their reproductive system, and this vaccine can trigger fundamental changes to their immune system. Once these damages have occurred, they are irreparable and can not be reversed. You can not fix the lesions in their brain, you can't repair heart tissue scarring, you can't repair a genetically reset immune system, and this vaccine can cause reproductive damage that can affect future generations of our family.

Why would I want to risk all of the above for little or no benefit? Plus all of my kids and most of all their friends have had covid and they have a natural immunity.

The vaccines have not been properly tested. They are still experimental vaccines!

The harms and risks of new medicine are often revealed many years later.

I do not want my kids to be a part of this radical experiment.

There is no benefit to vaccinating my children against the small risk of the virus given the known health risks of the vaccine that we may have to live with for the rest of our lives.

We should be thinking about the well being of the kids and little ones who will soon grow up and need to run this country. It is not up to the government to make my kid get a experimental vaccine. We will not comply.

Thank you for your time

Ruthie Nicholson

From: Jon Williams
Sent: 1/6/2022 7:11:11 PM
To: DOH WSBOH
Subject: No Vaccine Mandates for K-12

External Email

Dear Board of Health,

As a parent of a 5th grader, I am writing to voice my concerns over the talks of mandating children to get vaccinated to attend school. This would be a huge mistake and I'm confident would do more harm than good. PLEASE, do not consider mandating children to get vaccinated to attend public schools.

Statistically this virus poses no real threat to children. This would be like forcing healthy people or people who don't suffer from diabetes to take insulin.

We do NOT know the long term side effects from this vaccine yet and there are viable treatment options now days which do not justify a mandate of this magnitude. What we do know is the reported adverse events from the Covid vaccine are far more serious and deadly than the virus itself in regards to children. Also, what we do know is the vaccine does not prevent someone from getting or spreading Covid, the current vaccine is not even effective on the latest strain omicron. We don't even have real data yet that supports the vaccine lessens the symptoms. Why are we even considering this mandate?

If you enforce this mandate you will lose hundreds of thousands of currently enrolled children in the Washington state public school districts and you will lose even more faithful Washingtonians pursuing medical freedom. STOP THE MANDATE PLEASE!!!

Sincerely,

Jon Williams
--

Jon Williams 425.343.3535

From: msketch5
Sent: 1/7/2022 2:20:52 AM
To:
Cc:
Subject: LEAVE OUR KIDS ALONE!!!!

External Email

To whom it may concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about Covid-19 shots for consideration of mandating the shots for school. I OPPOSE Covid-19 shot mandates, PERIOD. The science does NOT support the notion that unvaccinated individuals spread the virus any more than vaccinated individuals. Children are statistically at ZERO risk of dying from Covid (their survival rate is in the range of 99.997 - 99.998%); where there is no risk, there can be no benefit. Furthermore, there are numerous studies now that support adverse affects of the vaccine on our children. Even the FDA has doubts about the safety of a vaccine for an individual under the age of 16. (www.fda.gov/media/151710/download...the required studies on children will not even be completed until May 31, 2027!!!!!! And that is only one of the required pediatric assessments!) There has been enough time now to find out the truth about what is going on with Covid, and there is no excuse for draconian measures to be inflicted on our children just to be able to attend school.

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EAU) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. As noted in the FDA link above, the required pediatric studies required are not yet completed. STOP USING OUR CHILDREN AS TEST SUBJECTS!!!

Sincerely,
Marie Sketchley

From: Cambria M Huber

Sent: 1/7/2022 10:52:41 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), samantha.pskowski@sboh.gov, Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I Oppose the Formation of a Tech Advisory Group to view COVID-19 shot mandates

External Email

Hello,

I wanted to provide input on the agenda for the Jan 12 meeting. I may not be able to attend via Zoom.

I oppose the TAG for COVID 19 shots as possible mandates for school. These products, while in widespread use, have generated a very large amount of adverse reports and reactions in VAERS. Mandating these shots depends on an unproven optimism that things will be fine for the many children who already have underlying health issues, ASD, or other chronic conditions. Those children have NOT been proven to be more in danger from COVID, but often are seriously adversely affected by vaccinate that provoke the immune system in a way that goes around the normal functions of the immune system.

A mandate for an emergency use vaccine is dangerous and should be avoided. Especially in light of how fast COVID is changing and the waning efficacy of the current vaccines.

I do support the new Petition for Rulemaking that would prohibit making any emergency use authorized product or a licensed product that lacks Phase 3 trial studies from being on "school required" list.

Sincerely,

Cambria Huber

Queen Anne, Seattle, WA

Sent from my iPhone

From: Jeani renfro
Sent: 1/6/2022 9:28:10 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: URGENT

External Email

Hello Nathaniel,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Jeani Renfro

From: Wanda Turnbow

Sent: 1/7/2022 9:53:34 AM

To: DOH WSBOH,christy.hoff@sbohwa.gov,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),stuart.glasoe@sbohwa.gov,Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),caitlyn.lang@sboh.wa.gov,Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: V for children

External Email

I oppose the recommendation to V school aged children. This should be a parental decision not a State requirement! My body, my child, my choice! This is an atrocious abuse of power and governmental overreach!

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2F10.1111/j.1365-3113.2020.08000.x>>
“in the framework of this analysis, there is no evidence that more restrictive nonpharmaceutical interventions (‘lockdowns’) contributed substantially to bending the curve of new cases in England, France, Germany, Iran, Italy, the Netherlands, Spain, or the United States in early 2020.” We’ve known this for a very long time now but governments continue to double down, causing misery upon people with ramifications that will likely take decades or more to repair.

The benefits of the societal lockdowns and restrictions have been totally exaggerated

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

and the harms to our societies and children have been severe: the harms to children

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvoxu.org%2Farticle%2Flong-term-effects-school-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvoxu.org%2Farticle%2Flong-term-effects-school-closures&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c857f%2F)

[closures&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c857f%2F](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvoxu.org%2Farticle%2Flong-term-effects-school-closures&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c857f%2F)

, the undiagnosed illness that will result in excess mortality in years to come, depression,

anxiety, suicidal ideation

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolun>

[in our young people, drug overdoses](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolun)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fweb.archive.org%2Fweb%2F2020>

[asn.org%2Fsystem%2Ffiles%2F2020-07%2Fissue-brief-increases-in-opioid-related-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fweb.archive.org%2Fweb%2F2020)

[overdose.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c8](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fweb.archive.org%2Fweb%2F2020)

and suicides due to the lockdown policies, the crushing isolation due to the lockdowns,

psychological harms

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicalnews.org%2F2021%2F03%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicalnews.org%2F2021%2F03%2F)

[health-releases-study-on-impact-of-covid-19-on-pediatric-mental-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicalnews.org%2F2021%2F03%2F)

[health%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c857](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicalnews.org%2F2021%2F03%2F)

, domestic and

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[violence-during-quarantine-the-hidden-crime-of-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftheknowledgeexchangeblog.com%2F)

[lockdown%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c8](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftheknowledgeexchangeblog.com%2F)

child abuse

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.womensaid.org.uk%2Fsurviv>

[say-domestic-abuse-is-escalating-under-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.womensaid.org.uk%2Fsurviv)

[lockdown%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c8](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.womensaid.org.uk%2Fsurviv)

, sexual abuse of children

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[, loss of jobs and businesses](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Fscienc)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nber.org%2Fsystem%2Ffiles>

[and the devastating impact, and the massive numbers of deaths](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nber.org%2Fsystem%2Ffiles)

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[resulting from the lockdowns](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F323)

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

[that will impact heavily on women and minorities](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fen.unesco.org%2Fcovid19%2Fedu>

.

Now we have whispers again for the new lockdowns in response to the Omicron variant

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

[we-overreacting-to-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Far)

[omicron%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c8](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbrownstone.org%2Farticles%2Far)

that, by my estimations, will be likely infectious but not more lethal.

How did we get here? We knew that we could never eradicate this mutable virus (that

has an animal reservoir) with lockdowns and that it would likely become endemic like

other circulating common cold coronaviruses. When we knew an age-risk stratified

approach was optimal (focused protection as outlined in the Great Barrington

Declaration) and not carte blanche policies when we had evidence of a 1,000-fold

differential in risk of death between a child and an elderly person. We knew of the

potency and success of early ambulatory outpatient treatment

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F333>

[in reducing the risk of hospitalization and death in the vulnerable.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F333)

It was clear very early on that Task Forces and medical advisors and decision-makers

were not reading the evidence, were not up to speed with the science or data, did not

understand the evidence, did not 'get' the evidence, and were blinded to the science,

often driven by their own prejudices, biases, arrogance, and ego. They remain ensconced in sheer academic sloppiness and laziness. It was clear that the response was not a public health one. It was a political one from day one and continues today.

A recent study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F344> (pre-print) captures the essence and catastrophe of a lockdown society and the hollowing out of our children by looking at how children learn (3 months to 3 years old) and finding across all measures that “children born during the pandemic have significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic.” Researchers also reported that “males and children in lower socioeconomic families have been most affected. Results highlight that even in the absence of direct SARS-CoV-2 infection and COVID-19 illness, the environmental changes associated with the COVID-19 pandemic is significantly and negatively affecting infant and child development.”

Perhaps Donald Luskin of the Wall Street Journal

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wsj.com%2Farticles%2Fthe-failed-experiment-of-covid-lockdowns-11599000890&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c> best captures what we have stably witnessed since the start of these unscientific lockdowns and school closures: “Six months into the Covid-19 pandemic, the U.S. has now carried out two large-scale experiments in public health—first, in March and April, the lockdown of the economy to arrest the spread of the virus, and second, since mid-April, the reopening of the economy. The results are in. Counterintuitive though it may be, statistical analysis shows that locking down the economy didn’t contain the disease’s spread and reopening it didn’t unleash a second wave of infections.”

The British Columbia Center for Disease Control

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.bccdc.ca%2FHealth-Info-Site%2FDocuments%2FPublic_health_COVID-19_reports%2FImpact_School_Closures_COVID-19.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1ade541929de4914b55a08d9d20c857f%7 (BCCDC) issued a full report in September 2020 on the impact of school closures on children and found para “that i) children comprise a small proportion of diagnosed COVID-19 cases, have less severe illness, and mortality is rare ii) children do not appear to be a major source of SARS-CoV-2 transmission in households or schools, a finding which has been consistent globally iii) there are important differences between how influenza and SARS-CoV-2 are transmitted. School closures may be less effective as a prevention measure for COVID-19 iv) school closures can have severe and unintended consequences for children and youth v) school closures contribute to greater family stress, especially for female caregivers, while families balance child care and home learning with employment demands vi) family violence may be on the rise during the COVID pandemic, while the closure of schools and childcare centres may create a gap in the safety net for children who are at risk of abuse and neglect.”

Now places like Austria (November 2021) have re-entered the world of lockdown lunacy only to be outmatched by Australia. Indeed, an illustration of the spurious need for these ill-informed actions is that they are being done in the face of clear scientific evidence showing that during strict prior societal lockdowns, school lockdowns, mask mandates, and additional societal restrictions, the number of positive cases went up!

The pandemic response today remains a purely political one.

What follows is the current totality of the body of evidence (available comparative studies and high-level pieces of evidence, reporting, and discussion) on COVID-19 lockdowns, masks, school closures, and mask mandates. There is no conclusive evidence supporting claims that any of these restrictive measures worked to reduce viral transmission or

deaths. Lockdowns were ineffective, school closures were ineffective, mask mandates were ineffective, and masks themselves were and are ineffective and harmful.

From: Nick Hooge
Sent: 1/6/2022 4:45:14 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No Covid Vaccine for School Kids

External Email

To Whom It May Concern:

My name is Nicholas Hooge and I am the father of 3 small children. As a parent, I am abhorred by the ideas currently being proposed to legislation to FORCE "vaccination" on my children.

Dr. Robert Malone who is the creator of the gene therapy - not vaccine - strongly advises parents NOT to inject the covid "vaccine" into our children due to the dangerous toxic spike proteins the injection causes, resulting in possible permanent damage to my child's critical organs, such as the brain, nervous system, heart and blood vessels, reproductive system and immune system.

The rate at which this "vaccine" has rolled out is alarmingly fast, and suggests cause for concern based on the lack of testing over time. As a person holding a Bachelors Degree in Science, the lack of testing, of knowing exactly what risks we are potentially ignoring is completely unacceptable to me as a parent. I should be able to look at research and decide for myself if the benefits outweigh the risks to an injection and, as it stands, this is a no brainer for me, as a parent. So far, it seems children have very mild systems due to COVID-19. I understand this is not always the case, but it does appear to be the majority, so my kids are at no increased risk to their lives or safety without this "vaccine."

It is not legislation's right to FORCE my child to receive an injection I do not feel is in his best interest; not only that, one in which could cause IRREVERSIBLE HARM to his body as he continues to grow.

If COVID-19 vaccination becomes a requirement (without allowing exemptions) for school enrollment, you can be sure my 3 children will be unenrolled instantly. My wife will homeschool or we will move out of state before I put my children's lives in jeopardy.

I hope you will truly consider my words as a concerned parent; America has always afforded us the right to CHOOSE for ourselves. It is my right as a parent to choose wisely for my children and not your right as a government official.

Thank you for supporting us parents when you vote NO for a covid vaccine requirement for school.

Sincerely,

Nicholas Hooge

From: K Ruisi
Sent: 1/7/2022 10:28:37 AM
To: DOH WSOH
Subject: Law officers to enforce health mandates

External Email

Dear Board,

I am opposed to forced quarantines, forced vaccinations, vaccine mandates and vaccination requirements for children attending public schools.

1. Regarding involuntary quarantines:

You have no scientific/medical basis on which to make the decisions to quarantine individuals.

a. Vaccination status is NOT a factor as BOTH vaccinated or unvaccinated people can get infected with Covid.

b. Most mild-moderate symptoms of Covid are not specific for this virus and may be caused by a number of other pathogens/illnesses.

c. There is NO reliable and fully approved testing method to specifically identify a SARS-CoV2 infection – which means you cannot condemn someone to be quarantined based on testing. The currently used tests are either being phased out or are not capable of differentiating between this virus or another coronavirus or a flu virus; furthermore, the PCR testing method cannot differentiate between a past or present (active) infection.

2. Regarding using law enforcement for forced quarantines and forced vaccination:

a. Since the vaccines do not prevent transmission and illness, there is no justifiable public health reason to force anyone to take this vaccine. The benefits – if they exist at all, which is at this point questionable – only exist on the individual level. In other words, someone may decide to take the vaccine in the hope of having milder symptoms when they catch the virus; but this is a decision that will not affect public health in general. Anyone can still catch and spread the disease.

b. There are WA and USA constitutional obstacles to forcing a free US person to inject something into their bodies by using force, coercion, discrimination, etc.

3. Regarding mandatory vaccination requirements for schoolchildren:

a. This virus is not a threat to children. Please look at the CDC's most recent admission that out of the approximately 600 Covid deaths among children, most were not FROM the virus but WITH the virus. There is no need for any child to be vaccinated. We also have effective therapeutics to treat those very rare cases with a more severe infection. Nobody should die from this anymore if we treat it right.

b. There is NO FDA-approved vaccine in the United States. You cannot mandate this vaccination for children.

c. There are no long-term safety data available about these products. The manufacturers cannot prove that they won't cause any autoimmune diseases or cancers later in life, or infertility in girls. And yes, it is the manufacturer's job to prove that these are safe; not our job to prove that they're unsafe.

d. Comirnaty is not being manufactured and is not currently available in the US. The other, available Pfizer-BioNTech product is NOT interchangeable, by law. Just stating that the two products are identical will not cut it; this is why the Pfizer product still has an EUA.

e. The Nuremberg Code specifically prohibits mandating the uptake of an experimental (EUA) product. Minors cannot give informed consent. You are about to commit a crime against humanity and WILL be held accountable.

f. You should also be aware that while vaccine manufacturers enjoy full immunity and waived legal liability from all of the potential injuries their products may cause, this liability does not cover YOU as board members: you will be personally and criminally liable for any and all injuries and deaths that your mandates might cause.

I will be listening to the hearing on January 12th, as much as my work schedule allows it.
I hope you will decide against these drastic measures.

Respectfully,

Kimberly Ruisi

Sent from my T-Mobile 4G LTE Device

Get Outlook for Android

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From: David Heldstab
Sent: 1/7/2022 9:41:20 AM
To:
Subject: COVID Vaccine Requirement

External Email

> Dear Health Official,
> I am writing to express my opposition to COVID vaccine requirements for students in our state.
> I am sincerely pleading for their safety and our right for medical freedom. Please put your preconceived notions and politics aside and look at the statistics that school aged children are as likely to get Covid as to be struck by lightning.
Thank you
David Heldstab
Buckley

From: Andrea Pearce
Sent: 1/6/2022 6:35:43 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccinating Children - A Vote For No

External Email

Greetings All,

I am writing to ask that you DO NOT decide to make the new flu shots a requirement for our school children.

Thank you.

Sent from Mail

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

From: Jolie Lien

Sent: 1/7/2022 8:58:37 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vac requirement for School Aged Children

External Email

I am writing in regards to the meeting about school aged children having to be vaccinated to attend school in Washington State.

I am against this decision and please take a moment to read why.

This is not a one size fits all situation. Not everyone is fit to get this vaccine nor should be told to. My daughter is the perfect example. We have struggled with anxiety, depression, seizures, anger issues, cognitive issues for years. I have spent over 16 years fighting for her and trying to find out what was wrong. Come to find out she has CIRS. CIRS is an autoimmune disease that does not allow her to flush toxins. The toxins we are talking about is mold. Mold from water damaged buildings has shut down her brain and now deals with sensory and cognitive issues. After years of finding the problems (schools being the main problem with mold, especially portables) and cleaning up her environment she is finally feeling so much better and is feeling happy and thriving. Not everyday is good we have our ups and downs. But good days outweigh the bad by far compared to vice versa years ago. I am bringing up her story because her doctor (who literally saved her life from suicide) highly recommends my daughter never going near that vaccine. He has some patients with a pinch of anxiety problems and ever since they got the vaccine their anxiety has been off the charts and they are struggling with this bad. So better for her to steer clear of this. So how many more kids deal with this? Anxiety in children is at an all time high. The last thing we need to do is inflame that in children even more. Not many people have the time or money that we luckily have to help our daughter. Most expense to help her was out of pocket because insurance does not pay for natural fixes. I think of all the families and kids that deal with depression and anxiety and think do any of them know about mold or their environment? It breaks my heart and would hate to see anyone struggle even more with this.

I beg you to please read the data, that no safety data actually exists for this age group. Please consider the myocarditis rates post-infection and the VAERS data for the category of kids is high. Please consider what would happen if you pass this resolution- the exodus from public education (and private for that matter) as well as from this state will continue.

Thank you for taking the time and really hope your decision is a no. I am one of thousands with a story like this. As a parent you know your child more than your own self at times, I know what is good for my child, NOT the government.

Jolie Lien

From: Harumi Burns
Sent: 1/7/2022 7:40:34 AM
To: DOH WSBOH
Subject: Comments to WSBOH

External Email

COVID-19 injections should not be part of the school immunization requirements.

1. This is still under emergency use authorization. It has not been tested long enough. We must have informed consent. There is no liability against the drug manufacturers if there are adverse events.
2. Over 99% of kids and people in general recover from COVID.
3. The shot does not stop the transmission.
4. More children and young adults have been damaged mentally, emotionally and physically by the masking, testing and shot mandates than from the virus.

Why do you continue to use case counts to make decisions rather than hospitalization and death rates?

For almost two years you have masked our kids at schools and require multiple testing/week to participate in school activities. It has not worked. It is a virus and will continue to spread just like the cold and flu virus. Most of our States have fully opened and dropped the mandates, yet our State continues to damage our kids, families, health care workers by requiring something that does not work. Give people the information so they can make their own choices with their doctors. A one size fits all does not work!

Local health officials should not be allowed to use law enforcement to force emergency orders to involuntarily detain a person or families to be isolated to a quarantine facility. This sounds very similar to the internment camps that were used in our country for the American citizens of Japanese descent during WWII. This is not ok.

The mandates need to stop!

Harumi Burns
Jesse H Burns III
Spokane WA

Sent from my iPhone

From: Pskowski, Samantha L (SBOH)
Sent: 1/6/2022 4:21:46 PM
To: DOH WSBOH
Cc:
Subject: FW: upcoming meeting about vaccine mandate for school children

Samantha Pskowski (she/her/hers)

Washington State Board of Health

360-789-2358

From: ezcollec@aol.com <ezcollec@aol.com>
Sent: Thursday, January 6, 2022 12:35 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: upcoming meeting about vaccine mandate for school children

External Email

I am an informed citizen and grandparent to children of various ages. It has taken a considerable amount of time and ongoing research for me to come to the decision relevant to your proposal to create a COVID Vaccine mandate for school-aged children.

1. It usurps / overrides the power that a parent has to protect his/ her child and to make life-altering decisions for the child.
2. The Constitution provides for freedom of choice - always - not only when a parent is in agreement with the governing bodies.
3. The vaccines in question are not proven to be safe, and on the contrary have shown to be very dangerous, even life-threatening

themselves. This applies to adults as well as children. Many children who have received the vaccine have become extremely sick - they have developed neurological conditions, heart conditions, many have died from pulmonary embolisms. These were healthy children before the vaccine, but shortly after getting it they became ill and/ or died. The statistics are overwhelming. It is incomprehensible that anyone on the Board of Health is not aware of the number of severe adverse reactions and the enormous increase in deaths across the United States and other countries following Covid vaccine injections. The Truth is Out There if you want to look beyond the usual media news broadcasts and beyond the facebook, twitter comments.

4. These Covid vaccines are not typical vaccines that either protect a person against a virus, or lessen the effects of infection by the virus. They do not prevent a person from carrying the virus and spreading it to others.

5. There are protocols that are VERY effective in preventing and treating the virus and its variants. However, the government via Dr. Fauci has deemed it best to withhold the preventatives and treatments that work, in favor of vaccines and treatments that don't work. At some point there will be trials for Crimes Against Humanity and those who purposefully, or willfully went along with the 'killing mandates' will be tried and justice will be served. But until then, WE who are the parents and grandparents of these children that this mandate will affect, are at your mercy. I HOPE you are informed. I HOPE you have children too. I HOPE you are not afraid to stand up for all these children who cannot stand up for themselves. I HOPE you are independent and don't need the approval of your peers in order to feel good. I HOPE you are willing to be a champion, to stand alone. To do what is morally and ethically right. God be with you. And if you can't do this, God help you. There will be justice, either in this world or the next.

6. You should know that ALL the Covid vaccines do have graphene oxide nano-particles in them. Spanish research team's analysis of the impacts of graphene oxide nano-particles contained in the vial of the mRNA vaccine. The results of their analysis by electron microscopy and spectroscopy = Graphene oxide is a toxin which triggers thrombi and blood coagulation. It also has an impact on the immune system. Graphene oxide accumulated in the lungs can have devastating impacts. These are nanoparticles that get into the bloodstream and into every cell in your body, medical expert Jane Ruby explained. "These particles damage the cell membrane, the protective barrier of a cell. That's very dangerous," she warned. "We know about the pulmonary toxicity of engineered nanoparticles," says Andrew Maynard. Graphene also has electromagnetic properties which have been detected in people who have been vaccinated. These effects have been amply documented and confirmed. (See the study conducted by the European Forum for Vaccine Vigilance) The graphene oxide nano-particles respond to the G-5 cell towers being erected all over the world. The effect is two-fold. At one frequency, the vaccinated person exhibits flu-like symptoms. The other G-5 frequency acts like a microwave on the particles (which are in every cell of the body after the vaccine is given) ... Not a pleasant thought. The Spanish research team's conclusion = we call upon the national health authorities of the 193 member states of the UN

which are currently vaccinating their people, to conduct their own study and analysis of the vaccine vial. And if graphene-oxide is detected, the vaccination program should immediately be discontinued.

7. Last, on a parting note, if you aren't informed on Dr. Fauci, Bill Gates, and Klaus Schwab - please use the next few days/ hours

to at least have some idea of the people you are supporting if you choose to vote yes to a vaccine mandate. Bill Gates - verbally

stated he wants to reduce the world population by 2/3. Dr. Fauci had much more to do with developing the virus than your regular news media ever presented. Klaus Schwab has an agenda for the world where no one owns anything, but everyone is happy because they have medication for tranquility, people eat insects not meat, and vegetables are hybrids grown with Monsanto roundup providing the means for limited crop damage.

Thank you for your heartfelt consideration in this matter. Dona Cox

From: Arianne Hughes

Sent: 1/6/2022 7:09:14 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public opinion for vaccine requirements for children

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

This is not a vaccine, but a therapeutic for which children do not need. It does not provide immunity as falsely advertised. The variant for which the vaccine was created for is no longer in existence. The latest variant is not dangerous, but identified as mild.

Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

There are well documented risks associated with myocarditis in young males associated with these shots. Myocarditis is not a mild illness. Statistics show that 2 in 10 people with myocarditis will die within 2 years and 5 in 10 die within 5 years. Dead heart tissue does not regenerate itself.

Natural immunity has been shown to be much more robust than any immunity imparted by the vaccine, and there has been research that has shown, after a person gets the shots, they may never be able to achieve full natural immunity in the future. Please read this for 5 studies that show children already have robust natural immunity to this virus. Hands-off, CDC and Pfizer: Children are to be considered already COVID 'vaccinated' – Opinion – America's Frontline Doctors (americasfrontlinedoctors.org)

No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

It is estimated that, even if 28 million children are vaccinated against COVID, at most 45 lives might be saved. And there are potentially huge long term risks. What is the Number Needed to Vaccinate (NNTV) to prevent a single COVID-19 fatality in kids 5 to 11 based on the Pfizer EUA application? (substack.com)

In Pfizer's initial study for older 12-17 year old kids, adverse side effects were hidden. You may or may not be familiar with the story of Maddie De Garay who volunteered to be part of the initial trial because she wanted to do her part. She is now in a wheelchair with a feeding tube and likely will be for the rest of her life. Her side effects were hidden and listed as "abdominal pain". Even if there's an infinitesimal chance of this happening to another child, why take the risk? Comcast Censors Vaccine Paralyzed 13-Year-Old Girl

Do not vote to make Covid-19 "vaccines" a requirement for children in any situation.

Sincerely,
Arianne Hughes

From: Kenny and Jessica Whitmore
Sent: 1/7/2022 10:05:32 AM
To: DOH WSBOH
Subject: Public Comment for Meeting on January 12th, 2022

External Email

I am a lifetime resident of Washington state. Born and raised in the same town and now raising my child here as well. I am not anti-vaccination. My child is up to date on all school required vaccinations. I believe mandating a vaccine which does not meet all 9 criteria to consider in evaluating antigens is unacceptable and unnecessary. Children are in the lowest risk category for having severe complications from Covid-19 and its variants. The Covid vaccine should not be mandated for children due to its low efficacy rate, short-term effectiveness, and lack of long-term clinical trials.

If this vaccine is mandated, I will be removing my child entirely from our school district. My husband or I will quit one of our stable full-time jobs to homeschool her on our own. We will also be leaving the state of Washington as soon as possible. I personally know many Washington residents who feel the same way. In anticipation of a potential vaccine mandate for their children this fall, most have already left the state recently after having lived here their whole lives. That's how strongly these parents, like myself, feel about this gross overreach of the government in Washington state.

Please let parents and families decide which healthcare choices and procedures are best suited for their own unique situations. Especially now that Covid-19 vaccines are widely available and have already been administered to those sensitive groups and individuals who were at the greatest risk of having severe complications from contracting Covid-19.

Thank you for your time and consideration,

Jessica Whitmore

20111 E Lincoln Rd

Otis Orchards, WA 99027

From: Schreiber, Tracy N (SBOH)
Sent: 1/7/2022 1:39:19 PM
To: Hisaw, Melanie (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Forwarded VM - public comment



attachments\4A34CA973FE74592_voicemail-20.m4a

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From: G Pendleton

Sent: 1/7/2022 7:57:09 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Mandatory Vax and Forced Quarantine

External Email

To whom it concerns,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these

vaccinations for school age children.

Thank you,

Gavin Pendleton

From: Melissa Garrity
Sent: 1/6/2022 9:18:45 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid-19 mandate in schools

External Email

would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

I know someone personally who has had the injections and now has to see a doctor every 4-5 weeks to see if there is any progress to reverse the adverse reaction due to the Covid-19 shot.

I have a child in preschool. It is my responsibility as the parent to choose what is best for my child. If an adult can have adverse reaction to this injection why on earth would we want to give this to a child?!

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Rubin, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Melissa Garrity

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From: Trish Nilsen
Sent: 1/7/2022 5:32:03 AM
To: DOH WSBOH
Subject: RE: Your meeting next Wednesday January 12th-Small edit

External Email

It was the December 3rd UW Town Hall (not Dec 29) where they reported the myocarditis. Thanks, Trish

From: Trish Nilsen <nilsens@whidbey.com>
Sent: Thursday, January 6, 2022 11:44 PM
To: 'WSBOH@SBOH.WA.GOV' <WSBOH@SBOH.WA.GOV>
Cc: 'wsboh@sboh.wa.gov' <wsboh@sboh.wa.gov>; 'michelle.davis@sboh.wa.gov' <michelle.davis@sboh.wa.gov>; 'melanie.hisaw@sboh.wa.gov' <melanie.hisaw@sboh.wa.gov>; 'christy.hoff@sboh.wa.gov' <christy.hoff@sboh.wa.gov>; 'stuart.glasoe@sboh.wa.gov' <stuart.glasoe@sboh.wa.gov>; 'samantha.pskowski@sboh.wa.gov' <samantha.pskowski@sboh.wa.gov>; 'kaitlyn.donahoe@sboh.wa.gov' <kaitlyn.donahoe@sboh.wa.gov>; 'caitlin.lang@sboh.wa.gov' <caitlin.lang@sboh.wa.gov>; 'lindsay.herendeen@sboh.wa.gov' <lindsay.herendeen@sboh.wa.gov>; 'tracy.schreiber@sboh.wa.gov' <tracy.schreiber@sboh.wa.gov>; 'hannah.haag@sboh.wa.gov' <hannah.haag@sboh.wa.gov>; 'kelie.kahler@sboh.wa.gov' <kelie.kahler@sboh.wa.gov>; 'Nathaniel.Thai@sboh.wa.gov' <Nathaniel.Thai@sboh.wa.gov>
Subject: Your meeting next Wednesday January 12th
Importance: High

I ADAMANTLY OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school and childcare settings. I oppose COVID-19 shot mandates, period! There is overwhelming evidence that these experimental shots are wholly unnecessary in the low-risk pediatric population and are causing documentable harm to kids. If you take this step, you will be responsible for harming innocent children and the public school systems will see an exodus the likes of which the state can ill-afford to deal with as well. Well-informed parents are the best defense against this abomination and assault on the freedom of informed refusal. The UW itself (in their own Covid Town Hall on December 29th), reported 27 cases of myocarditis in their own population of kids who got the shot, and they have absolutely no way to guarantee the harm caused will not be long-term in those kids...this is only the tip of the iceberg. THERE IS SIMPLY NO LONG-TERM DATA ON SAFETY/USE IN THIS POPULATION! Besides, this is not a true vaccine, as evidenced by the tsunami of Omicron currently in those being "fully vaccinated". Our children and grandchildren should not be sacrificed for the old/weak/infirm who can choose the shots as consenting adults and therefore assume their own risk of harm. See references below.

I do SUPPORT Informed Choice Washington's Petition for Rulemaking — the petition is

item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. Where there is risk, there must ALWAYS be informed consent, which includes informed refusal.

I also adamantly oppose any attempts at our government to house individuals against their will in the so-called "Quarantine Camps"/hotels which have been re-purposed for isolation, especially if it is involuntary quarantine. There is absolutely no reason for this to even be a possible public health measure and needs to be removed from state public health powers.

Vaccinating Children Means Unnecessary Risks

1. Deaths by Age U.S. : 0-18, Centers for Disease Control (CDC)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FDeaths%2Fby-Sex-Ages-0-18-years%2Fxa4b-4pzv&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ca05332dfb3a34a837b6908d9d1e21500%7C>

2. Why is COVID-19 less severe in children? A review of the proposed mechanisms underlying the age-related difference in severity of SARS-CoV-2 infections

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fadc.bmj.com%2Fcontent%2F106%2F106%2Ffull%2F106%2F106%2Ffull>
, Petra Zimmermann, Nigel Curtis

3. SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F106%2F106%2Ffull%2F106%2F106%2Ffull>
, Tracy Beth Høeg, Allison Krug, Josh Stevenson, John Mandrola

4. Characteristics and Outcomes of Children With Coronavirus Disease 2019 (COVID-19) Infection Admitted to US and Canadian Pediatric Intensive Care Units

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2F106%2F106%2Ffull%2F106%2F106%2Ffull>
, Lara S. Shekerdemian, MD, MHA

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fsearchresult%2F106%2F106%2Ffull%2F106%2F106%2Ffull>
; Nabihah R. Mahmood, MD

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fsearchresult%2F106%2F106%2Ffull%2F106%2F106%2Ffull>
; Katie K. Wolfe, MD

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fsearchresult%2F106%2F106%2Ffull%2F106%2F106%2Ffull>
; et al.

5. State-Level Data on COVID-19 child mortality,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aap.org%2Fen%2Fpages%2F106%2F106%2Ffull%2F106%2F106%2Ffull>
novel-coronavirus-covid-19-infections%2Fchildren-and-covid-19-state-level-data-report%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ca05332dfb3a34a837b6908d9d1e21500%7C

American Academy of Pediatrics

6. Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F106%2F106%2Ffull%2F106%2F106%2Ffull>
, C. Smith, D. Odd, R Harwood, J. Ward, M. Linney, M. Clark, D. Hargreaves, SN Ladhani,

E. Draper, PJ Davis, SE Kenny, E. Whittaker, K. Luyt, RM Viner, LK Fraser

7. Risk factors for intensive care admission and death amongst children and young people admitted to hospital with COVID-19 and PIMS-TS in England during the first pandemic year

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

, JL Ward, R. Harwood, C. Smith, S. Kenny, M. Clark, PJ Davis, ES Draper, D.

Hargreaves, S. Ladhani, M. Linney, K. Luyt, S. Turner, E. Whittaker, LK Fraser, RM Viner

8. Shedding of Infectious SARS-CoV-2 Despite Vaccination

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

, Kasen K. Riemersma, Brittany E. Grogan, Amanda Kita-Yarbro, Peter J. Halfmann,

Hannah E. Segaloff, Anna Kocharian, Kelsey R. Florek, Ryan Westergaard, Allen

Bateman, Gunnar E. Jeppson, Yoshihiro Kawaoka, David H. O'Connor, Thomas C.

Friedrich, Katarina M. Grande

9. UK Government Recommendations on Vaccinating Children

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

issues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-

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020-00826-

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Sincerely,

Trish L. Nilsen, Langley WA

From: Joshua Biddlecomb

Sent: 1/7/2022 9:30:44 AM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: Communicable and Certain Other Diseases Rules

External Email

To whom it may concern,

My name is Josh Biddlecomb and I live in Benton county Washington. What you are trying to impose with this vaccine mandate in the schools and impose law enforcement to round up the unvaccinated in quarantine camps is absolutely despicable, evil and unconstitutional. I 100% oppose what you are trying to do here!! Just know, that there are more of us than you realize. We are the majority! The people of Washington will not stand for this kind of draconian rule and communist agenda infiltrating our state! Please consider the repercussions this will cause across the state if you impose such evil restrictions and mandates.

Thank you,

Josh Biddlecomb

Subject: COVID Vaccine Requirement

attachments\3E158484D5A14ADF_image.png

4. All available vaccines are for emergency use authorization. For goodness sake please

recognize the rules of law!

"WHAT IF I DECIDE NOT TO HAVE MY CHILD GET THE PFIZER-BIONTECH COVID19 VACCINE?

Under the EUA, there is an option to accept or refuse receiving the vaccine. Should you decide for your child not to receive it, it will not change your child's standard medical care."

Ref. <https://www.fda.gov/media/153717/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>

I implore that you look at the facts objectively here and end this doom spiral of vaccine requirements. Eventually the courts will agree as well, and YOU will be held accountable. In conclusion, humans are not cell phones or windows software that need to be upgraded every 2 weeks to deal with the latest virus threat.

Thank you,
Teresa Cover
Orting, WA

From: Heather Feroy

Sent: 1/6/2022 10:00:36 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Pediatric Vaccine Opposition

External Email

I am a parent! I am the sole decision maker for my children! I refuse to let them get this "vaccine!" It's an experimental drug, NOT a vaccine! This "coronavirus" is a COMMON COLD! It's not affecting children at all. Injecting this poison and POPULATION CONTROL into young, healthy children is the most disgusting thing I have ever heard of!

Below are some more reasons!

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Rubin, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Heather Feroy

Sent from my iPhone

From: Mary SMITH

Sent: 1/6/2022 11:34:47 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposed policies Jan 12th

External Email

Dear esteemed WA state Board of Health members,

As a concerned mother, grandmother and citizen of WA my entire life, I am deeply concerned with where these mandates are taking us. I request that you vote no to all the proposed policies on January 12th. It is already a violation of our rights to coerce the public to take an under tested vaccine by making it mandatory in order to work or to go to restaurants and other entertainment venues. (Now New York is simply requiring that everyone of their citizens get this vaccine. Are we next?) This is just wrong. There are far too many concerns surrounding this immunization to make it mandatory for anyone, let alone children who, by and large, don't even get sick with covid - nor do they, by and large, spread it.

I have never been anti Vax. All my children and I have been vaxxed all through school. These Vaccines made sense. I actually have a sister who was born deaf due to rubella measles during the 60's. So I understand how vaccines work and their value.

But covid is different. There's been something wrong from the git go with how these immunizations got pushed through. And my research tells me that I'm right. The bottom line is parents should have the right to choose whether or not their kids get vaxxed. It should not be a requirement to take a vaccine that has not been properly tested in order to attend school. I've watched the videos of young athletes dropping dead during soccer, football and basketball games from Myocarditis and pericarditis after having the covid immunization. Do you want that on your conscience? Please don't let them turn our kids into test Guinea pigs!

Additionally, please vote no to forcing medical care, detaining, or forcing this vaccine onto anyone. This kind of violation of human rights is unthinkable for our country. Do not be part to this totalitarianism! We have grown into being a country that prides ourselves on our constitutional rights, valuing freedom, free speech and correcting our past wrongs. Quarantining people and coercing them to take this poorly tested vaccine is a slippery slope to totalitarianism! Furthermore, because we have been a leader of human rights and democracy, people all over the world are watching us because they know if we fall in this way, there is no longer a standard and they will have no hope. Many citizens of other countries are being detained without substantial reason, it seems to be a power grab. Do you really want that here?

Please vote no to these oppressions and uphold our individual liberties.

Sincerely,
Mary Smith

From: Christy B
Sent: 1/6/2022 10:16:07 PM
To:
Cc:
Subject: Say NO

External Email

I beg you to say NO to mandates vaccines for kids! The death rate is so minimal, kids are not getting sick from C-19. The vaccine is hurting kids more than the virus. It's overstepping boundaries! Make it stop!

If this happens my son will be pulled from the public school. We will not vaccinate!

Listen to the parents!

Christina Blakeley

From: Sarah Gould
Sent: 1/7/2022 10:50:09 AM
To: DOH WSBOH
Cc:
Subject: COVID 19 vaccine requirement for schools in Washington State

External Email

It has come to my attention that WA Board of Health will be discussing Covid-19 shot mandates for schools and recommendations for forcible quarantine and/or detention of those that disagree with policies.

As a parent to 3 children in this State, I request that you abandon the plan of forming a technical advisory group to explore COVID19 mandates and adopt a new rule of requiring products to have completed Phase 3 clinical trials before they can be added to list of school requirements.

Please oppose Agenda Item #8 and support Agenda Item #11.

Thank you,
Sarah Gould

From: Karam Mann

Sent: 1/7/2022 8:50:06 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 12th Covid Meeting Public Comment

External Email

To whom this may concern,

This email is to publicly express my position to remain having a choice when it comes to vaccinating my children for Covid-19! This is too new of a vaccine, children already have been proven to be at a extremely low risk, and again this vaccine DOES NOT prevent Covid-19 only lessens the symptoms.

I am expressing my position of being adamantly against this vaccine, especially when it is being brought up that it could become a mandate for students in educational settings and school age children in order to attend PUBLIC schools.

I vote NO on mandating Covid-19 vaccines in schools for children under the age of 18.

Concerned parent of 3!
Karamvir Mann

From: caseyjdeling

Sent: 1/7/2022 9:58:36 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Haag, Hannah R (SBOH),kelie.kahle@sboh.wa.gov,Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine Mandate for Schools

External Email

To whom this may concern,

I am writing this as a concerned parent of school aged children. I understand that the Washington State Board of Health will make a decision about requiring the covid vaccination as part of enrolling into the school systems, which I believe, would be a huge mistake.

Should you move forward with such decision, all three of my children, along with countless others, will be pulled from our local school system. Mind you, we live in a rural town in Washington State, 300 kids in Kindergarten-12th grade in one building. Imagine the impact that will have on our tiny school? The funding, the staff, etc.

Don't get me wrong, I believe Covid is a real virus. I had it, my husband had it and all three of our kids had it. My (5) siblings and their families had it, and numerous friends have all had it. It was nothing more than a mere cold/flu. Yes, it can be potentially deadly for some, but so is influenza, pneumonia and others.

Requiring young children to be subjected to a vaccination that isn't even effective is asinine. Wasn't it recently stated that we won't even have all the data about this so called vaccination for another fifty years? I am repulsed that this is even a topic for our children right now. In fifty years, when these kids are supposed to be grandparents, who knows if they will be given that opportunity? Who knows if this vaccination could rob them of that? We have literally no information on long term, and I mean long term, not the information just provided to us within the last year, that this vaccine doesn't have long term effects. I will not subject my kids to that, and I know thousands of other families feel the same.

Please take everyone's feelings into consideration when you move forward with this and the effects it will have on schools across the state. Keep in mind the flu shot is not required to be enrolled in a school. Finally, I ask you to please move forward with caution and concern, as this will further divide our state.

Thank You,

Casey Daling

Sent from my Verizon, Samsung Galaxy smartphone

From: Jessie O'Neill

Sent: 1/7/2022 9:09:33 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: OPPOSITION of Proposed Covid-19 WAC

External Email

Dear Board of Health Members,

I've recently become aware of the Washington Administrative Code (WAC) proposals regarding Covid-19 requirements for school age children. I am in complete OPPOSITION to this proposal, and disappointed in our state leadership for allowing this infringement of our rights to even be considered. Science proves that Covid-19 is as much a threat to our children as the common cold, and yet you've allowed fear and mob mentality to dictate your legislation. The possible side effects of this vaccine, which science shows to be ineffective at eradicating Covid-19 and has not received adequate long-term testing, outweigh the risks of the disease, but you are seeking to overturn the rightful responsibility and judgment of parents. This is NOT a childhood disease, and does not compare to the other diseases that we've largely eliminated through vaccines. While I am thankful for access to a vaccine, I fully support the CHOICE to vaccinate against Covid-19 or not. As we have equal access to a vaccine, allow each individual to assess their own assumed risks and make the necessary decisions for their own family.

I appreciate your consideration.

Jess O'Neill

From: Jeremy Trivelas
Sent: 1/6/2022 7:09:50 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid Mandate

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. My lack of support for a mandate stems from the following criteria not being met under sections II and III on the list of criteria:

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

- The vaccine has been directly available to every vulnerable sub-set of the population for some time.

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

- It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority.

- Under 51% of Spokane County residents are vaccinated. (srdc.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>)
- Less than 40% of kids 12-17 are vaccinated. (srdc.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>)
- Only 36% of the entire black community in Spokane County is vaccinated, and it is reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srdc.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsrdc.org%2F&data=04%7C01%7C>)

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

- Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

- As stated in the above vaccination statistics, parents are choosing not to vaccinate their children. Forcing them to do so (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods) does not fall within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thusly, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get it.

The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: solntse vseгда
Sent: 1/7/2022 11:54:39 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Please vote No to adding Covid-19 to the list of infectious diseases for WAC Codes

External Email

The current strain (Omicron) has been reported as causing 6 deaths in 100,000 cases which is roughly equal to the death rate of those who have had adverse reactions to the vaccine. More people die each year from the Flu than the current strain of Covid-19. This would be a major overreach by this board and do severe harm to the faith that people have in your judgement.

Sincerely,
Irina Dubinskiy

From: Dawn Apuan

Sent: 1/6/2022 10:50:17 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WAC 246-105 input for Monday meeting

External Email

To Whom It May Concern,

It's come to my attention that the upcoming meeting on January 12th includes considering requiring school-age children to have the c-vaccine to attend private and public schools.

Given the recent wildfire spread of the newest strain amongst vacs and unvacs, it's very obvious that the vac isn't as effective as people would have hoped. Furthermore, anyone who has gotten it has immunity and is better equipped for the future than having the vacs.

PLEASE VOTE NO

There is no reason at this stage to require kids to have this. Please protect our rights as parents to look after the well-being of our children and make the decision that we feel is healthiest for them.

-Dawn Apuan

From: Robin Dyer
Sent: 1/7/2022 12:18:19 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Proposed NAC s

External Email

Good afternoon,
I am writing to tell you that I am very much opposed to the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105

You're getting a lot of these letters I'm sure!! It is completely against my constitutional rights and those of everyone in this country. YOU will be in violation of YOUR OATH as a public official If you support the WAC's listed above!!

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination. You have no right to tell another person what to put in their body, especially things that are not proven effective by the FDA. That is not why you were voted into your position!!

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

This virus has a 99% survival rate. Immunizing children and/or adults, quarantining families is completely against our rights and unnecessary. Please look up the Nuremburg Code if you are unfamiliar. The decisions you make will affect the Freedom of all the future generations to come!

Thank you for your time.

Robin Dyer

From: Hamilton anon
Sent: 1/7/2022 7:38:27 AM
To: DOH WSBOH
Subject: Agenda items #9 and #11 for the WSBOH Meeting on 1-12-2022



attachments\176AD11EA376425F_2022-01-07_7-00-14.jpg

External Email

The WSBOH is about to meet to consider (a) requiring experimental Covid-19 vaccinations for school age children and (b) to extend the power of WA state to determine what treatments (experimental vaccines) citizens should receive to prevent or treat Covid-19. As a WA state citizens, I find either course of action to be not only unconstitutional (and thus illegal) but morally repugnant.

Attached is a copy of the Nuremberg Code (1947), which addresses the morality of forcing people of any age to participate in experiments against their will. Below is a bare-bones version:

Nuremberg Code - Bare Bones

1. Voluntary consent is ESSENTIAL.
2. Results must be "unprocurable" by other means.
3. Study design must make scientific sense.
4. There can be no unnecessary physical & medical suffering.
5. Studies are cause death or disabling injury are not permitted.
6. The risks must NEVER exceed the benefits.
7. Participants must be protected again even the REMOTE possibility of harm.
8. The study must be conducted by qualified people.
9. Participants must have the power to withdraw from the study at any stage.
10. The scientist in charge must terminate any study that causes harm.

The measures you are considering are in clear violation of this Code -- a code that was intended to prevent re-enacting the horrible experiments conducted on prisoners of the Nazi Reich. Is this really something you wish to do?

From: Garret
Sent: 1/7/2022 6:17:36 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: No absolutely no mandate

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults

feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Kara Hanwright

Sent: 1/6/2022 8:39:18 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid vaccine for schools

External Email

To whom it may concern,

I am asking that a mandate for the covid vaccine not be enforced for our children to go to school. Parents should never have to balance the choice of their child's health care, with their right to receive an education. Regardless of a possible exemption, this puts more pressure and stress onto entire family units, which we know are suffering from the trauma of the past two years to start with. Please allow those who want the vaccine to get it, and let our child (with almost 100% survival rate) continue to go to school without any farther obstacles.

Thank you,

Kara Hanwright

Sent from my iPhone

From: Rachel Groves
Sent: 1/7/2022 9:44:43 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Concerned Parent

External Email

Dear member of the Washington State Board of Health,

I am writing to you as a concerned parent regarding the upcoming decision as to whether the Covid vaccine should be required for school age children for the 2022-2023 school year. My husband and I have 3 children ages 12, 9 and 7 years, one boy and 2 girls. We have a close family member, who is fully vaccinated, that had vaccine related myocarditis a few months back and has still not fully recovered. Sadly, there are 22,117 cases of confirmed myocarditis/pericarditis in the US CDC VAERS system, as of December 24th, 2021.¹ With high rates of myocarditis being reported as an adverse side effect from the vaccine in boys ages 12-17, that is a serious concern of ours for our son. He is an active football player, and we are concerned about the long-term effects of myocarditis, especially since it has not been extensively researched in kids.

I believe consideration should be given for families who have had positive Covid cases, have fully recovered and now have antibodies. There seems to be a blatant disregard in our community, and Washington state as a whole, for anyone who has fully recovered from the virus and can prove they have antibodies. Someone I know personally had to jump through major hoops to be able to attend an event in Seattle. They were told they needed to present a negative covid test taken within 72 hours of the event OR an antibody test. This individual got the antibodies test done before the event and then double-checked with the organization a day before to ensure they would still accept the antibody test. They said they would not accept it and a negative covid test was required to attend. There are currently 140 studies available on the robust, durable protection of natural immunity from around the world by hundreds of scientists, researchers and doctors.² Why is this not a part of the conversation in our country and state??

Studies have shown that Covid affects children far less than it affects adults and over 16,000 physicians and medical scientists around the world are declaring that healthy children should NOT be vaccinated against Covid.³ To require mass vaccination of school age children with a vaccine this is STILL under Emergency Use Authorization is wrong. We as parents still do not have clear lists of potential side effects and complications of the vaccine and we should have the right and freedom to weigh the pros and cons for our individual children based on their health history.

Our country was built on freedom and choice. Our state government and Board of Health are taking those freedoms away from parents by implementing mandates regarding the virus. Even at a national level the vaccine mandates have stopped. Why is our state continuing to push these mandates?? It is unnecessary. Let parents make decisions for our children, which we have been doing all their lives. Please take a step back and look at the potential long-term ramifications of mandating this vaccine for kids. It has not

been well tested and there have been over 169,934 cases of adverse reactions to the vaccine in our country, as of December 24th.¹ After the vaccine has gone through the proper testing and we truly know how it affects children, then let's have the conversation about requiring it for school-aged children.

Thank you,

Rachel Groves

Resident of Olympia

References:

1<https://openvaers.com/covid-data>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F%2Fcovid-data&data=04%7C01%7CNathaniel.thai%40sboh.wa.gov%7C3209ceca934a4e4f0c5508d9d2056179%7C1>

2<https://www.thewellnessway.com/natural-immunity-140-studies-of-validation/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thewellnessway.com%2F%2Fnatural-immunity-140-studies-of-validation%2F&data=04%7C01%7CNathaniel.thai%40sboh.wa.gov%7C3209ceca934a4e4f0c5508d9d2056179%7C1>

3<https://doctorsandscientistsdeclaration.org/>

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

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Rachel Groves
Arbonne Independent Consultant
Executive District Manager

rachelgroves.arbonne.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Frachelgroves.arbonne.com%2F&data=04%7C01%7CRachelGroves%40Arbonne%2Ecom%7C3209ceca934a4e4f0c5508d9d2056179%7C1>

rmgroves18@gmail.com <<mailto:rmgroves18@gmail.com>>
360-688-6585

From: Schreiber, Tracy N (SBOH)
Sent: 1/6/2022 4:02:48 PM
To: DOH WSBOH
Cc:
Subject: FW: TAG rules development and concerns for SBOH vaccine mandates for children



attachments\32B66FAF7E2949A7_Washington State Board of Health letter signed.docx

Tracy Schreiber (she/her/hers)
tracy.schreiber@sboh.wa.gov
360-463-9069

-----Original Message-----

From: Twinkle Kitty <tkitty187@gmail.com>
Sent: Thursday, January 6, 2022 3:54 PM
To: Schreiber, Tracy N (SBOH) <Tracy.Schreiber@sboh.wa.gov>
Subject: TAG rules development and concerns for SBOH vaccine mandates for children

External Email

Please read.

From: Craig Hanaumi (GJJWA)
Sent: 1/7/2022 10:21:34 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Opposition of Proposals

External Email

Good morning!

I am emailing to voice my opposition over the WAC proposals to utilize law enforcement to assist with detaining people in any way connected to any type of quarantine and also to oppose mandated covid vaccination for children attending schools.

Thank you,
Craig Hanaumi

Sent from my iPhone

From: Codi Villalobos

Sent: 1/7/2022 10:51:28 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: PLEASE OPPOSE

External Email

Hello,

I am writing to you as a concerned citizen of Washington State. I am a mother, a small business owner, and have volunteered countless years of my time in my community. I was born and raised here in WA State and care about it and the people here deeply.

I am deeply concerned with the things I am seeing happening here in WA in regards to people's health rights.

Everyone should have the right to choose if/how/when to seek medical care/treatment for ANYTHING. Choosing what happens to our body is one of our most BASIC human rights.

PLEASE OPPOSE applying new WAC codes that will allow health officers to use law enforcement to detain people to a quarantine facility against their will. EVERYONE should have the basic human right to decline testing, treatment, counseling or vaccination against, not only COVID 19 but ANYTHING.

Additionally, I am urging you to oppose WAC 246-105 which will add COVID 19 injections to the school immunization list.

There has not been ANY long term studies to see what this new injection may or may not do to us down the road. There have only been short term studies. Forcing parents to give their children something that is still in phase 3 trials is reckless. Heart issues have already been proven to be a side effect of this injection. What else will we discover as the years go by? We cannot take back an injection once we've received it, but we CAN get them later after more data is available, if needed.

We have also learned over the last year with this injection, that you can still, very easily, catch and spread COVID, even if you are vaccinated.

Parents should not have to choose between an injection they are genuinely, and rightfully, worried about, or sending their kids to public school.

PLEASE OPPOSE these new WAC codes.

Thank you for your time
Codi Villalobos

From: Hannah Kilcup
Sent: 1/6/2022 10:25:08 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No VAX Mandate for KIDS!

External Email

Hello,

My name is Hannah Kilcup. I am a teacher and a single mother of 3 children. I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank You,
Hannah Kilcup

From: Julie James

Sent: 1/6/2022 9:19:11 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Opposition to Vaccine Requirement

External Email

To all members of the Washington State Board of Health:

I would like to express my extreme opposition to the implementation of a COVID 19 vaccine requirement for schools in Washington State.

The reasoning used to support this position:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long-term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

The health of a child is, first and foremost, the responsibility of the parent. If you proceed with this requirement, the outcome will likely be that many parents will withdraw their children from state schools. This will be to avoid risking the health of their children on a vaccine that has short-term efficacy and is statistically unnecessary for children.

I caution you that if you take this step, you will be responsible for the continued rise in homeschooling (which is already happening) and the unnecessary vaccination of healthy children - a state that cannot be guaranteed AFTER the vaccine is injected. Please reach out to those doctors and scientists who are speaking out against vaccines for children. Put them on the spot to provide you with data and scientific studies that support their concerns. Factor in all the compelling evidence before determining a path forward. The children and parents in this state are depending on you to make a choice that promotes health, yet does not sacrifice commonsense.

Again, I would like to state my strong opposition to requiring Covid 19 vaccines for children in the WA state school system. I will follow your discussion and decision very closely.

Sincerely,

Julie James
Carnation, WA
King County

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Scott Berry

Sent: 1/7/2022 11:19:58 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Opposition to Mandatory COVID-19 Vaccinations for Schools or Childcare

External Email

Please do not vote in favor of making COVID-19 vaccinations mandatory for schools and childcare for the following reasons:

First of all, children have a recover rate of about 99.995%. The vaccine is unnecessary for them.

The vaccine has proven ineffective at stopping the spread of the virus.

The vaccine does not stop children from contracting the virus.

The vaccines are only authorized for Emergency Use. There are not studies to show the long-term effect of these vaccines on our children. There is no legal ground to forcibly inject these experimental chemicals into anyone, let alone children.

The injection is demonstrably unsafe. There are no studies of the safety of this drug, long or short term. However, there are tens of thousands of adverse reactions and unexplained early injuries and deaths, in the VAERS database, due to heart and organ damage. When H1Ni vaccine had 59 adverse reaction, the vaccine was removed from the market. It is insane to push forward with this insistence by the current political administration on the Federal and State levels in light of the vast number of injuries and deaths proximate to the time of the injection. Many of the adverse reactions occur within the first two weeks. Therefore, the CDC 'arbitrarily' decided that any adverse reactions occurring within two weeks of injection are 'deemed' by them to be unrelated to the injection. Insurance companies are reporting a 40% increase in non-COVID related, premature deaths in 2021. This incredible increase can only be attributed to the millions of vaccines administered in 2021.

Finally, mandatory vaccinations are ILLEGAL according to international law and Nuremburg Code. If vaccines are mandated, there will be lawsuits filed by all who were forced to take and were damaged by the vaccine. The consequences could be catastrophic financially.

I am not an anti-vaxer or some extremist. I am rational and concerned citizen. Please do not put our children in harms way. Thank you for your consideration.

Sincerely,

Scott Berry

Gig Harbor, WA

From: Ashish Kaila

Sent: 1/6/2022 9:18:41 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Extreme Objection to the implementation of a COVID 19 vaccine requirement for schools in Washington State.

External Email

To,

Washington State Board of Health

Board Members,

I would like to express my extreme opposition to the implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long-term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis

of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely Yours,

Ashish Kaila / Elena Zakalinskaya

Residents,

Snoqualmie WA

From: Janet Young
Sent: 1/6/2022 4:14:24 PM
To: DOH WSBOH
Cc:
Subject: Re: Decision about Recommending Covid-19 Vaccine for School Children

External Email

Each member of the Washington State Board of the Health has a grave responsibility to set practices and make policies that affect individual citizens and families of the State of Washington. Parents have the right and responsibility to make decisions for their children. A vaccine of any kind is putting a substance into a body that has either wanted efficacy against disease or unwanted short-term or long-term damage. I ask the board to rule against any recommendation of the Covid-19, Novel Coronavirus Vaccine for children in Washington State schools or anyone else.

As Americans we have sovereign jurisdiction over our bodies. Parents know their children best and should make ultimate medical decisions for their children. They can consult their doctors or faith leaders. Parents want to make informed choices about what goes into their children's bodies. Children are not at great risk of Covid-19 or of spreading it. I urge the Board to vote No or Against the Covid-19 vaccination recommendation for Washington's school children.

Sincerely,

Janet M. Young

January 6, 2022

From: Andy and Lori Olson

Sent: 1/6/2022 5:47:32 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to vaccine mandate!

External Email

I would like to express my extreme opposition to implementing the COVID-19 vaccine requirement for schools in Washington State.

First reason - she is my Child. It is her choice. Not yours.

Next,

Natural immunity has been shown to be much more robust than any immunity imparted by the vaccine and there has been research that has shown, after a person gets the shots, they may never be able to achieve full natural immunity in the future.

Pretty sure they are NOT FDA approved!

Children are statistically at zero risk of dying from COVID. Their survival rate is very high for them without a vaccine. How many COVID deaths are you aware of in children that have not been vaccinated? Where there is no risk, there can be no benefit!

The spike proteins associated with these shots have been shown to settle in the females reproductive organs, potentially affecting future fertility. There is also a study out focusing on how the shot has affected changes in girls' menstrual periods.

No one knows the long term risks of these vaccines. No. One.

It is impossible for someone to give informed consent when side effects from the vaccines are hidden. These are innocent children your are trying to force the vaccine on. Why can't it be a CHOICE?

Please do the right thing and do not require these vaccinations for school age children. There are too many unknowns for you to make a decision that affects MY child, not yours! Forcing vaccination on healthy children for a disease that doesn't affect them just to make adults feel safe is a new low for humanity.

Thank you for your time -

Lori Olson

White River School District Parent

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Angela Amdur

Sent: 1/7/2022 10:52:45 AM

To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), caitlan.lang@sboh.wa.gov, Donahoe, Kaitlyn N

(SBOH), samanatha.pskowski@sboh.wa.gov, Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), DOH WSBOH

Cc:

Subject: Opposing tech advisory group for mandatory vaccines for children, opposing additional communicable diseases for agenda item 9, supporting agenda item 11

External Email

Hello,

I wanted to provide input on the agenda for the Jan 12 meeting. I may not be able to attend via Zoom.

I oppose the TAG for COVID 19 shots as possible mandates for school. These products, while in widespread use, have generated a very large amount of adverse reports and reactions in VAERS. Mandating these shots depends on an unproven optimism that things will be fine for the many children who already have underlying health issues, ASD, or other chronic conditions. Those children have NOT been proven to be more in danger from COVID, but often are seriously adversely affected by vaccines that provoke the immune system in a way that goes around the normal functions of the immune system.

A mandate for an emergency use vaccine is dangerous and should be avoided. Especially in light of how fast COVID is changing and the waning efficacy of the current vaccines.

Also, I would like to oppose agenda item 9 that looks at expanding the authority of the health board that is already in extreme overreach for additional communicable diseases. Forcing vaccination, counseling, or detention, at the sole discretion of anyone person with little to no regard for the medical, religious, or personal freedoms granted by our constitution is abhorrent to the reasons we fought so hard to separate ourselves from England. It's essentially force medical and prevention without representation. As a family of a child has already suffered vaccine injury and who has multiple family members with previous vaccine injuries, I speak from a place of deep concern. When COVID-19 is much further behind us, we will all look back on what we did that may have been considered too much. There's no reason to exacerbate the extreme measures we've already gone to which clearly aren't having the effect they were ever intended to have anyway.

I do support the new Petition for Rulemaking that would prohibit making any emergency use authorized product or a licensed product that lacks Phase 3 trial studies from being on "school required" list.

Sincerely,

Angela Amdur
Roslyn, WA

Sent from my iPhone

From: Lyndsay
Sent: 1/6/2022 9:26:05 PM
To: DOH WSBOH
Subject: Say no to mandates.

External Email

To whom it may concern,
Mandating the vaccine to school age children and daycare students is an absurd thing to even begin thinking about. This virus has a survival rate that is extremely high. They're more likely to get hurt on the play ground running around than dying from this. The vaccine is more likely gonna hurt them than benefit them.

Coming from a teacher, dealing with every mandate, sick child, sick co worker, shut down, requirement every day as it is.

Everyone is entitled to their rights and beliefs. we should be able to make the decision for our children and not suffer consequences when it comes to such things like this. I want my children to be safe and well but this isn't how you do it.

Lyndsay Yonkoske

From: Maggie MacInnis
Sent: 1/7/2022 10:37:25 AM
To:
Cc:
Subject: Upcoming Proposed Policies

External Email

Hello,

I am a Washington State resident and have become aware of the proposed policies to be presented on January 12th.

I am writing to register my emphatic opposition to mandating Covid-19 vaccines for school attendance.

I am also writing to register my opposition and absolute outrage at the prospect of the involuntary detention and isolation in quarantine facilities of those who refuse to comply with requests for medical examination, testing, treatment, counseling, and vaccination. The right to refuse these things is protected by both our state and federal constitutions, and their violation brings to mind (and I do not draw this comparison lightly) the horrors of Nazi Germany.

I urge you to utterly reject these policies and stand as an inhibitor of the evil that would come of them.

Respectfully,

Maggie MacInnis

679 Highway 603

Chehalis, WA 98532

From: Amberly Lacy

Sent: 1/7/2022 11:29:52 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: upcoming January 12th meeting for covid shot school requirements

External Email

To the Public Servants of Washington at the Washington State Board of Health,

I'm writing today to represent thousands of Washingtonian parents who need a voice, but had no idea this meeting was happening. I'm not sure how many emails you've received, and I'm sure many of them say the same things. I'm here to call to attention the financial burdens this will cause the state. Already, Washington state has lost school funding for over 50,000 students in the last year due to poor policies and not listening to the parents. If you implement this policy you will absolutely be responsible for losing the schools more funding. While thousands of parents will fight for exemptions, twice that will simply unenroll, or this will be the push they need to move. Either way, all of Washington will suffer because of this legislation. Parents will either get their children the shot willingly or pull them out of school, this is a terrible move. If you thought the handful of parents who already show up to meetings, write letters, go to the capitol, ask for meetings etc... is an issue, wait to see how the numbers grow if you try to implement an experimental vaccine that has already caused hundreds of thousands of hospitalizations according to official reports by the WHO and CDC. For most of the other vaccine legislation that has occurred in this state, it has happened quietly, without the majority of parents knowing what is happening. ALL kinds of parents are paying attention now. The ones you've never seen or heard from, the ones who were quiet up until now. There are 80 million people in this country who are not vaccinated for this, and probably twice that many who only took it because they were forced to. If you think forcing it on their kids to go to school is going to go over well, it won't. Not only is it grossly irresponsibly based on any and all current data for the current vaccines available or the current data about all covid strains to implement this for children, it will cause an unnecessary wave of outrage from parents across this state that will result in gross loss of funding for the schools while offering no real protection to children against the virus. So if it's really for the kids, you will not pass this, knowing the results will be no greater health to the students while losing them funding. More and more parents are getting involved, and I don't think any of the Washington state boards of anything are prepared for what this will do if it passes. Don't believe me? My children will NEVER attend school here while the state continues this madness and I took the time to write this out. This literally does not affect my family and I'm still doing this, imagine how many parents will be involved who this does affect if you pass this. Instead of enrolling my child in school this year, we homeschooled. We were sure to not do it through the state too, and thousands of parents are prepared to do the same the second this is implemented or move out of the state. We know the only way to get a voice heard is to vote with our \$\$, and 50,000 families have done that already, are you prepared to lose another 100,000+ families this school year?

oh so very sincerely,

Washingtonians concerned for not just the children but the whole state

From: Mary Brooks
Sent: 1/7/2022 10:31:00 AM
To:
Cc:
Subject: Immunization Criteria for Child Care and School Entry

External Email

To whom it may concern:

I am strongly opposed to the Covid vaccine drugs being mandated for school attendees. Vaccination is not a decision for politicians, but should be decided by the individual or their parents. Should there be long-term side effects, from these vaccine drugs, or from the virus itself, it falls on the parents to carry the burden of those health issues. The government can educate parents about this decision, but should not make the decision for them, nor coerce them into choosing against what they feel is best for their children. Please do not mandate these drugs.

Sincerely,

Mary Brooks

(Citizen of WA state and parent of 6 grown children and 5 grandchildren)

From: birthsupport@aol.com
Sent: 1/6/2022 4:06:49 PM
To: DOH WSBOH
Cc:
Subject: Masking children

External Email

Bellingham is my home, I was born and raised here. I care about this community and the future we are creating for our children and the generations after. I graduated from Sehome, and one of my history teachers told the class something that has stuck with me all these years, "we learn history so we don't repeat our mistakes." So what happened? How did we get where we are now? Segregating and discriminating again? I can talk about the science that proves masks do not protect anyone against viruses. I can talk about the science that shows the physical harm it causes children, from headaches and rashes, to lung conditions and more. I can talk about how more kids die of the flu every single year than have died of Covid in over 18 months!

Instead I want to talk about the kids who are overlooked and forgotten in this conversation. The kids who have conditions, disabilities and invisible issues. Imagine being a child with so many challenges already, physically and mentally, and the only way to get an education is to put your health at risk, or be separated from all your peers and friends like an outcast. No child should have to risk hurting their health in order to make others feel safe. No child should have to put their physical or mental health at risk just to get the education they deserve. I want you to take a minute and imagine being a child who is so incredibly afraid of being suffocated, due to a trauma or something else. A child who has paralyzing and debilitating anxiety or claustrophobia. Now imagine that child now has to go to school with something over their nose and mouth "suffocating" them and triggering their claustrophobia for hours every day. Can you imagine that kind of torture? Imagine being a child who has been molested by someone, someone who put their hand over their mouth to muffle their cries and protests. Now imagine that child now has to go to school and put something over their mouth and nose, just like their perpetrator did, muffling and suffocating their voice, reminding them how helpless they are. How can a child possibly learn while being tortured like that? Having to suffer that torture all day long is not ok at all. What does it say to those kids when you tell them, no you can't come to school because you won't mask? I'll tell you what it tells them, that they don't matter. That they don't deserve an education or to be with their friends. Their suffering doesn't matter. Their education doesn't matter. They don't matter. Is this the kind of treatment that will help these kids? Or is this what will finally break them? There are all sorts of conditions and disabilities like this that aren't obvious. And children should not have to explain to their peers or adults, their personal traumas or issues because they want to get an education.

Masking is harming children mentally in so many ways, isolating and damaging relationships. Suicide and addiction has gone through the roof! I know of several young people who have committed suicide the past 18 months, and ZERO who have died of Covid.

The facts are, a virus is NOT harming and killing our children, masking and mandates are!! Covid is NOT harming our kids, YOU are! It is your job to do what is best for our children, NOT what is best for your superiors, and politicians. Don't tell me you can't do anything or your hands are tied, that is bull and you know it!! It is your job to stand up to unjust laws and do what is RIGHT and best for our kids!

This is an incredibly important time in history, and people will be reading about this time in history books. Your ancestors. Do you want to be seen as the people who helped harm

and kill children?? Do you want to be seen as one of the bad guys or one of the good guys?? You have a chance to do what is right and be seen as the people who stood up strong against evil and corruption and saved our children, or you can be seen as the people who helped harm them. Either do the right thing and remove ALL mandates for schools, or I will do everything in my power to make sure you are replaced with people who will!

Amy Westman

From: Abby Lewis

Sent: 1/7/2022 9:44:42 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear members of the Committee,

I want to let you know I am firmly opposed to any mandate that will require all WA state residents or school children to be vaccinated for Covid 19. I myself am vaccinated but what people have injected into their bodies should be their choice. Forcing people to do that is wrong and shouldn't happen. Regarding school kids being required to be vaccinated against Covid in order to attend school, death rates for kids from Covid is extremely low. Lower than the flu and flu shots have never been required.

Abigail Lewis
Puyallup, WA

From: Jamie Temple
Sent: 1/7/2022 9:01:42 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Concerned parent

External Email

Hello,

I am writing to express my sincere concerns about mandatory Covid-19 vaccines for school entry and childcare in WA. I have 2 young children, ages 6 and 4 who are currently all up to date on their vaccination schedules. My husband and I have spent hours discussing and evaluating potential risks and benefits of vaccinating our children against Covid-19 and have come to the conclusion that there are simply too many known and unknown risks to submitting our children to these experimental vaccines. It is well known that the risk of severe illness and death to children from Covid-19 is extremely low. What is more concerning to us as parents are the potential long term risks associated with a new vaccine technology. Given these facts, we believe it is in the best interest of our children's health to not vaccinate them against Covid-19.

May I also point out that the current Covid-19 vaccines available in the United States remain under emergency use authorization. These vaccines also do not stop transmission, only lessening the severity of symptoms. Mandating Covid-19 vaccines for our children, the majority of who have very mild or even asymptomatic cases, is simply unnecessary and will not "stop the spread" or protect others. If anything, it may convince parents to allow their vaccinated children to go to school while ill in a false assumption that they can't get covid, increasing the spread. Putting our most innocent at risk of suffering unknown long term side effects from a rushed vaccine for a disease that does not cause them harm is simply not rational.

I implore you to allow parents to make their own decisions for their children's health.

Thank you,

Jamie Temple
Temple Distilling
425.678.8620
cell 206.856.4013
www.templedistilling.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.templedistilling.com%2F&data-source=filtered-message>>

From: Jodi Roark
Sent: 1/7/2022 10:04:55 AM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: Public Comment for Jan 12 meeting

External Email

Sent from my iPhone

Begin forwarded message:

From: Jodi Roark <2fineboys@gmail.com <mailto:2fineboys@gmail.com> >
Date: January 6, 2022 at 2:56:57 PM PST
To: wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov>
Subject: Public Comment for Jan 12 meeting

□Iregards to the petition to add the Covid-19 "shot" to WAC 246-105, I am completely opposed to this action. First off, this is not a "vaccine" per it's origin definition of "preventing disease". As stated in WAC 246-105-010 <tel:246-105-010> , the rule is "to protect children and the public against certain vaccine-preventable diseases." Covid is not a "vaccine-preventable" disease and there is no "vaccine" or "shot" that prevents people from contracting Covid. Both vaccinated and unvaccinated alike can and do contract Covid-19. To make this a requirement when it does NOT prevent anyone from contacting Covid is completely ludicrous and frankly insane. It does not prevent the spread of the virus. I have over 20 close contacts who have all contracted Covid after being fully vaccinated (and some boosted). What exactly are we "preventing"? Possible severe disease when they DO catch it? It is well known that children are less at risk of becoming seriously ill when they do contract it and it is well known that a big contributor to severe illness from Covid is due to obesity and co-morbidities. As a parent, it is my responsibility for the health and welfare of my child. If I believe there is more risk of LIFE LONG injuries from the Covid 19 shot than there is overcoming Covid, that is my decision to make for myself and my children. I know my child's health. Everyone has a right to choose for their own children whether the shot is right for them or not based on their own health factors. Same with the flu shot. The Covid shot has no more effect of preventing the spread of Covid than the flu shot does in preventing the spread of the flu. It doesn't! It is also complete insanity that we are only testing unvaccinated students in school in order to participate in school sports when it has been known for the better part of a year now that being "vaccinated" does not prevent you from contracting the virus. Why then are only unvaccinated athletes tested in school when both vaccinated and unvaccinated can both catch it and spread it? Further, why are we still masking our children when they are sitting at their desks in school? If it is ok for everyone to take off their masks after walking 5 feet to their table at a restaurant, why can students not take off their masks when seated at school? All of this is so incredibly non-sensical. OPPOSED OPPOSED OPPOSED!

Jodi Roark

Sent from my iPhone

From: WA Department of Health

Sent: 1/7/2022 9:50:31 AM

To: Wiltzius, Phillip (DOH), Olson, Derek T (DOH), Lohr, Teresa (DOH), Oliver, Sara E (DOH), Schuler, Barbara (DOH), Mealing, Sandy (DOH), Burns, Anna M (DOH), Mathieu, Stevie (DOH), Stockdale, Jacki (DOH), Wicklund, Renee (DOH), Black, Jolene R (DOH), Christian, Laura J (DOH), Thai, Nathaniel J (SBOH), Nordlund, Greg (DOH), Jester, Jennifer (DOH Contractor), Eberly, Tanya S (DOH), Graff, Katherine M (DOH), Marjamaa, Cindy L (DOH), May, McKenzie (DOH), Cook, Allison R (DOH), Jenks, Lauren (DOH), Gefroh, Amanda (DOH), Kurtz, Kallie R (DOH), White, Mason D (DOH), DOH PCH OI IIS Training, De Leon, Renee Sasha (DOH), Nannini, Julie (DOH), Ostergaard, Nikki (DOH), Moysiuk, Sharon A (DOH), Carlson, Sherry L (DOH), Anderson, Shelby (DOH), Mayes, Franji H, Hoang, Lynn (DOH), DOH PCH OI WA Childhood Vaccines, Payne, Jessie J (DOH), Newbold, Amanda M (DOH), Streeter, Ginny K (DOH), Portner, Cory (DOH), Baggett, Jessica L

Cc:

Subject: Courtesy Copy: COVID-19 Vaccine Partner Newsletter January 7, 2022

The Department of Health's weekly newsletter on COVID-19 vaccine related topics

This is a courtesy copy of an email bulletin sent by Phillip Wiltzius.

This bulletin was sent to the following groups of people:

Subscribers of Adult Family Home Population- Vaccination Related, Adult Vaccine Providers List, C4PA Staff List, COVID Approved Provider List, COVID-19 Response Partner Update, COVID-19 Vaccine Partner Newsletter, Childcare and Preschool Staff and Immunizations List, Covid-19 LHJ and EPR LHJ List, Covid-19 Vaccine Staff, LHJ Imms Staff List, OICP Staff List, Other Partners List, School Module Users, School Nurses and Immunizations List, VM Adams County Provider List, VM Asotin County Provider List, VM Benton-Franklin County Provider List, VM Chelan-Douglas County Provider List, VM Clallam County Provider List, VM Clark County Provider List, VM Columbia County Provider List, VM Cowlitz County Provider List, VM Garfield County Provider List, VM Grant County Provider List, VM Grays Harbor County Provider List, VM Island County Provider List, VM Jefferson County Provider List, VM Kitsap County Provider List, VM Kittitas County Provider List, VM Klickitat County Provider List, VM Lewis County Provider List, VM Lincoln County Provider Work, VM Mason County Provider List, VM NE Tri-County Provider List, VM Okanogan County Provider List, VM Pacific County Provider List, VM Pierce County Provider List, VM San Juan County Provider List, VM Seattle/King County Provider List, VM Section Staff List, VM Skagit County Provider List, VM Skamania County Provider List, VM Snohomish County Provider List, VM Spokane County Provider List, VM Thurston County Provider List, VM Wahkiakum County Provider List, VM Walla Walla County Provider List, VM Whatcom County Provider List, VM Whitman County Provider List, VM Yakima County Provider List, or Washington State Immunization Information System News, (45099 recipients)

<https://content.govdelivery.com/attachments/fancy_images/WADOH/2020/12/3950922/3327330/wadoh-694-4-vaccine-partnernewsletter_crop.jpg>

This weekly newsletter provides summarized content on COVID-19 vaccine related topics. This broad level of information is tailored towards health care professionals, partners, and the general public.

WASHINGTON COVID-19 VACCINATION STATUS: ALL AGES 5 AND UP

- * General Updates
 - * Q&A Corner
 - * Clinical Updates
 - * Additional Resources
-

General Updates

COVID-19 BOOSTER RECOMMENDATION EXPANDS TO EVERYONE AGE 12 AND OLDER

Youth ages 12 to 17 should receive a booster dose of the Pfizer-BioNTech COVID-19 vaccine at least 5 months after completing their primary vaccination series. The Washington State Department of Health (DOH) has expanded booster dose eligibility to include everyone 12 and older following guidance and recommendations from the U.S. Food and Drug Administration, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunizations Practices, and the Western States Scientific Safety Review Workgroup.

Everyone 12 and older should get a booster dose at least:

- * Five months after completing the Pfizer primary vaccination series,
- * Five months after completing the Moderna primary vaccination series (see FDA's Jan. 7 news release
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fnews-events%2Fpress-announcements%2Fcoronavirus-covid-19-update-fda-shortens-interval-booster-dose-moderna-covid-19-vaccine-five-months&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C>), or
- * Two months after receiving the single-dose Johnson & Johnson vaccine.

Across the state, nearly 2 million people

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C>> have received an additional dose, which includes both boosters and third doses. Boosters can be mixed and matched, which means adults can get any mRNA COVID-19 vaccine available. Pfizer is currently the only COVID-19 vaccine authorized for people ages 17 and younger.

Read the news release here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2Fnews-releases%2F19-booster-recommendation-expands-to-everyone-age-12-and-older&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C>> .

Read the news release in English

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%2Fnews-releases%2F19-booster-recommendation-expands-to-everyone-age-12-and-older&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C>>

NEW REPORT TRACKS RISK OF COVID-19 REINFECTION IN WASHINGTON STATE

Washington State Department of Health (DOH) has published a new, weekly report that provides an insight into COVID-19 reinfections. This report includes information on hospitalizations and deaths, demographics, trends over time, and vaccination status of people with a reinfection where DOH has information about both infection events.

Reinfection means a person was infected once with the virus that causes COVID-19, recovered, and then later became infected again. A person with a reinfection could be fully vaccinated, partially vaccinated, or unvaccinated. This report is located on the COVID-19 Data Dashboard :: Washington State Department of Health <<https://lnks.gd/I/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDEsInVyaSI6ImJwMjpbGljayIsInI>> and is updated weekly.

"We are still learning about COVID-19 and the duration and strength of immunity following infection with this virus," said Scott Lindquist, MD, MPH, state epidemiologist for communicable diseases. "Based on what we know from similar respiratory viruses, we expect some COVID-19 reinfections to occur."

The first report indicates that from September 1 through December 26, 2021, in Washington state:

- * A total of 4,404 people had a reinfection out of a total of 264,520 cases.
- * 223 (5.1%) people with a reported reinfection were hospitalized.
- * 22 (0.9%) people with a reported reinfection died.
- * 2,640 (59.9%) of people with a reinfection were unvaccinated.

DOH can only identify people who have been reinfected if both their original infection and their second infection were diagnosed by a COVID-19 test and reported to the state. Since many COVID-19 infections are asymptomatic and not diagnosed by a test, DOH will not be able to classify those individuals as reinfected. As a result, the reported number of people reinfected or hospitalized or died from a reinfection is likely lower than the actual number of reinfection events.

Read the full news release here.

Read the news release in English

<https://content.govdelivery.com/attachments/fancy_images/WADOH/2022/01/5369198/3900506/vaccine_history_crop.jpeg>

A DISCOVERY 225 YEARS AGO TRANSFORMED OUR HEALTH

LAS VACUNAS: UN DESCUBRIMIENTO QUE TRANSFORMÓ NUESTRA SALUD

The arrival of COVID-19 vaccines in December 2020 changed the course of COVID-19 in Washington — with many people getting vaccinated to protect themselves and their communities. Currently, about

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>
75% of people 12 and older in Washington are fully vaccinated against COVID-19. As
more people get vaccinated, we get closer to putting the pandemic behind us.

For more than 200 years, vaccines have helped keep us safe. In fact, vaccines have
saved millions of lives against vaccine-preventable diseases for hundreds of years,
reducing the burden of diseases like tetanus and measles by 92%-100%

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

.

Let's explore how vaccines helped stop the spread of severe illnesses in Washington.

See the full blog in English here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fwadehealth%2Fdiscovery-225-years-ago-transformed-our-health-7dd0068f1cc7&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206>

.

La llegada de las vacunas contra el COVID-19 en el mes de diciembre de 2020 cambió la
trayectoria del virus en Washington, y muchas personas se vacunaron para protegerse a
sí mismas y a sus comunidades. En este momento, aproximadamente el
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>
75% (solo en inglés) de las personas mayores de 12 años en Washington están
completamente vacunadas contra el COVID-19. A medida que más personas se vacunan,
nos acercamos a dejar atrás la pandemia.

Durante más de 200 años, las vacunas nos han ayudado a mantenernos a salvo de
enfermedades. De hecho, las vacunas han salvado millones de vidas contra
enfermedades prevenibles durante cientos de años, reduciendo la carga de enfermedades
como el tétano y el sarampión entre un 92% a un 100%

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F>
(solo en inglés).

Exploremos la historia de cómo las vacunas ayudaron a detener la propagación de
enfermedades graves en nuestro estado de Washington.

Leer el artículo en español

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fbienestarwa%2Fvacunas-un-descubrimiento-que-transform%25C3%25B3-nuestra-salud-44615439e909&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206>

.

Read the blog in English

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fwadehealth%2Fdiscovery-225-years-ago-transformed-our-health-7dd0068f1cc7&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206>

Leer el artículo en español

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fbienestarwa%2Fvacunas-un-descubrimiento-que-transform%25C3%25B3-nuestra-salud-44615439e909&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206>

.

Supongamos que usted no se sentía bien y se hizo una prueba casera de COVID-19 de venta libre y dio positiva. ¿Qué hacer si dio positivo? Además de aislarse

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fespanol.cdc.gov%2Fcoronavirus%2Fncov%2Fyour-health%2Fquarantine-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fespanol.cdc.gov%2Fcoronavirus%2Fncov%2Fyour-health%2Fquarantine-isolation.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206)

isolation.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206

e informar a contactos cercanos
<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fphp%2Fcontact-tracing%2Fcontact-tracing-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fphp%2Fcontact-tracing%2Fcontact-tracing-plan%2Fappendix.html%23contact&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206)

plan%2Fappendix.html%23contact&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206

(solo en inglés), ahora puede usar fácilmente su teléfono inteligente para ayudar a detener la propagación del COVID-19. Si tiene un teléfono inteligente con WA Notify habilitado, puede solicitar un código de verificación para alertar a otros usuarios de WA Notify que puedan haber estado expuestos.

¿Qué es el WA Notify?

WA Notify

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>

es una herramienta gratuita de notificación de exposición que funciona en teléfonos inteligentes para alertar a los usuarios si pueden haber estado expuestos al COVID-19.

Es una herramienta completamente privada; no se comparte información personal, incluyendo dónde o cuándo ocurrió la exposición al virus. WA Notify se lanzó hace un año

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fbienestarwa%2Funa-nueva-manera-de-ayudar-a-detener-la-propagaci%25C3%25B3n-del-covid-19-en-washington-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fbienestarwa%2Funa-nueva-manera-de-ayudar-a-detener-la-propagaci%25C3%25B3n-del-covid-19-en-washington-b60ac315ace0&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206)

b60ac315ace0&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206

y desde entonces, más de 2.6 millones de personas han habilitado esta herramienta en sus teléfonos.

Leer el artículo en español

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fbienestarwa%2Fa-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fbienestarwa%2Fa-detener-la-propagaci%25C3%25B3n-de-covid-19-con-su-tel%25C3%25A9fono-inteligente-e5842741c8cd&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206)

a-detener-la-propagaci%25C3%25B3n-de-covid-19-con-su-tel%25C3%25A9fono-

inteligente-

e5842741c8cd&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206

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Leer el artículo en español

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fbienestarwa%2Fa-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedium.com%2Fbienestarwa%2Fa-detener-la-propagaci%25C3%25B3n-de-covid-19-con-su-tel%25C3%25A9fono-inteligente-e5842741c8cd&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206)

a-detener-la-propagaci%25C3%25B3n-de-covid-19-con-su-tel%25C3%25A9fono-

inteligente-

e5842741c8cd&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206

NOW AVAILABLE: COVID-19 VACCINE INFORMATION ONLINE IN 40 LANGUAGES

The Washington State Department of Health (DOH) now has COVID-19 vaccine information available online in 40 languages!

The new webpages include information on getting a COVID-19 vaccine, safety and

effectiveness, vaccine requirements, school and child care, life after the vaccine, and vaccine booster and additional doses. The pages also include links to other in-language resources. DOH will review and update the webpages regularly. The pages are easy to navigate and include visual tiles for different topics.

You can check out the new in-languages pages by going to [doh.wa.gov/Covid19VaccineLanguageName](#) (for example, [doh.wa.gov/Covid19VaccinePashto](#)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>
>). A list of languages is below. Spanish is still available at [VacunadeCovidWA.org](https://www.vacunadecovid.wa.gov)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>
. You can also find in-language content by selecting the language from the drop-down on
CovidVaccineWA.org

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>
or [doh.wa.gov](https://www.doh.wa.gov)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2F&data=04%2F&context=1)
(coming soon for Dari, Fijian, Pashto, and Tongan).

The webpages are available in the following languages:

Amharic, Arabic, Burmese, Chinese (traditional), Chinese (simplified), Chuukese, Dari, Farsi, Fijian, French, German, Hindi, Hmong, Japanese, Karen, Khmer (Cambodian), Korean, Lao, Marshallese, Mixteco Bajo, Nepali, Oromo, Pashto, Portuguese – Brazil, Punjabi, Romanian, Russian, Samoan, Somali, Spanish, Swahili, Tagalog, Tamil, Telugu, Thai, Tigrinya, Tongan, Ukrainian, Urdu, and Vietnamese.

[View the DOH COVID-19 webpage](#)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>

COVID-19 VACCINE TRANSPORTATION RESOURCE

The Department of Health's Equity and Social Justice team developed a COVID-19 Transportation Resource Document

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F151-

COVID19VaccineTransportationResources.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C303 to support communities and partners with access barriers to vaccines and testing sites. This document will be updated with additional transportation resources on an ongoing basis.

If you would like to share additional transportation resources or have questions please send contributions and inquiries to equity@doh.wa.gov <<mailto:equity@doh.wa.gov>> and include "Transportation Resource" in the subject line. Thanks.

[View the resource here](#)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F151->

COVID19VaccineTransportationResources.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C303

Q&A Corner

Q: Should people vaccinated outside of the U.S. get a COVID-19 booster vaccine?

A: There has been a number of people that have received their COVID-19 primary doses outside the US. There are many different COVID-19 vaccines available throughout the world, a small selection have been recognized/authorized by the World Health Organization (WHO) and/or the Food and Drug Administration (FDA). Now that boosters have been recommended for everyone ages 18 years and older, this question will come up more frequently.

According to the Centers for Disease Control and Prevention (CDC)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov-19%2Fclinical-considerations%2Fcov-19-vaccines-us.html%3FCDC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov-19%252Finfo-by-product%252Fclinical-considerations.html%23people-vaccinated-outside-us&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C11>, these people should get a single booster dose of Pfizer-BioNTech COVID-19 vaccine at least 6 months after completing their primary series:

* All people ages 18 years and older who completed all of the recommended doses of an WHO-EUL COVID-19 vaccine

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov-19%2Fclinical-considerations%2Fcov-19-vaccines-us.html%3FCDC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov-19%252Finfo-by-product%252Fclinical-considerations.html%23foot-04&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C11>.

* All people ages 18 years and older who completed a heterologous (mix and match) series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines.

Additionally, last month the CDC issued Emergency Use Instructions

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov-19%2Fgui%2Fdownloads%2FEUI-HCP.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C11>> for the use of Pfizer Bio-NTech COVID-19 vaccine for those who received COVID-19 vaccinations outside the U.S. that are not FDA approved.

Name

FDA Approved

WHO EUL

Pfizer/ Comirnaty

Yes

Yes

Moderna

Yes

Yes

Janzen (J&J)

Yes

Yes

AstraZeneca

No

Yes

Covishield

No

Yes

SinoPharm

No

Yes

Covaxin

No

Yes

Clinical Updates

<https://content.govdelivery.com/attachments/fancy_images/WADOH/2022/01/5370518/vaccine-management-chart_original.png>

PFIZER COVID-19 VACCINE GRAY VIALS NOW AVAILABLE FOR ORDER

The Pfizer COVID-19 vaccine with purple cap vials has been replaced by Pfizer Gray Cap vials

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov-19%2Finfo-by-product%2Fpfizer%2FbioNTech-gray-cap-12-and-over.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6>>. The Gray Cap formulation should not be diluted. This chart above explains the differences between the 3 existing Pfizer products:

View the Pfizer gray cap vaccine info sheet

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov>>

19%2Finfo-by-product%2Fpfizer%2FbioNTech-gray-cap-12-and-over.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6

<https://content.govdelivery.com/attachments/fancy_images/WADOH/2021/09/5007963/doh-knockoutflu-social-best-defense_original.jpg>

FLU ACTIVITY INCREASING IN WA: IT'S NOT TOO LATE TO GET VACCINATED

We are seeing an increase in flu activity across Washington and want to remind everyone that a flu vaccine is the best defense against illness and hospitalization. Please consider messaging your partners and patient populations that it isn't too late to get a flu vaccine. As a reminder, flu vaccine may be safely received at the same time as COVID-19 vaccines. Consider using COVID-19 booster appointments to offer flu vaccine for patient convenience.

The Knock Out Flu partner toolkit is available to assist in your messaging and promotional efforts, including an updated infographic in dozens of languages which helps to identify the difference between COVID-19 & Flu symptoms. The toolkit also includes pre-drafted blog content for a variety of audiences, English and Spanish videos, social media and graphics in a variety of languages, on-hold messaging and more. Visit tools.knockoutflu.org

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcoronavirus.wa.gov%2Fpartner-toolkit%2Fknock-out-flu&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C11>> to access all available toolkit material and partner resources.

View the toolkit here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcoronavirus.wa.gov%2Fpartner-toolkit%2Fknock-out-flu&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7C11>>

MARTIN LUTHER KING HOLIDAY SHIPPING SCHEDULE

As a reminder COVID-19 vaccine orders are approved every Monday and Thursday. However, the Washington State Department of Health will be closed on Monday, January 17th in observance of the holiday. COVID-19 vaccine will continue to be shipped during the Martin Luther King Jr. Holiday on January 17, 2022. If a facility is unable to accept an order on Monday, January 17th, then the facility should place their order for COVID-19 vaccine after 12:00 P.M. on Thursday, January 13th for processing on Tuesday, January 18th.

PFIZER COVID VACCINE EXPIRATION DATES

The Food and Drug Administration (FDA) has extended the expiration date for Pfizer pediatric COVID-19 vaccine (orange cap vials) and the adult COVID-19 vaccine (gray cap vials) to 9 months while the vaccine is held at ultra low temperatures.

The updated expiry dates for both the orange cap and gray cap vials based on 9 months from the date of manufacture are provided below.

Printed Manufacturing Date

9-Month Expiry Date*

06/2021

Feb. 28, 2022

07/2021

Mar. 31, 2022

08/2021

Apr. 30, 2022

09/2021

May 31, 2022

10/2021

Jun. 30, 2022

11/2021

July. 31, 2022

12/2021

Aug. 31, 2022

01/2022

Sept. 30, 2022

02/2022

Oct. 31, 2022

*Date of expiration always falls on the last day of the month

As a reminder, the date printed on the Pfizer pediatric and adult/adolescent vaccine vials indicate the manufacture date and NOT the expiration date.

See the FDA fact sheets for more details.

Pfizer COVID-19 pediatric vaccine updated fact sheet

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15371>

Pfizer COVID-19 adult vaccine updated fact sheet

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15371>

Pfizer pediatric vaccine fact sheet

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15371>

Pfizer adult vaccine fact sheet

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F15371>

COVID-19 VACCINE LOT LOOK UP REPORT

The COVID-19 Vaccine Lot Number & Expiration report is available from the Center for Disease Control and Prevention's (CDC's) Vaccine Code Set Management Service (VCSMS). This report includes COVID-19 vaccine lot numbers and expiration dates provided to the CDC by vaccine manufacturers. This report is used to support vaccine administration, inventory management, and jurisdiction Immunization Information Systems (IIS).

Correctly entered lot number and expiration date data improves the ability to monitor product safety, identify issues with lots, trace or decrement inventory, and identify expired products that were not administered.

To request access to this report, visit the CDC's Vaccine Lot Number and Expiration Date webpage

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaccinecodeset.cdc.gov%2FLotNumber%2FDM55597%26ACSTrackingLabel%3DIIS%2520Information%2520Brief%2520%25E2%2580%2593%25204DM55597&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6>

Read about the report here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaccinecodeset.cdc.gov%2FLotNumber%2FDM55597%26ACSTrackingLabel%3DIIS%2520Information%2520Brief%2520%25E2%2580%2593%25204DM55597&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6>

NO MISSED VACCINE OPPORTUNITIES

The Centers for Disease Control and Prevention (CDC) supports health care providers taking every possible opportunity to vaccinate members of the public. Please ensure that no opportunity to administer a vaccine is missed, even if that means puncturing a vial for only one dose. Although this may lead to some vaccine being wasted, there is not a penalty for COVID-19 vaccine waste.

IIS PATIENT INFORMATION REMINDER

It is critical that providers enter and update patient information in the Immunization Information System (IIS). This is necessary in case patients need to be contacted after their vaccination. Ensure that you are reconciling vaccine inventory in the IIS and reviewing expiration dates. Information on how to search, add, reconcile and report inventory can be found here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1648->

[SearchAddAdjustReportReconcileInventory.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C30](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1648-SearchAddAdjustReportReconcileInventory.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C30)

Visit the CDC's Lot Number and Expiration date webpage for any expiry date extensions that may occur here

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaccinecodeset.cdc.gov%2FLotNu>

View the DOH's guide to inventory management

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1648->

[SearchAddAdjustReportReconcileInventory.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C30](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1648-SearchAddAdjustReportReconcileInventory.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C30)

INCLEMENT WEATHER AND RESOURCES FOR HEALTHCARE PROVIDERS

When inclement weather is expected, power outages and vaccine shipping delays are also possible.

Ways to prepare for inclement weather:

- * Ensure your vaccine management plan

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1840->

[VaccineManagementPlan.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e094484](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1840-VaccineManagementPlan.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e094484)

is up to date.

- * Ensure vaccines maintain stable temperatures. If you experience a power outage, please refer to the COVID-19 Temperature Excursion Guide

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1789->

[VaccineTemperatureExcursion.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1789-VaccineTemperatureExcursion.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09)

- * If vaccine must be moved due to an emergency, emergency transport does not require prior approval. If vaccines are transported

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Frec>

[transport.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d2062](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Frec)

, ensure that a digital data logger is used to record vaccine temperatures while in transit.

- * Report all temperature excursions to 360-236-4223 or

COVID.vaccine@doh.wa.gov <<mailto:COVID.vaccine@doh.wa.gov>> , and call the

manufacturers of each vaccine involved in the excursion to verify vaccine viability.

When conducting vaccination clinics prepare for a power outage by bringing paper copies of:

- * Temperature logs.
- * Hard copy of PrepMod registration.
- * Paper to record vaccinations for data entry when system cannot be accessed.
- * Vaccine Management Plan to identify if vaccines will need to be transferred to an alternate location if the facility storing the doses does not have power that will return before temperatures go out of range.

Also consider having the following items on hand incase of a power outage onsite at a clinic:

- * Spare batteries
- * Flashlights

Other Resources:

DOH Storage and Handling Webpage

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FForPublicHealth%2FStorageAndHandling%2FStorageAndHandlingWebpage>

CDC COVID-19 Vaccine Quick Reference Guide for Healthcare Professionals

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Fdownloads%2Fcovid19-vaccine-quick-reference-guide-2pages.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f>

DOH vaccine storage and handling webpage

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FForPublicHealth%2FStorageAndHandling%2FStorageAndHandlingWebpage>

Additional Resources

FOR THE GENERAL PUBLIC

- * Guidance for Sports and Fitness

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F133-201-SportsFitnessGuidance.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f>

This new guidance document stands in for the rescinding of the governor's previous Sporting Activities Requirements document. It includes special considerations for different activities across all ages. It also contains optional screening testing and public health mitigation practices.

- * Behavioral Health Tips for Getting the COVID-19 Vaccine (PDF)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F133-BehavioralHealthTipsGettingTheVaccine.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f>

| Spanish (PDF)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F133-BehavioralHealthTipsGettingTheVaccine.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f>

133-BehavioralHealthTipsGettingTheVaccine-

Spanish.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206266

* Want to know more about how Washington state allocate doses? Visit our vaccine distribution webpage

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies> for the latest information.

* The CDC's After Getting the Vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Fexpect%2Fafter.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206266> page shares what you can expect after getting vaccinated, including common side effects.

* Find a COVID-19 testing location near you. To make it easier to find a test near you, the Department of Health has created a webpage to help people find COVID-19 testing locations

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies> throughout the state.

* The state COVID-19 Assistance Hotline is a general information line related to COVID-19. If you need information or have a general question, call 1-800-525-0127, then press # or text 211-211 for help.

FOR INDUSTRY

* Guidance for Businesses and Organizations (Non-Health Care)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1350-NonHealthCareBusiness.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206266>

This new guidance document provides general public health recommendations from DOH for non-health care workplaces, and will replace most sector-specific guidance. Any requirements that exist are clearly noted throughout the document.

FOR SCHOOLS AND CHILD CARES

* COVID-19 Vaccines: Pediatric Vaccine Toolkit for Schools (PowerPoint)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1012-PediatricVaccine-SchoolToolkit.pptx&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206266>

- This toolkit provides a variety of resources for schools, including parent handouts, backpack stuffers, and sample communication.

* Symptom Decision Tree and Contact Tracing Checklist for K-12 Schools

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1229-SymptomDecisionTreeCTChecklistSchools.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206266>

Updates include reference to updated quarantine recommendation, addition of contact tracing priority settings.

* Contact Tracing Guide and FAQ for K-12 Schools

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1230-ContactTracingGuideFAQSchools.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206266>

Updates include updated quarantine recommendation, reference on contact tracing priority settings.

* K-12 2021-2022 Requirements

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1105-K12Schools2021-2022.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d206266>

Updates include more details on contact tracing, requirements for quarantine and testing of close contacts, and requirements for performing arts performances and other school

activities.

* K-12 Schools 2021-2022 Supplemental Considerations to Mitigate COVID-19 Transmission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1218->

K12SupplementalRecommendations.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767

. Updates include classroom and school closure criteria, contact tracing in high priority settings, timelines for close contact testing, and technical clarifications on antigen testing for Test to Stay programs and performing arts/sporting activities screening testing.

* Secretary of Health's Mask Order FAQ

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1202-

MaskOrderFAQ.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9

, to align with a technical update to the secretary's order

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1>

03_Statewide_Face_Coverings.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09

related to athletes and coaches at large outdoor gatherings.

School and child care guidance can be found on the Department of Health web page [here](#)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies>

■

FOR LONG TERM CARE FACILITIES

* LTCF Testing Guidance

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1334->

TestingLongTermCareFacilities.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09

includes more information on testing beyond routine testing, testing topics for identified COVID-19 cases, and CLIA waivers and reporting results.

- * Transfer guidance

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1>
includes additional information for transfers, including guidance on fully vaccinated

includes additional information for transfers, including guidance on fair, vaccinated residents.

* LTCF Cohorting guidance/isolation/quarantine guidance

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1368->

LTCFCohorting.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9c

created for LTCF cohorting and I&Q with up-to-date recommendations.

* What to do if you identify a COVID-19 case in your Long-term Care Facility (wa.gov)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1336-

IfYouIndentifyACaseInYourLongTermCareFacility.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%

– This is new guidance for the long-term care setting that provides a suggested framework for responding to COVID-19 in a long-term care facility.

* L&I and DOH Respirator and PPE for In-Home Care Agencies: Employer responsibilities for respiratory protection program and provision of personal protective equipment (PPE) (wa.gov)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1329->

RespiratorPPEInHomeCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448

- Updates to quarantine for fully-vaccinated exposed residents.

* L&I and DOH Respirator and PPE Guidance for Long-Term Care: Employer responsibilities for respiratory protection program and provision of personal protective

equipment (PPE) (wa.gov)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov

– Updates to quarantine for fully-vaccinated exposed residents.

* LTCF Visitor Announcement Sign

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov

– Removed information about the Governor’s proclamation and visitation rules for unvaccinated residents.

* Visitor Log

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

– Updates to quarantine for fully-vaccinated exposed residents.

* LTCF Outdoor Visits

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

– Updates to quarantine for fully-vaccinated exposed residents.

* What to Do If You Identify a COVID-19 Case in Your Hospital

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

– New guidance for the hospital setting that provides a suggested framework for responding to COVID-19 in a hospital facility.

* LTCF risk assessment community visit

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

– Updates to quarantine for fully-vaccinated exposed residents.

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

SourceControlHealthcare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov

* Interim Guidance for SARS-CoV-2 Source Control in Health Care Settings

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

SourceControlHealthcare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov

– Updates to quarantine for fully-vaccinated exposed residents.

FOR HEALTH PARTNERS

* COVID-19 Vaccines: Pediatric Vaccine Toolkit for Providers (PowerPoint)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1328-RespiratorPPELongTermCare.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

011-PediatricVaccine-ProviderToolkit.pptx&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov

- This toolkit provides a variety of resources for providers, such as parent handouts and sample communication.

* CDC Myocarditis and Pericarditis Considerations

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov>

19%2Fclinical-considerations%2Fmyocarditis.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov

* The COVID-19 Vaccine Toolkit: Operational Considerations for Healthcare Practitioners

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usp.org%2Fcovid-19%2Fvaccine-handling-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usp.org%2Fcovid-19%2Fvaccine-handling-toolkit&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov)

toolkit&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov

is a valuable resource of information regarding COVID-19 vaccine transport and handling.

* The CDC's web page on Managing Anaphylaxis

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov>

19%2Fclinical-considerations%2Fmanaging-anaphylaxis.html%3FCDCC_AA_refVal%3Dhttps%253A%252F%252Fwww.cdc.gov%252Fvaccines%252Fcov

19%252Finfo-by-product%252Fpfizer%252Fanaphylaxis-management.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D

helps health care providers prepare for and manage allergic reactions from people receiving COVID-19 vaccine.

* Clinical Resources for Pfizer-BioNTech COVID-19 vaccine
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov19%2Finfo-by-product%2Fpfizer%2Findex.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D>

* Clinical Resources for Moderna COVID-19 vaccine
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov19%2Finfo-by-product%2Fmoderna%2Findex.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D>

* Clinical Resources for Janssen/J&J COVID-19 vaccine
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov19%2Finfo-by-product%2Fjanssen%2Findex.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D>

RESOURCES ON THE PFIZER COVID-19 VACCINE 12-15 AGE EXPANSION

In response to the authorized of Pfizer COVID-19 to children ages 12-15, the CDC has developed several useful tools for parents and clinicians to utilize.

* COVID-19 Vaccines for Children and Teens | CDC
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Frecommendations%2Fadolescents.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D>

* COVID-19 Vaccine for Preteens and Teens (cdc.gov)
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fdownloads%2Fvaccines%2Ftoolkits%2FCOVID-19-Vaccine-for-Preteens_Teens-508.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D

* Myths and Facts about COVID-19 Vaccines | CDC
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Ffacts.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D>

* Key Things to Know About COVID-19 Vaccines (cdc.gov)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Fkeythingstoknow.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D>

Information for healthcare and vaccine providers provides basic information regarding the COVID-19 vaccine, consent and tools for communication to the community:

* Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit | CDC
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Ftoolkits%2Fpediatrician.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D>

* Pfizer-BioNTech COVID-19 Vaccine Questions | CDC
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov19%2Finfo-by-product%2Fpfizer%2Fpfizer-bioNTech-faqs.html%23vaccination-minors&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d20626f6%7D>

* How to talk to your patients about COVID-19 vaccination | CDC
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcov19%2Fhcp%2Fengaging->

patients.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3038767a9e09448418be08d9d2062

SIGN UP FOR THE NEWSLETTER

If you aren't already signed up for the COVID-19 Vaccine Partner Newsletter, please visit the Department of Health's email subscribers page here https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublic.govdelivery.com%2Faccounts%2Fsignup%2F&_ga=2.151142441.1582111111.161142441.1582111111. Once you enter your email, on the next page expand the Immunization topic, select the COVID-19 Vaccine Partner Newsletter, and hit submit.

This newsletter summarizes content from the week of January 2, 2021 and was sent out on January 7, 2021.

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From: Karen Kane
Sent: 1/7/2022 8:41:12 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Oppose Forced School Vaccinations

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Karen Kane

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Joe Nichols
Sent: 1/6/2022 8:55:04 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No vaccine mandate for children

External Email

I am the father of 5 & the grandfather of 7 children and am requesting that you vote no on the mandate to vaccinate children in our state in order for them to attend school or a child care facility.

Joe Nichols

Sent from my iPhone

From: MeMe Birchfield

Sent: 1/7/2022 8:48:52 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO Mandatory Vax and Forced Quarantine for WA Schools and Residents

External Email

Washington State Board of Health,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. With the concerning large number of adverse reactions and deaths reported through VAERS, which does not even include the many more instances that were not formally reported, this novel, experimental drug should not be mandated on anyone, much less children.

Some more facts to consider:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

I object to the plan to apply current infectious disease WAC codes to include Covid-19 for Washington State residents.

This disease is manageable if treatment is started early. Moreover, it is survivable by

more than 99 percent of the population. Covid vaccines have little effect on Covid, and in fact, most people who get this Covid and spread it have been fully vaccinated, some have even received booster shots. Being fully vaccinated will require regular booster shots, forever!

Including Covid vaccines as a requirement for attending public school is completely unnecessary. Children have little risk from Covid-19, but they do have considerable risk from the unapproved Covid vaccines.

In America, health officers do not have the right to quarantine a person or family in a prison-type facility for refusing the Covid vaccination or any other medical intervention. They also do NOT have the right to force vaccines on citizens who do not choose them.

This is not about our health. This is about control and it is NOT in the purview of the Washington State Department of Health or ANY elected official or unelected state employee. These decisions are the right of every citizen and NO law, mandate, code or policy can override those rights. We are NOT granted rights from the State. The State is REQUIRED to protect our rights and not infringe on them.

Sincerely,
MeMe Birchfield

From: Dan Blase
Sent: 1/6/2022 8:25:27 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Opposed to vax requirements

External Email

I am opposed to requiring the Covid 29 injections for students to attend classes as part of school immunization requirements (WAC 246-105)

Sincerely,
Dan Blase

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)

Force vaccinating healthy children for a disease that doesn't affect them to make adults
feel safe is a new low for humanity. Please do the right thing and do not require these
vaccinations for school age children.

In Christ

Ronald J. Carnino
253-455-2570

From: Tira Will

Sent: 1/7/2022 9:34:58 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No! to the Covid 19 Vaccine

External Email

Let me start off by saying that we will be pulling our children from public school if the covid-19 vaccine becomes a requirement. Getting the covid 19 vaccine should be a choice made by each individual family depending upon their health and beliefs just like the flu vaccination.

The death rate for Children under 18 who are infected with covid19 is less than 0.01 percent. This is straight from the CDC website. There have been a total of 694 child deaths "involving" covid 19, in the last TWO years in America. This is less than car accidents per one year.

The side effects from the covid-19 vaccine that we are seeing in children and adults is alarming. The biggest concern that we are seeing in children is Myocarditis, (inflammation of the heart muscle) and pericarditis . This should be scary enough to make everyone rethink the decision of giving their children the covid vaccine especially when the death rate for covid is less than 0.01 percent. Covid 19 vaccines are different from any other vaccine that we have ever used. We do not know anything about what the long term effects of the vaccine are yet. Other vaccines took 10 to 20 years of studies before they are even considered to be approved and here we are being asked to give this vaccine to our children.

There are stories after stories of children and adults having side effects and death due to the covid vaccine. Many people that I know become very ill for weeks after getting the vaccine and continue to have side effects from getting the vaccine.

The risk of the covid-19 vaccine is so much greater than actually getting covid for children. There is only risk and zero benefit. There isn't even the benefit of not getting covid. Everyone I know that currently has covid has been vaccinated, some even with a booster. Again there is only risk and no benefit to our children.

Thank you,
Tira Will

From: Emily Andersen
Sent: 1/7/2022 9:16:40 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: NO on Vaccine Requirements

External Email

To Whom it May Concern,

I am a homeschool mother concerned and emailing on behalf of the children who do attend public school.

The data has shown clear evidence that children are virtually unaffected by this illness.

I oppose this mandate.

Please take my email, along with many others, into consideration.

Thank you,

Emily

From: Bruce MacLearnsberry, PLS, CFS

Sent: 1/7/2022 1:01:37 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Mandatory Vaccination Proposal for School-Aged Children

External Email

Bruce MacLearnsberry Friday, January 7, 2022

1100 NW Thompson Road

Poulsbo, WA 98110

To Washington State Board of Health (Michelle Davis, Melanie Hisaw, Christy Hoff, Stuart Glasoe, Samantha Pskowski, Kaitlyn Donahoe, Caitlin Lang, Lindsay Herendeen, Tracy Schreiber, Hannah Haag, Kelie Kahler, Nathaniel Thai):

Board Members:

Let me commence with some basic, scientific facts of which you all are already no doubt aware, but do not seem to be taking into account:

School-aged children (and younger) are, for all practical purposes, impervious to serious harm from COVID-19. According to the latest numbers publically available from the CDC, between January 1, 2020 and December 29, 2021, 209 children ages 5 through 14 died with COVID-19. If you care to do the math, that is, based on confirmed COVID-19 cases among children, a mortality rate of 0.02%. Note that the CDC does not identify them as dying from COVID-19, but with it.

If we take into account the fact that the majority of cases, certainly in 2020, went undiagnosed, the risk percentage is far lower. And, of course, COVID-19 does not itself kill, but only exacerbates co-morbidities—in children as well as adults.

Mortality is obviously not the only concern; debilitation is as well. The number of such cases among youth has also been infinitesimally low.

Since children are only mildly affected by COVID-19, so much so, tens if not hundreds of thousands if not millions have gone unnoticed, they themselves derive no benefit from vaccination.

Were it demonstrated that the vaccinated either cannot transmit COVID-19 or that their transmission rate was significantly lower than the unvaccinated, it might be advisable to place additional risk on the younger demographic for the sake of older ones. However, the incoming data, particularly for last couple months, are demonstrating transmissions by the vaccinated are outnumbering those by the unvaccinated. (Interestingly, as the numbers were shifting toward more transmissions by the unvaccinated, our local (Kitsap) Health District discontinued public disclosure of the comparative numbers. True, there is “fake news.” However, there is considerable critical information suppression occurring as well.)

If the children are not at risk of impaired health or death from the disease itself and all can still very readily transmit it after being fully vaccinated, what reason remains to vaccinate them at all, let alone compel vaccination?

From the above, there appears no gain in vaccinating youth. That alone should be reason enough to dismiss the mandatory vaccine proposal, but there is more to the issue—risk.

On the first day the COVID-19 vaccine was administered in the United Kingdom, cases of vaccine anaphylaxis hit the press. One reason this was noteworthy is that those receiving the jab were limited to medical personnel—those tending to have higher vaccination rates than the general populous and who are generally more aware of their own personal anaphylaxis risk.

In the February 2021 COVID-19 Vaccine-associated Anaphylaxis: A Statement of the World Allergy Organization Anaphylaxis Committee, the authors, many of whom are on pharmaceutical company payrolls or receive funds therefrom, state, “More recent data imply an incidence of anaphylaxis closer to 1:200,000 doses with respect to the Pfizer-BioNTech vaccine.”

How does that ratio compare against the risks youth face from COVID-19 itself? The vaccines have also been implicated in cases of spike protein-associated myocarditis. Because an extremely small number of youth have experienced this as a delayed symptom of COVID-19 itself, in very rare cases with Multisystem Inflammatory Syndrome in Children (MIS-C), this raises the question of long-term adverse effects, of which only time will tell.

Having been so incessantly bullied, if the American public is so willing to become guinea pigs, it is far better consenting adults do so than minors who cannot possibly inform themselves sufficiently. At this point, we have no idea whatsoever the effects of the vaccines on general pathogen resilience or susceptibility, reproductive health or anything else. Let the long-term effects play out among the adults and assess the results in due time. Even then, it will remain senseless to prematurely inoculate an impervious demographic.

Since vaccinating the youth from something harmless to them also does not prevent them transmitting it to others, what is the point?

It seems pretty obvious that, with the flimsy veil removed, the sole motivation is money. Who stands to gain anything? The large pharmaceuticals producing the vaccines who have been gradually ramping up the pediatric vaccine regimen for decades do. It is common public knowledge they are vigorously lobbying for these mandates and paying high-ranking public officials handsomely to be their mouth-pieces.

And, as members of the Health Board, what is your motivation for promoting such a mandate against all good scientific evidence and logic? Either money or power. Power corrupts.

Let me be candid: As the tide turns on these coercive policies--and it is definitely turning, a growing percentage of the populous is looking for sanity, for relief and for freedoms we lost two years ago. We are angry.

I ask you, how long did the Spanish Influenza pandemic last? It certainly caused considerable suffering, but did it damage our Republic?

We absolutely want you to abandon and repudiate the proposed mandate. We do not want our youth sacrificed to big pharma. If you implement the mandate, we will work vigorously in large numbers for your removal from public "service."

Thank you for your consideration.

Bruce MacLearnsberry

From: Sarah Garriott

Sent: 1/7/2022 9:25:11 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH)

Cc:

Subject: Children and Covid 19

External Email

Dear Esteemed WA State Board of Health,

It has come to my attention that you are considering some rather aggressive policies for our state, its families and our children around Covid 19.

I am writing to strongly oppose all of it.

As a Mom of three children whose family had Delta and have the antibodies to prove it, I am strongly against mandatory vaccination for children to attend school. I have had many, many friends and family members who became ill with this virus. While adults often struggled with the disease, our children SAILED through with little impact.

This anecdotal and lived experience seems to square with the data from the CDC in which less than one percent of ALL pediatric deaths of ALL causes from January 2020 to 2021 were in children that died WITH covid, not from it. Congressional testimony bore out the fact that investigations into those rare deaths with covid in children demonstrated that in ALL cases the children had at least one co-morbidity and on average had four co-morbidities.

Healthy children are NOT at risk from Covid -19!

They have, however, had their health severely impacted by radical lockdowns, social distancing and masking. A recent Brown University study demonstrated that IQ dropped 20 points in infants and children ages 1 to 5 had a cognitive decline of 23% over all previous years prior to the lockdowns of 2020! Actual brain damage, due to masking and social distancing due to these draconian measures are taking place.

Are you Health directors or child abusers?

Your decisions around continuing these measures of constant covid-testing our children, forcing masks on their little faces, forcing them to isolate and distance from their peers, losing valuable educational opportunities, and now injecting them with something that is 100% experimental with NO LONG-TERM STUDIES, have and will impact generations.

The measures you have already forced on our communities have been cruel and unnecessary enough. Will you continue and even exacerbate your abuse?

I know of not ONE SINGLE CHILD in my community injured from the virus, but I have a laundry list of injuries from masking, social distancing, lockdowns and now a friend whose son contracted myocarditis from this injection for a disease he was not at risk from.

There is zero benefit for children from these EUA injections that do not prevent transmission of disease; there is ONLY risk.

According to the 1905 Jacobson vs. Massachusetts SCOTUS decision, a vaccine mandate could only be given if it could be proven to prevent the spread of contagious disease.

Our school district is now testing both vaccinated and unvaccinated athletes in close contact sports after a recent outbreak of covid at a WA State wrestling tournament. This 100% PROVES that these vaccines are not true vaccines at all as they do NOT "prevent the spread of contagious disease."

Therefore, any and all measures to mandate this injection to anyone, apply covid 19 to current WACs such as the one ending in 100, create covid passports for entry into establishments, travel, or school is, in my opinion, blatantly illegal and certainly immoral and unethical.

44 other states no longer have mask mandates. Are they digging mass graves there? No. They are not. It is time for Washington to get back to living, stop the fear mongering, and STOP any talk whatsoever of vaccine mandates or passports for a medical treatment that is NOT FDA approved.

The Pfizer vaccine we are currently using here in the States is NOT FDA approved!

It is time to start having the adults in the room protect the children and put their needs first like a civilized society.

Never in any civilized nation have adults put the onus of "protecting Grandma" on the shoulders of our youngest, healthiest population. That our Governor would call the unvaccinated, such as little, innocent children, and those of us who are covid-recovered, "domestic terrorists" is appalling and gross. That is not inclusive, compassionate, or a measured, responsible response from a political leader. It is shocking and diabolical.

It is our job as adults to protect the young not the other way around. This vaccine, again, poses zero benefit to our youth and provides only risk.

Please, stop the abuse of our children right here and right now.

Thank you,
Sarah Garriott
Gig Harbor
4th generation Washingtonian

From: Neal Bastian

Sent: 1/7/2022 9:27:04 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments for Jan. 12, 2022 meeting for a concerned WA citizen

External Email

Dear BOH,

I am writing this comment for the January 12, 2022 meeting.

Ref item #8: I strongly oppose forming a tech advisory group. This is taking steps to consider adding the covid shot to the vaccine schedule for school age kids. This is still under EUA and at this point the risks far outweigh the benefits.

Ref item #11: I absolutely support this item. It is a petition filed by Informed Choice WA.

Sincerely,

Neal Bastian

From: Lisa Twining
Sent: 1/6/2022 8:56:37 PM
To: DOH WSBOH
Subject: Please Listen - Do NOT require COVID vaccine for school children

External Email

To the Washington State Board of Health,

My name is Lisa Twining and I am a mother of 3 wonderful school aged girls. I am writing to you today asking you to NOT include the COVID - 19 shot in the list of requirements for schools.

I am not an anti-vaccine person. We can agree that vaccines are important and effective in preventing many diseases and my children have been vaccinated. I truly hope this vaccine does what it is intended to do, but I am not willing to sign my children up to be test subjects.

As you know, the COVID vaccine is new and is amazing science, but many of us are not willing to risk jabbing our children and creating long term health risks in their future. I feel there is enough evidence showing that this vaccine is evolving and more information is coming out about the effects both positive and negative. At this time, there is not enough consistent information and time that makes a rational decision for my young children.

As you know the vaccinated and unvaccinated adults and children can contract and pass COVID. I understand the vaccine can give you the tools to help fight the virus, but as we are seeing children's immune systems are strong and have not been as compromised as our elderly. Covid for healthy children is not a large risk and with low hospitalization rate (children checked in for COVID only) of healthy children supports this. Therefore, the risk/reward of getting this shot does not balance when you consider the mild nature of the virus and the possible side effects of the vaccine. Parents should be given the freedom to choose their own level of risk for their family.

As we have seen, COVID and the vaccine has been politicized and we are seeing a great divide. I am fearful if you follow through with this requirement we will see a mass exit from schools and shattering many communities' families and loss of trust in our public health.

Please take the time to consider both views. At this time we have the RIGHT to choose to receive the vaccine and many have done so. Please allow parents to observe and see the data that comes from science

Please know that parents care about their children and the children within their school, county, state and nation. Please allow us to determine when and if our child should receive this vaccine.

Please do not include this in the list of requirements yet.

Lisa Twining

Mother of 3

From: JooAe C.
Sent: 1/6/2022 6:08:36 PM
To:
Cc:
Subject: PLEASE READ

External Email

Dear Washington State Board of Health,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you for reading.

JooAe Choi

From: Raye
Sent: 1/7/2022 10:13:39 AM
To: Lang, Caitlin M (SBOH), Hoff, Christy Curwick (SBOH), Haag, Hannah R (SBOH), Donahoe, Kaitlyn N (SBOH), Kahler, Kelie (SBOH), lindsay.herendeeln@sboh.wa.gov, Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Thai, Nathaniel J (SBOH), Pskowski, Samantha L (SBOH), stuart.glasgoe@sboh.wa.gov, Schreiber, Tracy N (SBOH)
Cc:
Subject: No VAX Mandate for kids and schools

External Email

I am extremely opposed to implementation of a COVID 19 vaccine requirement for schools in Washington State. Please let parents make informed decisions, not the government!

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. Per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.
2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children.
3. Myocarditis is a known side effect of the vaccines. There are well documented risks associated with myocarditis in young males associated with these shots. Myocarditis is not a mild illness. Statistics show that 2 in 10 people with myocarditis will die within 2 years and 5 in 10 die within 5 years. Dead heart tissue does not regenerate itself.
4. The spike proteins associated with these shots have been shown to settle in female's reproductive organs, potentially affecting future fertility. In fact, there is currently a study focusing on changes in women's menstrual periods associated with the shots. COVID-19 Vaccines and the Menstrual Cycle | NIH COVID-19 Research
5. Natural immunity has been shown to be much more robust than any immunity imparted by the vaccine, and there has been research that has shown, after a person gets the shots, they may never be able to achieve full natural immunity.
6. No one knows the long term risks of these vaccines. There are many risk/benefit analysis that show little risk and little benefit. So why mandate!
9. It is impossible for someone to give informed consent when side effects from the vaccines are hidden. Please allow parents to decide on behalf of their children and do NOT mandate!

Raye Rapp
Concerned Citizen, Parent and Grandmother
--

Raye Gray

From: Erin Sauer

Sent: 1/6/2022 9:28:41 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Do not push these mandates on our kids

External Email

To everyone concerned,

Pushing these mandates and requirements on people of Washington state will only cause mistrust, rebellion, and exodus from the school system and the state. You must stop this extreme abuse of power. This cannot continue. My children will be removed from public school and we will leave this state and never look back. Do you not already see it? You must wake up. It's time to wake up.

Erin Sauer

From: Twinkle Kitty
Sent: 1/6/2022 3:57:40 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: TAG rules development and concerns for SBOH vaccine mandates for children



attachments\C09FE212A8074548_Washington State Board of Health letter signed.docx

External Email

Please read.

From: paula.harris27@gmail.com
Sent: 1/6/2022 3:59:06 PM
To: DOH WSBOH
Cc:
Subject: Dont you dare go through with this & leave my children ALONE!!!

External Email

I am beyond against this! Especially making it mandatory for my HEALTHY 5 YEAR OLD TO ATTEND SCHOOL! Covid is not a threat to our children. You punished her enough & me with distance learning.
Stop being tyrants. The threat is over!!!!

Sent from my iPhone

From: John Sinclair
Sent: 1/6/2022 8:24:50 PM
To: Back Blaze
Cc:
Subject: Forced vaccines

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Suzie Auld
Sent: 1/6/2022 11:08:18 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Public Comment for the January 12 WA Board of Health meeting

External Email

I am writing as a parent of five school-age children in Auburn, WA to express my concern that the Washington State Board of Health is considering mandating the COVID 19 inoculation for school children. Please do not impose this medical experiment on our children. It is not a vaccine like the others in the current childhood schedule. It does not confer immunity which basically makes it a therapy. The CDC, in fact, had to alter the definition of a vaccine in order to accommodate the COVID inoculation (and receive the legal impunity of a vaccine).

Significantly, it has not been proven safe and effective as it has been so thoroughly touted. An alarming number of young people have had adverse reactions, life-altering ones like myocarditis. A young person has a greater than 99.9% survival rate from COVID 19. In light of this, why would we put our children at any risk? Any mandated treatment should be bulletproof-safe, not experimental and flawed. The COVID inoculation does not even prevent transmission. Dr. Walensky of the CDC admitted this. Inoculating our children (at their risk) cannot "protect grandma".

Please consider viewing the attached links.

In the first link Dr. Malone, the inventor of the mRNA technology, addresses parents and warns them against the COVID inoculation.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fstream-event-physicians-alerting-parents&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1663a1438147460911c208d9d1ac7948%2F&isredir=1>>

<https://globalcovidsummit.org/news/live-stream-event-physicians-alerting-parents>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fglobalcovidsummit.org%2Fnews%2Fstream-event-physicians-alerting-parents&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1663a1438147460911c208d9d1ac7948%2F&isredir=1>>

This link describes Pfizer's deeply flawed vaccine development process:

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1663a1438147460911c208d9d1ac7948%7>

<https://stevekirsch.substack.com/p/icymi-cdc-just-published-a-paper?token=eyJhc2VyX2lkIjo0NjA5NDU0NSwicG9zdF9pZCI6NDY2ODE5NjEsIl8iOiJycE14YiIsImhhbmVudCmlhdCI6MTYwMzQxOTg0LWlucy5kaXI6NyBmcmVzcDd0eS1lc3RvdGVudCkiOjEyMDAwMCwwOCwiLCJjb290ZW50cyI6bnVmbGljaXNpdCki>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstevekirsch.substack.com%2Fp%3Ftoken%3DEyj1c2VyX2lkIjo0NjA5NDU0NSwicG9zdF9pZCI6NDY2ODE5NjEsIl8iOiJycE14YiIsImhhbmVudCmlhdCI6MTYwMzQxOTg0LWlucy5kaXI6NyBmcmVzcDd0eS1lc3RvdGVudCki&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C1663a1438147460911c208d9d...>

1. OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school.
2. SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

1. Please DO NOT include COVID 19 in the existing WAC Codes for involuntary detaining. We do not need to live in a police state or in fear of detainment. Please work to end the pandemic powers of the state rather than enhance them.

Thank you for your consideration,

Suzanne Auld

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Kathryn Libke

Sent: 1/7/2022 12:37:34 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Washington State Department of Health Staff

External Email

Dear Washington State Department of Health staff,

Please do not require school children and preschoolers to be inoculated with a Covid "vaccine" in order to attend school in our state!

Why the Pfizer vaccine for Covid 19 Does More Harm Than Good

Source: www.CanadianCovidCareAlliance.org

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

The Pfizer trial only used:

- 1) Unexposed & inoculated, and
- 2) Unexposed & not inoculated.

They should have also included:

- 1) Exposed & inoculated, and
- 2) Exposed and not inoculated (aka natural immunity from having had Covid).

The fact that they avoided the latter 2 shows that they thought their Pfizer vax wouldn't perform well in those categories. A study should show how those exposed and not inoculated fare vs. inoculated & exposed. It didn't.

The clinical endpoints of the trial should have been: Do people who take the Pfizer vax have less illness and death? (It wasn't) Choosing the proper endpoint is well-known, as a result of testing of cancer drugs. In cancer drug testing, they had to switch to all-point mortality, and Pfizer should have done so.

They could easily have included biomarkers, but they didn't. We need to know how people exposed, but not inoculated compare with the exposed and inoculated. This is natural immunity, and we need to know how those with natural immunity fared.

They should have tested for: de-dimer levels (micro-clotting) before and after.

Other biomarkers Pfizer should have and easily could have tested for: inflammation, barrier permeability, hypoxia, cardiac damage, predisposition to Alzheimer's, predisposition to autoimmune disease.

They should have had biomarkers for thrombotic disease. This is a condition which would

take time to surface, but could have been measured before & after in biomarkers. Many doctors are reporting thrombotic conditions in vaccinated patients.

Vaccine passports: The Pfizer vaccine was not tested for spread reduction: No evidence at all that they reduce transmission and disease, and that was never one of the endpoints of the study. All they measured for was, "Do people who take the vaccine test positive for Covid-19 less often?" and the study was designed so that they would get few "no" answers, and they then proceeded to a vax rollout.

Testing failures: Subjective testing: The study did not test all patients for Covid-19! Instead, they only tested for the Covid-19 symptom, and then left it up to the discretion of their investigators to decide what that was. So that means that asymptomatic infection would be missed entirely. And it introduced a high level of subjectivity to the trial, because an investigator could actually decide whether to test or not to test. This lack of systematic testing actually makes the results of the trial unreliable. All participants should have been tested.

There is considerable missing data in the study. The endpoint is all Covid cases: 8 inoculated vs 162 placebo. But it's such a small # of participants to begin with. But there are 80 lost follow-up subjects in the inoculated group! They don't know whether they got sick or not, or even died. They don't know. That's 10x more than the # of Covid cases they had in the inoculated group. So if a significant proportion of those 80 had been positive, it would have dramatically changed the results. Also, all the suspected but unconfirmed cases: 1594 in the inoculated group, 1816 in the placebo. This means they were symptomatic, but the investigator never followed up with a Covid test! These are huge numbers compared to the confirmed cases! The fact that the suspected cases which weren't tested were significantly larger than the endgame results means that this data is unreliable. The study should not have been accepted.

What about the placebo group? There were also many unconfirmed cases. If all these cases, inoculated and placebo, were positive, the relative risk reduction would then only be 19%. That's not a high enough percentage to gain approval.

Adolescents: The inoculation is really all risk and no benefit.

Teens are statistically at 0% risk of death from Covid-19. But the vaccine does pose risk of serious events. But the study was not designed to find serious adverse events. A serious event that occurred at a rate of 1/800 might not even show up in a sample of 1,005 people.

In the tests, there was a serious event in at least one subject who was inoculated. A 12-year-old girl. She experienced multiple serious effects, including lost feeling from the waist down, lost bowel and bladder control, menstrual cycle issues, seizures, verbal and motor tics, dizziness, fainting, headaches, brain fog, erratic blood pressure, and more. And the last 10 months, she is wheel chair bound and fed by a feeding tube. Pfizer labelled her case "functional abdominal pain."

5-11 year olds: The inoculation is an unacceptable risk to this group. Pfizer, using predictive modelling, acknowledges that their inoculations WILL cause myocarditis, but optimistically claims there will be zero deaths from myocarditis in any of their modelled scenarios. It's speculative. Still, there's no justification for giving children myocarditis. But the government has actually normalized myocarditis in kids, publishing Sick Kids brochures of how to deal with myocarditis in kids. But how to deal with it is to not cause myocarditis in kids! It's very serious. It causes permanent damage. Severe myocarditis weakens your heart so that the rest of your body doesn't get enough blood. Blood clots can form in your heart, leading to a stroke or heart attack. And the mortality rate is up to 20% at 6.5 years. The risk of 4 in 20 children who contract myocarditis dying within 6.5 years is unequivocally an unacceptable risk for children. But the FDA maintains that it is

an acceptable risk for children. They have actually abandoned the “do no harm” principle.

Dr Eric Rubin of the New England Journal of Medicine (NEJM) has said that the way to find if they do harm is by doing a roll-out on the population. He voted to roll out inoculations for ages 5-11, and suggested that a population level roll out as an appropriate way to test for adverse events. Of note, the NEJM is also the publisher of the Pfizer reports.

Governments are proclaiming the inoculations to be safe, yet the data is not there to back that up. Pfizer admits that their long term immune response, efficacy & safety data is limited and that their studies weren't powered to find “rare” side effect, as only about 1500 kids were in the testing group which received the inoculation. The law of informed consent says that parents should be told about these risks, but it's not happening.

On Nov 2, the British Medical Journal released an article about their investigation into Ventavia, one of the research companies Pfizer hired to conduct the trials. A whistleblower who was a Regional Director reported to the FDA that Ventavia: falsified data, unblinded participants, did not follow up and test participants who reported symptoms, and mislabeled some specimens. Several other employees backed up the Whistleblower's account. But Pfizer never disclosed the problems in its EUA application, and in fact, Pfizer has now hired the same researcher, Ventavia, to run more Covid-19 clinical trials.

So it's not surprising that we are seeing the issues we are in the 6-month report.

Manipulation of Data Cohorts: Pfizer took the results from their adult trial, which started July 27, 2020, and then added in the results from the 12-15 year olds' trial, despite the fact that the adolescent trial started four months later. Since it's well known that the efficacy wanes over time, this gives a false boost to the efficacy numbers. The efficacy of the two groups should have been reported separately, not presented as one combined result.

Pfizer trials did not prove safety. They proved harm. The endpoints of the trial should have been illness and death, not a positive or negative Covid-19 test. But their test actually showed harm. They used younger, healthier groups than the vaccine would eventually be rolled out to. Here are some results of Pfizer's own randomized control trial: Related adverse event, +300% over placebo group; severe adverse event, +75% over placebo group; any serious adverse event, +10% over placebo group. Deaths in the vaccinated group: 20; placebo group, 14.

How is this harm playing out in the real world? Governments are assuring us that they are monitoring safety and will let the public know if there are problems. But once the vaccine was rolled out at the population level, the surveillance method for reporting is called “passive.” It's difficult and time-consuming for overworked doctors and health workers to file the harm reports, and then it goes thru several levels of bureaucratic approval before the case is accepted as a vaccine-related injury.

“Active” surveillance was used for trial participants. They were given a phone app with choices of adverse events they experienced. 78% reported adverse reports, and 5% were serious. There was also journal entry options for the participants, and 30% reported adverse events thru that, and 2% were serious. But when the reporting method was switched to passive for the general population rollout the reporting fell way down.

But some news is getting out: For example, the risk of myocarditis is becoming known. And it's occurring in younger, healthy population where there was previously a very low rate of myocarditis.

On Nov. 17, the FDA released the first batch of data to satisfy a Freedom of Information request. This is data used by the FDA to approve Pfizer's covid-19 vaccine. One report in which Pfizer tracked adverse events in the first 2.5 months after the EUA, reported 1,200 deaths and over 25,000 nervous system adverse events. Under "Safety Concerns" Pfizer listed Anaphylaxis and Vaccine-Associated Enhanced Disease. This document should be incriminating for any agency who saw it and called the vaccine "safe."

Pfizer's criminal past includes lying about a heart valve which fractured and killed hundreds; conducting clinical trials on African children without their parents' consent, after which some of the children died; bribing doctors; suppressing research; manipulating studies; withholding information that its products caused cancer; fraudulent marketing, and many more. They've literally paid billions in fines and settlements for their actions. So they are not a highly ethical corporation.

The CDC has redefined "vaccine" to suit political & pharmaceutical interests. The new definition of vaccine by the CDC is "A preparation that is used to stimulate the body's immune response against diseases." The new definition does not indicate there is any actual benefit derived from a vaccine.

From: Alina Rud
Sent: 1/7/2022 12:16:53 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Opposition to proposed Covid WAC's

External Email

Hello

I am in complete opposition of the proposed COVID policies that are over reaching and immoral. I stand against these proposed WAC's:

WAC 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

Alina Y Rud 253-777-2809

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From: Hoff, Christy Curwick (SBOH)
Sent: 1/6/2022 4:22:16 PM
To: DOH WSBOH
Cc:
Subject: FW: Decision about Recommending Covid-19 Vaccine for School Children

From: Janet Young <antiejan@gmail.com>
Sent: Thursday, January 6, 2022 4:18 PM
To: Hoff, Christy Curwick (SBOH) <Christy.Hoff@sboh.wa.gov>
Subject: Re: Decision about Recommending Covid-19 Vaccine for School Children

External Email

Each member of the Washington State Board of the Health has a grave responsibility to set practices and make policies that affect individual citizens and families of the State of Washington. Parents have the right and responsibility to make decisions for their children. A vaccine of any kind is putting a substance into a body that has either wanted efficacy against disease or unwanted short-term or long-term damage. I ask the board to rule against any recommendation of the Covid-19, Novel Coronavirus Vaccine for children in Washington State schools or anyone else.

As Americans we have sovereign jurisdiction over our bodies. Parents know their children best and should make ultimate medical decisions for their children. They can consult their doctors or faith leaders. Parents want to make informed choices about what goes into their children's bodies. Children are not at great risk of Covid-19 or of spreading it. I urge the Board to vote No or Against the Covid-19 vaccination recommendation for Washington's school children.

Sincerely,

Janet M. Young

January 6, 2022

From: Jen Casey

Sent: 1/6/2022 6:00:30 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: COVID Vaccines for students

External Email

I think there is a need to allow time, additional research and historical data to present itself before we mandate an injection for students. At least for now, the role of a parent to manage their child's medical affairs should remain the family's sole discretion.

Thank you for OPPOSING the addition of this vaccine to the requirements for school attendance at this time.

Thank you.

Jen Casey

caseyfamily96@gmail.com <mailto:caseyfamily96@gmail.com>

360-805-5222

From: Daphne Ortiz
Sent: 1/7/2022 10:47:50 AM
To: DOH WSBOH,Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH)
Cc:
Subject: Comments on required vaccine for school age kids and in detainment

External Email

Dear board of directors,

I would like to share my extreme opposition to the quarantine camps and authoritarian style laws of making people comply and discrimination against individuals freedom of choice and what's best for their families. Are we living in Communist china? Nazis Germany? If you implement this you will be following the footsteps of hilter, Stalin and the leaders of communist china. You will be in violation of our human rights!

Washingtonians do not want this!!!

people will leave this state. If you implement this you will not be serving the best interest of us washingtonians. We still live in the United States of America do we not? We still have freedom of choice. If your basing this in science, well here's some science for you leading experts are saying that omicron is a blessing in disguise...yes highly contagious, BUT mild in symptoms and not deadly. They also say that this is how we achieve herd immunity, which will stop this virus, and omicron is an end to this pandemic. So please do not implement a communist, dictatorship that hold people against their will

I urge all of you to put yourself in our shoes or your families shoes and how would you feel if you were treated like you lived in a place that doesn't care about your human rights, freedoms, cause I know that none of you are going to be affected by this. Let people make their own choices and they might just surprise you...mandates and forcing our hands do not have the people in your best interest.

I also would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical

records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. There are well documented risks associated with myocarditis in young males associated with these shots. Myocarditis is not a mild illness. Statistics show that 2 in 10 people with myocarditis will die within 2 years and 5 in 10 die within 5 years. Dead heart tissue does not regenerate itself.

4. The spike proteins associated with these shots have been shown to settle in female's reproductive organs, potentially affecting future fertility. In fact, there is currently a study focusing on changes in women's menstrual periods associated with the shots. COVID-19 Vaccines and the Menstrual Cycle | NIH COVID-19 Research

5. Natural immunity has been shown to be much more robust than any immunity imparted by the vaccine, and there has been research that has shown, after a person gets the shots, they may never be able to achieve full natural immunity in the future. Please read this for 5 studies that show children already have robust natural immunity to this virus. Hands-off, CDC and Pfizer: Children are to be considered already COVID 'vaccinated' – Opinion – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

6. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

7. You may "enjoy" reading this analysis from a person who does risk-benefit analyses for a living. It is estimated that, even if 28 million children are vaccinated against COVID, at most 45 lives might be saved. And there are potentially huge long term risks. What is the Number Needed to Vaccinate (NNTV) to prevent a single COVID-19 fatality in kids 5 to 11 based on the Pfizer EUA application? (substack.com <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fsubstack.com%2F&data=04%7C01>)

8. In Pfizer's initial study for older 12-17 year old kids, adverse side effects were hidden. You may or may not be familiar with the story of Maddie De Garay who volunteered to be part of the initial trial because she wanted to do her part. She is now in a wheelchair with a feeding tube and likely will be for the rest of her life. Her side effects were hidden and listed as "abdominal pain". Even if there's an infinitesimal chance of this happening to another child, why take the risk? Comcast Censors Vaccine Paralyzed 13-Year-Old Girl (rumble.com <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Frumble.com%2F&data=04%7C01>)

9. It is impossible for someone to give informed consent when side effects from the vaccines are hidden. Perhaps before you make a decision that you'll regret, you should visit this website. realnotrare.com <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Frealnotrare.com%2F&data=04%7C01>

In history when has forced compliance have ever been on the good guys side? NEVER!!!!

Please put a stop to this if you want to stay in office! Cause I guarantee you, you will show your true colors if you force this and show us you are only interested in power and not for the greater good of the people! And you will be voted out!

Always,

Daphne Ortiz

Very concerned Washingtonian (born and raised) and parent

From: Testify Online Survey
Sent: 1/6/2022 4:30:01 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

January 12th, 2022

2.

Agenda Item or Issue:

State mandated COVID-19 shots for children

3.

Your Name:

Paul Hopkins

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

3431 Serene Way Lynnwood, WA 98087

7.

Email:

phops220@gmail.com

8.

Phone Number (Include Area Code):

425-275-1781

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

The proposal to mandate COVID-19 shots for children in order to attend schooling.

11.

Are you Pro or Con on the proposal?

2. Con

I am against mandates for children because children have an extremely low risk of any serious adverse reaction from COVID-19 and an even lower risk of death. On top of that, we now have dozens of studies from around the world that are showing potential negative effects from the vaccines and boosters (including some long term ones, like cellular changes in the ovaries that will affect reproductive results). Please do your research and do what is best for the health of our children. Sincerely, Paul Hopkins

From: Lola Ybarra

Sent: 1/7/2022 11:59:15 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Concern for Covid Vaccine to be added to required list for school enrollment.

External Email

Dear Washington State Board of Health,

I am writing with sincere concern regarding the direction of conversation around making the Covid vaccine a requirement for school enrollment. Understanding the severity and length of time that we have been dealing with this virus, I can understand that people want to do what is right to protect themselves and others. I too want to protect myself, my loved ones, and my community. That is why I take precautions wearing a mask, handwashing, limiting social interactions, etc. However, I cannot understand mandating that people who have a reasonable right to question the long term effects of the vaccine and make a personal choice to not vaccinate would be held to the fire to make a decision that we are not comfortable with or choose to pull our child out of the school system. I have been a public school teacher in Washington state for 20+ years and that would not be my desire. However, I absolutely oppose any Covid vaccine requirements for school age children. Mandating the vaccine for school enrollment is a gross over-reach at this time, while at first glance the vaccine may be presenting as safe, there has not been enough years to determine long term effects. People have a right to make an informed decision, many people have felt that the information we have so far is enough for them to take a vaccine. Others, like myself, wish to have a bigger picture, especially considering vaccinated individuals can still spread and catch this virus. Please afford people the right to make this delicate medical and personal family decision on their own and not be put to the fire to take the shot.

Sincerely,
Lola Ybarra
Sent from my iPhone

From: SL WIN

Sent: 1/7/2022 1:03:31 AM

To: DOH WSBOH,Thai, Nathaniel J (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH)

Cc:

Subject: Covid vaccine mandates for school

External Email

Good morning, I am writing to you as a concerned parent about the upcoming meeting to discuss requiring the Covid vaccine for school attendance. I am urging you NOT to require this shot for students to attend school or childcare.

First, it is still under EUA in the United States. The only currently FDA approved Covid shot is Comirnaty, which is not licensed in this country. Requiring a treatment that is still under EUA is unsafe and unethical.

Secondly, this virus is not dangerous or deadly to the vast majority of people, especially children. The statistics prove this. Over 99.95% of children will survive this illness and most will not transmit it to adults.

Thirdly, this treatment is not effective at preventing infection or transmission, as stated by the director of the CDC and Dr. Fauci, and any benefits would be solely for the individual receiving the shot (lowered risk of hospitalization and death). This means that unvaccinated students and staff would not be any more a risk to others than the vaccinated would.

These points alone show that mandating this vaccine makes no scientific sense, and it should not be done. Every medical procedure carries a risk to the person taking it. No matter how small the risk, it cannot be ignored. Coersion is unethical when it comes to medical treatments, and requiring people to take any medical product to be able to participate in school, work, etc is coersion.

I hope you take this into consideration for the health, safety, and well-being of our children.

Thank you,

Shelley Winje

From: Nichol Hubbard
Sent: 1/7/2022 9:03:24 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccination requirement for school

External Email

If you require the covid 19 vaccine for my children to be enrolled in school. I will not be enrolling them.

Concerned parent
Nichol Hubbard

From: Anastasia

Sent: 1/7/2022 12:31:59 AM

To: DOH WSBOH, Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Davis, Michelle (SBOH), Hisaw, Melanie (SBOH)
Cc:

Subject: STOP the push to require Covid 19 vaccinations for children

External Email

I am opposed to make COVID-19 shots mandatory for school admission or childcare in Washington State .

As a parent, I implore you to PLEASE stop the push to require Covid 19 vaccinations for any child in child care or school.

There were people who died after getting a shot of Covid 19 vaccine. They were healthy, but died.

The Covid 19 vaccines have no long-term testing on adults and they have even less testing on children. Covid 19 vaccines are not stopping the virus as many with the vaccine are contracting and spreading Covid 19. The vaccine has not been tested enough to ensure its efficacy and safety in children. Requiring this vaccine does not protect our children

Vaccine can be really dangerous for children!

Please PROTECT our children by NOT requiring a Covid 19 vaccination to attend child care or school.

Thank you,

Anastasiia Kulikova

From: Jason Embick
Sent: 1/6/2022 7:53:58 PM
To:
Cc:
Subject: No Vaccine Mandates for Children!

External Email

I am strongly urging you to vote NO for vaccine mandates for our children and schools. Please resist the public hysteria and Big Pharma lobbying machines, look at the science and data for kids, and ask yourself why would we force such a thing on our precious children? FACT - zero kids 5-11 in the Pfizer clinical trial, either vaccinated or in the control group, had severe Covid symptoms. Zero. FACT - per the CDC data, less than 1/10th of 1 percent ($<0.10\%$) of people hospitalized with (not because of) COVID were kids 0-17, and even fewer died. FACT - vaccinated people can spread the disease - look at what's happening now. FACT - we don't know the long-term side effects of this vaccine; it's just too early. FACT - the drug companies cannot be sued for any deaths or adverse reactions to their products; ask yourself why? Given all of this, how could you even consider mandating a vaccine on our children? Let the parents and their doctors decide!!!!

Also, consider also that the least vaccinated portion of our population are minorities. What message will this send if you vote yes?

--

Jason Embick, WA resident

From: Lisa

Sent: 1/6/2022 9:27:18 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Please don't approve this- our children are not test subjects, there isn't enough data, or long term effects.

Sincerely

Lisa Kramlich

Sent from my iPhone

From: J Englund
Sent: 1/6/2022 8:28:29 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Please oppose a mandatory Covid vaccine for school aged children

External Email

I urge you to oppose a mandatory requirement of Covid vaccine for school aged children.
The shot should be a parents' decision not the government.

Sincerely,
Jeanne Englund
Goldendale, WA

From: Jessica Mccoy
Sent: 1/7/2022 11:42:06 AM
To:
Cc:
Subject: Opposition to Implementation of a Covid 19 Vaccine Requirement for Schools

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,
Jessica Storton

From: Vitaliy Bondarenko

Sent: 1/6/2022 9:53:16 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: URGENT: don't make covid vaccine mandatory for children!

External Email

Dear Sir/Madam,

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State.

As a parent and a member of the community, I implore you to please stop the push to require Covid 19 vaccinations for ANY child in child care or school. Covid vaccines should absolutely NOT be a requirement for our children! Children are at extremely low risk for Covid 19. The Covid 19 vaccines have no long-term testing on adults and they have even less testing on children. Covid 19 vaccines are not stopping the virus as many with the vaccine are contracting and spreading C19. The vaccine has not been tested enough to ensure its efficacy and safety in children. Requiring this vaccine does not protect our children!

The disease burden in this case does not meet your criteria. There is NOT significant morbidity and/or mortality in at least some sub-set of the population. The survival rate is well over 90% and even the long-term effects of C19 do not represent a significant amount. Additionally, this vaccine is not meeting your criteria because it is not reducing the risk of person-to-person transmission.

As for the criteria of Implementation, the vaccine is NOT acceptable to the medical community and the public. There is an extremely large amount of both the medical and the general public who do NOT accept this vaccine as safe.

And finally, in regard to vaccine effectiveness, this vaccine does not work. It is not on the Recommended Childhood & Adolescent Immunization Schedule. It is not preventing C19 nor is it preventing the spread of C19. The vaccine is not cost-effective for our nation.

Perhaps it is cost-effective or free or maybe even puts some money into the local schools, but as a nation, it is destroying our financial position at an alarming rate.

"Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects." Yeah. Not even close. Tell that to the parents of the kids who are having heart attacks. Tell that to my friends who have had massive autoimmune flare-ups and other medical issues that arise immediately after their second dose. This is not a safe vaccine for all people. Even the FDA board that was approving those vaccines to young kids did it with the impression that this will be absolutely voluntary and will never be mandated which CDC guaranteed. Will you take upon yourself the responsibility for the health and wellbeing of innocent children who you will be subjecting to unknown risks in order to receive an education which is an ingrained right of every child? Will you create segregation and discrimination based on the medical choices made?

Please PROTECT our children by NOT requiring a C19 vaccination to attend child care or school.

Thank you,

Vitaliy Bondarenko

From: Lauralee Schilling
Sent: 1/7/2022 11:54:09 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Line item 10:00 am Coronavirus-19 Update and Polices: Washington State Board of Health Webinar Meeting

External Email

To All whom this concerns,

I am writing to argue and stand up for my rights and the rights of my fellow citizens of the state of Washington.

As a teacher of over 19 years for special education students, a parent of 3 adult children as well as two adorable grandchildren, I am asking, no pleading for you to reevaluate your thinking in requiring a vaccination in which data is beginning to show serious complications, breakthrough illnesses beyond what we ever imagined! I have not gotten the vaccination, nor do I plan to succumb! This is MY RIGHT FOR WHAT IS BEST FOR MY BODY! This is all that parents and families are asking for their own children! Let it be a choice! You are allowing politics tell you what to do rather than your brains.

PLEASE DO NOT ALLOW AN ABSOLUTE VACCINATION MANDATE DESTROY OUR STATE AND COUNTRY AND FUTURE.

NOW ON TO THE NEXT EVEN MORE IMPORTANT ISSUE

The proposal to allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling ,vaccination (WAC 246-100-040)

I don't even know where to begin to tell you how much and far over the rights endowed by our creator and Constitution this crosses!! How dare the government think they can enter MY property and detain myself or my family or my loved ones base on their beliefs! This is Unconstitutional and morally unjust.

Please think long and hard of the implications and consequences of YOUR actions when allowing these atrocities to occur in the United States of America! We are endowed by our creator certain unalienable rights including, life, liberty and the pursuit of property(happiness)! We have been given free will by our Creator, God gave us free will. This means my freedom to choose!

Sincerely,

Lauralee Harken
(269)235-1901

Resident of the United States of America

From: lukepfm@comcast.net

Sent: 1/7/2022 11:57:15 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: OPPOSITION....>>Mandatory Vax and Forced Quarantine - WA State...{citing Nuremberg Code violation}

External Email

ATTN: Addressees...

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

FURTHERMORE....

According to information that I have received, ANY attempt to enforce mandates for Vaccines, Masks, etc. would be in violation of the Nuremberg Code 2.0, Article 6, Section 3, and subject to being adjudged as guilty of "WAR CRIMES"...which subjects you to Tribunals, for which the penalties could include DEATH!! If, by your prospective actions to support these unlawful "mandates", you are VOLUNTEERING to submit yourself for de-population, as has been put forth by the CCP/Deep State/Rockefeller Foundation in 2010...Operation Lockstep/Agenda 21 & 2030, so be it. I'm CERTAIN that someone will be in contact with you, should the necessity arise...and your "better judgment" NOT prevail next week.

I strongly urge you to be a supporter of the U.S. Constitutional Republic (of 1776), which upholds the Sovereignty, Rights, and FREEDOMS for every American...which was the objective of the early Revolutionaries & Forefathers who fought for this nation. DO THE RIGHT THING!!

A PATRIOT in support of America...Americans, and citizens of the World!!

The BEST is yet to Come.

Luke Lueckenotte

Aka "Patriot in the Park"....

From: Nichole Ball

Sent: 1/7/2022 7:41:43 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Students

External Email

I can't not believe what our state has come to. This is ridiculous that you all are trying to force our children to get an experimental shot just to go to school. Public school is not a privilege, it is a right! Not everyone had the luxury of home school. Which living costs as high as they are, in most cases both parents need to work just to be able to provide a roof over their heads. We need our child to be in school learning. Last years education scores after being at home learning should prove that kids do not learn as well at home!

From: brad kaul
Sent: 1/7/2022 9:20:53 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No to Covid -19 vaccine for school

External Email

Dear Nathaniel Thai,

My name is Melina Kaul and my husband and I have three children in school in Washington state. I am extremely concerned about the Washington State Board of Health requiring my children receive the vaccine to attend school. Our family has had Covid and recovered and believe our natural immunity should be taken into consideration as is stated in your requirements for assigning vaccines for school age children. Also, we have personally witnessed a teammate of my high school son have myocarditis from the Covid-19 vaccine. This young man will always have this to deal with for the rest of his life. Please I ask that you allow each family to decide for themselves whether the Covid-19 vaccine is right for their situation.

There is a strong possibility that if the Covid-19 vaccine is required that we will be forced to homeschool or move to another state. I appreciate you reading this email and taking it into serious consideration when voting to require the Covid-19 vaccine for school age children.

Thank you,
Melina Kaul

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Lynn Pratt
Sent: 1/6/2022 9:15:52 PM
To: DOH WSOH
Subject: Comments for the immunizations technical advisory group

External Email

Dear Ladies and Gentlemen of the board,

I would like to express my extreme opposition to the implementation of a COVID-19 vaccine requirement for schools in Washington State. The proposed Covid policies are over reaching and immoral!

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Rubin, Editor in Chief NEJM. The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Forced vaccination of healthy children, for a disease that does not affect them, to make adults feel safe, is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Respectfully,

Carol L. Pratt

Sent from Outlook

<[https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Faka.ms%2Fweboutlook&data=04%2F)

From: Kama Bigbee
Sent: 1/6/2022 7:36:57 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Mandate Opposition

External Email

To Nathaniel Thai,

Vaccine Mandate Opposition Letter

To The Washington State Board of Health,

This letter is to inform you that I strongly oppose the proposed vaccine mandate in Pierce County. I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. There is absolutely NO COVID vaccine available in the United States has received FDA approval. ALL available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. This fear monger approach by the State of Washington and the Federal Government to force American citizens to inject an experimental drug AGAINST THE LAW and is the subject of numerous lawsuits! A Federal Judge recently rejected Pfizer's claim that the two products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable'

- Children's Health Defense (childrenshealthdefense.org)

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>
) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Targeting our children is simply another tactic to accomplish the goal of 100% of vaccination. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID! I challenge the Washington State Board of Health to show medical records for even one child who has died of COVID without co-morbidities.

3. NO ONE knows the long term risks of these vaccines. One of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM. The studies Pfizer conducted were woefully underpowered. This is an analysis of the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors. (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>) It concludes the risks DO NOT outweigh the benefits, therefore more research MUST be done before being administered to children or anyone else!

Forced vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity.

Our hospitals have more vaccinated COVID positive patients than unvaccinated, THE VACCINES ARE NOT WORKING!

If the Washington State Board of Health rules in favor of this mandate you can be absolutely certain to face legal action immediately, as this is constitutional, against the law and will be stopped!

Thank you for your careful consideration of this matter,

Kama Bigbee, PhD.

Educational Consultant

From: Nadya Shechtman
Sent: 1/6/2022 8:41:29 PM
To: DOH WSBOH,Thai, Nathaniel J (SBOH),Davis, Michelle (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH)
Cc:
Subject: Kids mandatory vaccines disagreement

External Email

Hello,

I would like to express my strong disagreement with the proposal to make COVID-19 vaccines mandatory for school and childcare admission in King county, as well as state. As a parent and a member of the community, I implore you to please stop pushing to require Covid-19 vaccinations for ANY child in child care or school.

All COVID-19 vaccines for school kids age currently administered in USA are still under emergency approval. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/full-fda-approval-of-a-covid-19-vaccine-what-you-should-know>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hopkinsmedicine.org%2Fhealth/conditions-and-diseases%2Fcoronavirus%2Ffull-fda-approval-of-a-covid-19-vaccine-what-you-should-know&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C03555d19151443e6ce9808d9d197eed9%70>>

Meaning, that FDA still has not enough scientific evidence to grant a full approval.

Children and young people have a mostly mild or asymptomatic presentation when infected with SARS-CoV-2. They are at near-zero risk of death from COVID-19.

There is an unusually high rate of reported adverse events and deaths following the COVID-19 vaccines compared to other vaccines. Some adverse events are more common in the young, especially myocarditis. Where potential harm exists from an innovation and little is known about it, the precautionary principle dictates to first do no harm. Better safe than sorry.

Medium and long-term safety data about the COVID-19 vaccines are still lacking. Children and young people have a remaining life expectancy of 55 to 80 years. Unknown harmful long-term effects are far more consequential for the young than for the elderly.

Vaccination policies rely on expected benefits clearly outweighing the risk of adverse events from the vaccination. The risk-benefit analysis for the COVID-19 vaccines points to a high potential risk versus no benefit for children and young people.

Transmission of SARS-CoV-2 from children to adults is minimal and adults in contact with children do not have higher COVID-19 mortality.

It is unethical to put children and young people at risk to protect adults. Altruistic behaviors such as organ and blood donation are all voluntary.

Several prophylactic treatments as well as the COVID-19 vaccines are available to high-risk individuals so they can protect themselves.

There are several prophylactic (preventive) protocols and effective treatments available to children and young people with comorbidities.

THERE IS THUS NO MEDICAL OR PUBLIC HEALTH CASE FOR THE MASS VACCINATION OF CHILDREN AND YOUNG PEOPLE, OR FOR COERCIVE OR RESTRICTIVE MEASURES AFFECTING THOSE WHO ARE UNVACCINATED

Will you take upon you the responsibility for the health and well being of children, whom you will be subjecting to unknown risks, in order to receive education (paid for by the taxpayer -their parents) which is an ingrained right of every child? Will you create segregation and discrimination?

Please PROTECT our children by NOT requiring a C19 vaccination to attend child care or school.

Thank you,
Nadya

From: Travis Will

Sent: 1/7/2022 12:17:33 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Covid Vaccine for our children

External Email

To whom it concerns,

Let me start off by saying that we will be pulling our children from public school if the covid-19 vaccine becomes a requirement and considering moving to a different state. Getting the covid 19 vaccine should be a choice made by each individual family depending upon their health and beliefs just like the flu vaccination.

The death rate for Children under 18 who are infected with covid19 is less than 0.01 percent. This is straight from the CDC website. There have been a total of 694 child deaths "involving" covid 19, in the last TWO years in America. This is less than car accidents per one year.

The side effects from the covid-19 vaccine that we are seeing in children and adults is alarming. The biggest concern that we are seeing in children is Myocarditis, (inflammation of the heart muscle) and pericarditis . This should be scary enough to make everyone rethink the decision of giving their children the covid vaccine especially when the death rate for covid is less than 0.01 percent. Covid 19 vaccines are different from any other vaccine that we have ever used. We do not know anything about what the long term effects of the vaccine are yet. Other vaccines took 10 to 20 years of studies before they are even considered to be approved and here we are being asked to give this vaccine to our children.

There are stories after stories of children and adults having side effects and death due to the covid vaccine. Many people that I know become very ill for weeks after getting the vaccine and continue to have side effects from getting the vaccine.

The risk of the covid-19 vaccine is so much greater than actually getting covid for children. There is only risk and zero benefit. There isn't even the benefit of not getting covid. Everyone I know that currently has covid has been vaccinated, some even with a booster. Again there is only risk and no benefit to our children.

Thank you,
Travis Will

From: Chrystal or Ron
Sent: 1/7/2022 10:08:32 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), hanah.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Subject: Covid 19 injection requirement for school children

External Email

According to the Proposed Policies you all will be considering during the next few days, you want to allow local health officers to use law enforcement to force an emergency order to involuntarily detain a person ... following refusal to voluntarily comply with requests for vaccination. You also want to include the Covid 19 injection as part of school immunization requirements.

The Covid 19 "injections" (as identified by you above) are not vaccines. They do not prevent contracting Covid 19. We now know that many fully injected people are getting Covid 19.

Also children have an extremely low chance of getting Covid 19 and if exposed, their survival rates are over 95%! So where is the necessity for an Emergency Order to require all school children to have this shot? We are seeing too many children suffer from permanent heart damage after receiving this shot, and even dying.

Bottom line: You are considering passing an emergency order to require a shot that is not a vaccine to protect children from a disease they can easily survive, but which shot may cause them permanent heart/health issues.

I would not want to be you when the lawsuits begin by parents whose children become permanently injured by these injections. The information is out there and easily accessible. Please do your homework before you make this draconian decision for all school children.

Chrystal Perrow, Winthrop, WA

From: Carol Keller

Sent: 1/6/2022 4:09:14 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), education@srhd.org, Velazquez, Frank (DOHi), Mark Springer, mswenson@cheneysd.org, rroettger@cheneysd.org, fday@cheneysd.org

Cc:

Subject: Vaccine mandate on students

External Email

PLEASE DO NOT DO THIS!!! The "vaccine" does not work and is not necessary for most healthy children. It has not stopped people from getting the virus and there are so many unknowns about it's long term affects. Let's not "experiment" on our children! If parents want to have their child given the shot it should be our CHOICE!!

I have a 13 year old son who I do not want to receive this shot nor does he want to receive it. He is an extremely healthy boy and had Covid and fought it in a matter of hours. The majority of our children are resilient and are not adversely affected by this virus. We need to treat it like we do the cold and flu, which this new version basically is. Gov Inslee has not made good decisions during this pandemic. He has isolated us and caused hatred among people, including friends and family. His decision to keep businesses closed forced many to close permanently. His unemployment compensation has created a lazy bunch of young people who do not want to work which is creating another problem for business and consumers!

If our state legislature and acting agencies continue to push for this mandate, my family will have to consider pulling our son from Spokane schools. I pray that you will very seriously consider the affect this decision can have on Washington school population and enable people to continue to have a choice over their bodies in this matter. Again, this "vaccine" has a lousy track record for stopping the virus.

Let's work towards bringing all these mandates to an end! Including masking up our children! What a joke! Let them be children and not teach them fear! Let our society get back to normal by stopping all these mandates and let the good citizens of Washington make their own choices.

I appreciate your consideration and pray that you vote for freedom!

Sincerely,

Carol Keller
A lifetime Spokane resident

Sent from my iPhone

From: Kristine Farley
Sent: 1/6/2022 10:56:10 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO!!!

External Email

I am adamantly against forced vaccines and forced quarantine for any person in the state of Washington!!!

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following reasons:

- * Follow the science, children's risk is so low that the risk of adverse effects from the shot is higher than a child's adverse effects from covid.
 - * Mandates are not laws and every parent has the right to make medical decisions for their children.
 - * These shots are for emergency use. They do NOT have medical trials that are proven over a period of time.
 - * Covid is spread by vaccinated and unvaccinated.
- There are no valid grounds for mass shots for children!!!

Sincerely,
Kristine Farley
Mother of 7 & Grandma to 14
Bonney Lake, WA

From: Sara Seumae

Sent: 1/6/2022 9:59:00 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: COVID vaccine mandate for Children

External Email

Hello,

My name is Sara Seumae McAllister and I'm a mother of two girls, Sena is 17 and Sadie just turned 15. They have started attending High School together this year and are delighted to be at the same school for the first time since Elementary school! They are active in the community, participate on their high school sports teams, and are enjoying their childhood. Most importantly, they are healthy, safe, and happy!

I'm writing to ask that you please DO NOT recommend a COVID vaccine requirement for school aged children on January 12th. My family and I are not anti-vaccine and my girls are all caught up on their vaccinations. However, I am against a COVID vaccine mandate knowing that we are still learning the long-term effects of this vaccine. All the COVID "vaccines" are still approved by the FDA under Emergency Use Authorization (EUA) which means that all of us are helping test these products. I do not want my healthy children to suffer long term consequences from these "vaccines" as a price for going to school.

Further important facts to note,

- * The vaccinations don't work like other vaccines do, since the vaccinated can and are still getting COVID and spreading the virus.
- * COVID isn't a threat to school age children and they have a nearly zero % chance of dying from COVID, however myocardium is a real threat and the shots are now showing massive amounts of cases of heart issues in our youth.
- * It is unconstitutional and illegal to mandate any treatment/shot without personal consent.
- * A Federal judge just ordered to block the mandatory vaccines to the military as "There is no Covid 19 exception to The First Amendment."
- * It is also against Nuremberg Code, Article 6, Section 3, "No government can mandate or force medical treatment without individual consent."
- * You may be liable for the rest of your life if mandate, and the comment of "I was just following the orders," will not excuse you from liability.
- * Also because they are under EUA, you cannot hold the manufacturer liable, therefore if you mandate the shots, you the state or school district will be held liable for any injury or death.

The last thing I want to do is homeschool my children and pull them away from their friends and teachers. However, I will be forced to put the health of my children first if the COVID vaccine requirement is put in place.

Thank you,
Sara Seumae McAllister
Mercer Island, WA

From: Ying Pei

Sent: 1/6/2022 8:53:54 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to COVID vaccination Mandate for Children, NO isolation facility against people's will

External Email

Hi,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

In regards to the proposed policy to allow officers to force families to be isolated in a quarantine facility is against basic human rights. I cannot believe this proposed policy is even on the table to be discussed. We live in a democracy not a Nazi world nor a communist country. The government cannot force people to do things against their will, especially medical actions that are already been questioned.

Here are some examples and data of COVID Vaccination side effects and damages already been reported.

1. 382 Athlete Cardiac Arrests, Serious Issues, 222 Dead, After COVID Shot (until 12/27/2021)<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgoodsciencing.com%2F%2Fsuffer-cardiac-arrest-die-after-covid-shot%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cda0b6906d6194107670308d9d1999985>

2. VAERS data

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F%2Fcovid-data&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cda0b6906d6194107670308d9d1999985>

16 year old girl, 9 days after Pfizer injection:

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

16 year old girl, 2 days after Pfizer injection:

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

5 year old girl, 4 days after Pfizer injection:

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

16 year old boy, 8 days after Pfizer injection:

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

13 year old boy, 2 days after Pfizer injection:

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

15 year old boy, 4 days after Pfizer injection:

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

16 year old boy, 6 days after Pfizer injection

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

17 year old boy, 9 days after Pfizer injection:

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

15 year old boy, on day of Pfizer injection:

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

13 year old boy, on day of Pfizer injection:

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

12 year old boy, on day of Pfizer injection:

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

3. Robert Malone's brief explanation of why we should oppose Covid vaccinations of children.

Before your child is injected, watch Dr. Robert Malone's statement on child COVID vaccinations

Before your child is injected, watch Dr. Robert Malone's statement on ch...

Physicians and Medical Scientists

Full Text of Malone Statement My name is Robert Malone, and I am speaking to you as a parent, grandparent, physi...

Thank you for your consideration.
Ying

From: Jaime Doucette
Sent: 1/7/2022 12:17:07 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO TO MANDATORY VACCINE

External Email

NO TO:
WAC 246-100-070
WAC 246-100-045
WAC 246-100-040
WAC 246-100
WAC 246-105

Do not take away our FREEDOM to choose what we believe is right! You will be sealing your fate as well!

May God have Mercy on us all!

Jaime Doucette

From: David Rubino
Sent: 1/11/2022 11:12:52 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: It's critical to preserve the personal/philosophical exemption

External Email

Nathaniel,

I believe the covid-19 vaccines are more harmful to children than they are helpful and should never have been approved for kids. As a medical professional, you probably know or suspect this is true. At the very least, you know the trials did not have the statistical power needed to prove the vaccine is safe when compared to the miniscule risk to children from covid.

At the same time, the pressure to require the covid-19 vaccine in school is enormous, because not doing so appears to align yourself with people who are "anti-vax" and more generally with Republicans, which you may not be or may not wish to be known for. Requiring the vaccine for school children seems inevitable in a "blue state" and taking a stand will cause damage to your reputation and career, and maybe your income and family well-being... and it won't change anything. The governor will remove you from the Board if needed to ensure this policy is put into place.

It seems likely that you will approve the school vaccine mandate knowing it will kill a few children, and hurt a few more... and I understand why.

What I ask of you, therefore, is that you insist on keeping the personal/philosophical exemption in place for the covid-19 childhood vaccine. This will allow parents who wish to protect their children from harm to do so, without forcing us to withdraw them from school.

And make no mistake... hundreds of thousands of kids will vanish from school if you do not allow the personal/philosophical exemption. No manner of pressure or threat of punishment will force us to harm our kids knowingly, and the damage to schools, families, and communities will be incalculable.

Please, do the less wrong thing that protects my kids, keeps them in school, and preserves your career as well. It's all I ask in these difficult times.

Thanks,

-David Rubino

Renton, WA

From: Erica Black
Sent: 1/7/2022 9:28:22 AM
To:
Cc:
Subject: Jan 12th meeting for COVID enforcement

External Email

To my Washington State board of health member: I am writing to plea against the upcoming vote to strip away my civil liberties and mandate vaccinations which is unconstitutional. Also I do not agree with enforcing vaccines in schools or the confinement and isolation of families or groups not willing to vaccinate or quarantine. This is still America correct?? How in the world are we being so blinded to the corruption of the government and pharmaceutical companies that we don't even remember civil liberties and why America is great!?! Please do not be swayed by pressures from higher up to make these long term injustices legal. I am in health care and I do not think this is a just enforcement of power and personal rights being ignored and powers being stripped away. What's next I ask? Give an inch and the mile comes next... I would like to maintain my rights to life (unimpeded by Vaccine side effects), liberty (free will and choice to respect my body), and the pursuit of happiness (not enforcement camps and government illegal mandates that I do not agree to).

Thank you for representing me and my rights with a vote against these proceedings and mandates on Jan 12th.

Sincerely and confidently,
Erica Black
Fall City, WA

--

You're magnificent- Share it!
Erica Black
How can I spark joy in my life today?

From: nlowe@familylife.com

Sent: 1/7/2022 10:01:59 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: Health Board Meeting

External Email

Members of the Health Board,

I would like to express my EXTREME OPPOSITION to two different things that I understand you are considering in regard to COVID 19.

First is the possible use of the courts, ex parte, and law enforcement to involuntarily confine/quarantine a person or group of people. This would rob us of due process for a disease that, though not trivial, has a mortality rate no higher than the seasonal flu. In addition, there is every indication, both in the data from South Africa and that which is emerging in the United States, that the Omicron variant of the virus, though more contagious than any of the others, is relatively mild and more like the common cold.

Second, the implementation of a COVID 19 vaccine requirement for schools in Washington State. There is no COVID vaccine available in the United States that has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (A Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense - childrenshealthdefense.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>
) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

In addition to these two things, I would like to say that the logic for not mandating the COVID 19 vaccine for children also applies to adults, whether it is in regard to employment or for any other reason.

The simple fact is that no one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. Here is an analysis of 10 Red Flags associated with Pfizer's studies:

Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org

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

Please carefully consider any actions that you might take in light of the freedoms that have been guarded and fought for by many Americans for over 200 years. My husband was a veteran and this is especially dear to me. I am not a lawyer, but it seems to me that implementation of heavy handed measures to deal with COVID 19 is unwarranted and unconstitutional. I expect that doing so will precipitate legal challenges, just like it has at the Federal level.

Respectfully,
Nancy Ann Lowe

From: Vince Stremmler
Sent: 1/6/2022 9:40:59 PM
To: DOH WSBOH
Subject: Immunization for child care and school entry

External Email

To the members of the WSBOH,

I am writing this letter to express how much I disagree with the possibility of the COVID shot becoming mandatory for children to attend schools. A large portion of people will not stand for this and it will definitely cause many issues within our state. Do not allow this to go thru.

Ask yourselves individually a few things:

- have I researched what doctors are really saying? (ex. Dr. Robert Malone)
- am I putting my trust in only what the government is saying?
- what is the goal of this since kids have an extremely high survivability rate and the COVID shots haven't been proven to prevent the spread?
- do I care how the public feels on these issues and do I represent them?

PLEASE HELP STOP THIS. SAY NO TO MANDATORY COVID SHOTS.

Thank you for listening,

Vince Stremmler

From: Christine Gordon

Sent: 1/7/2022 11:48:17 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: RE: OPPOSITION TO COVID-19 REQUIREMENT for SCHOOLS and INNOCENT CHILDREN

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

We cannot protect our children to be healthy when the State is taking unconstitutional actions against them!!

We have a constitutional right and until we do not, this is unlawful and VERY harmful to our future generation of children. They are suffering NOW of depression and isolation,

along with stress and anxiety from their own family being SQUEEZED to make ends meet with a failing economy?? PROTECT our children and do the RIGHT and Legal THING!

Sincerely,

Christine Gordon

Advocate for our children and for the law

From: Sheri Yohn

Sent: 1/6/2022 10:06:09 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No On mandatory vacations for children in School

External Email

I highly disagree on making it mandatory for the children in school to get the COVID vaccination.

Follow the science!

Thank you,

Sheri L. Yohn

Sent from my iPhone

From: Melissa A

Sent: 1/6/2022 10:45:58 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Stop the mandates and government overreach!!

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Stop your overreach!!! Let the American people choose what they want to put into their and their families bodies!! My body my choice!!!!

Melissa Allen

From: tanbabygirl

Sent: 1/6/2022 10:29:58 PM

To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), melanie.hisaw0@sboh.wa.gov, Davis, Michelle (SBOH), DOH WSB OH

Cc:

Subject: HALT Immunization Criteria for Children of WA State

External Email

Action: We the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

From: Comcast
Sent: 1/6/2022 9:55:18 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID vaccination requirements

External Email

To whom it may concern,

As a parent and a public school educator I am adamantly opposed to a covid vaccine requirement for school aged kids and daycares, and any other mandates ordering citizens to go against their Constitutional rights to manage our own health care for themselves and their children.

This vaccine has not had any long term (or relatively short term) safety studies done and is only approved for emergency use. The SCIENCE shows that though this virus is becoming more transmissible it is also becoming LESS severe symptom wise (especially in children).

No parent wants their child to get sick, not even with the common cold (which is where covid is heading in mutation). However the reality is that if they don't catch it at school they will catch it at the grocery store, the library, from mom or dad who got it from work etc. DESPITE vaccination status!

It is absolute discrimination to refuse children access to public school because their parents don't feel comfortable giving them an experimental vaccine (and it's only considered a 'vaccine' because the definition of a vaccine has recently been amended).

Again, I am speaking as one of "We the People" I am adamantly opposed to a covid vaccine requirement for any and all children!

Thank you for your time.

Anna Andrews

From: Jodi Duncan

Sent: 1/6/2022 4:36:00 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: K-12 Vaccine Concerns

External Email

To whom it may concern,

I am writing to voice my concerns over the possibility of vaccines as a requirement for access to K-12 education in Washington State. With glaring everyday proof that the COVID-19 shot is not actually a vaccine, but merely a form of treatment for the original strain, I do not understand the need for shots for the healthiest age group. Being that you are the "Board of Health", I would think that with the education you have, you should be able to see this too. Using the vaccine as a passport to basic education is the trademark of poor leadership. The board of health should be a neutral body, but we are not stupid and know that this state is lacking in ethics and morality. Will you prove us wrong?

As a parent, I have done everything the Governor and state officials have asked. I did not agree with many decisions, but did so for the comfort of others. My husband did not serve our country and state to allow scared government officials the ability to tread on the freedoms that he and many others sacrificed to uphold.

This is an attack on the medical freedom of our children and an attack on the right of parents to raise their children the way they choose. If this is passed, they will no longer attend Washington public schools and our tax dollars will not remain in Washington.

I will be honest, I have no faith that you will do the right thing. The State of Washington's track record has provided that lack of faith. I ask that you prove us wrong and remember who you work for.

Note: Israel is on booster #4....so those vaccines must be working...

Jodi Duncan
Tax Paying Citizen

From: Brett Grosso

Sent: 1/6/2022 7:11:08 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No experimental vaccine for our children!!

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,

Brett Grosso

From: Debbie MacInnis
Sent: 1/7/2022 8:15:27 AM
To:
Cc:
Subject: Comment on upcoming presentation of proposed policies

External Email

Hello,

I am a Washington State resident and have been made aware of the proposed policies to be presented on January 12th.

I am writing to register my horror and emphatic opposition to both mandated Covid-19 vaccines for school attendance and involuntary placement in quarantine camps for those who resist complying with human medical experimentation which is unconstitutional and breaks the Nuremberg Code.

The loss of bodily autonomy is a very serious thing and to this point has been relegated to communist, socialist and Marxist regimes, not free republics.

I strongly urge you to consider what the enforcement of these WAC codes would mean for our free society. Because Covid-19 is a treatable and low risk illness for most individuals - especially children, these actions would be absolutely unnecessary and contrary to our state and federal constitutions, resulting in the loss of freedom for millions of individuals.

I would also ask you to consider the severity of breaking the Nuremberg Code. Because the Covid-19 injection is still an experimental drug, it falls under its jurisdiction. All human medical experimentation is to be conducted with voluntary informed consent. Those involved in forcing a person against his or her will to participate in medical experimentation are subject to the penalties of crimes against humanity. Please recognize that those seeking to enact these proposed WAC codes are culpable.

Respectfully submitted,

Debbie MacInnis

679 Highway 603

Chehalis, WA 98532

The Nuremberg Code

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cirp.org%2Flibrary%2Fethics>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cirp.org%2Flibrary%2Fethics>

The Nuremberg Code

The text of the Nuremberg Code

From: Jaime Beckland
Sent: 1/6/2022 8:56:06 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Concern for Covid Vaccine to be added to required list for school enrollment.

External Email

Dear Washington State Board of Health,

I am writing with sincere concern regarding the direction of conversation around making the Covid vaccine a requirement for school enrollment. Understanding the severity and length of time that we have been dealing with this virus, I can understand that people want to do what is right to protect themselves and others. I too want to protect myself, my loved ones, and my community. That is why I take precautions wearing a mask, handwashing, limiting social interactions, etc. However, I cannot understand mandating that people who have a reasonable right to question the long term effects of the vaccine and make a personal choice to not vaccinate would be held to the fire to make a decision that we are not comfortable with or choose to pull our child out of the school system. I have been a public school teacher in Washington state for 20+ years and that would not be my desire. However, I absolutely oppose any Covid vaccine requirements for school age children. Mandating the vaccine for school enrollment is a gross over-reach at this time, while at first glance the vaccine may be presenting as safe, there has not been enough years to determine long term effects. People have a right to make an informed decision, many people have felt that the information we have so far is enough for them to take a vaccine. Others, like myself, wish to have a bigger picture, especially considering vaccinated individuals can still spread and catch this virus. Please afford people the right to make this delicate medical and personal family decision on their own and not be put to the fire to take the shot.

Sincerely,

Jaime Beckland

From: Ivan Thomas

Sent: 1/7/2022 12:00:13 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Opposition to Implementation of a COVID 19 Vaccine Requirement for Schools in Washington State

External Email

To all parties emailed,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State for the following reasons.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Regards,

Ivan Thomas

Washington State Resident since 2005

From: ariggsby@comcast.net
Sent: 1/6/2022 8:02:18 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No to Covid Vax

External Email

I am writing to express my EXTREME opposition to requiring a COVID 19 vaccine requirement to attend any level of school in the State of Washington.

There is NO approved vaccine available in the US. Not ONE! Children are statistically at zero risk from death from Covid. There is NO long term data to support such a ridiculous requirement. The drug company is requesting 75 years to even publish data on the vaccines. The number of injuries and deaths reported in VAERS alone is staggering.

The thought that you would intentionally put our precious children at such a huge risk in the name of POLITICS is not only absurd, it is disgusting. Force vaccinating healthy children for a disease that does not statistically affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for ANY school age children.

Thank you
Angie Riggsby
Captain/Firefighter/EMT
Concerned Grandmother

From: Dorene Evans
Sent: 1/6/2022 7:26:41 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine discussion

External Email

Hello,

I am emailing you today in regards to shared information that you may be talking about mandating the covid vaccine for school attendance for the 22/23 school year. I am 100% against a mandate for a vaccine that is not working for our general public. This virus is not found to be fatal to the young. Through science we have discovered that the vaccine does not prevent transmission nor does it protect you from getting covid. Please do not attempt this unconstitutional act of power. I am sure many law suits will be filed, if the wrong decision is made. I am also sure that many will join together to stop any attempt to mandate this for our children. I implore you to do the right thing.

Thank you for your time and consideration in this manner,

Dorene Evans. Grandparent to five in school. 253-255-1734

Sent from my iPad

From: Robin Au
Sent: 1/7/2022 1:08:11 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No vaccine requirement for

External Email

Hello,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Robin Au, DMD

From: rick.doty.centex@gmail.com

Sent: 1/7/2022 7:35:50 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Lindsey.herendeen@sboh.wa.gov, Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Jan.10 meeting WSBOH RE: vaccination requirement for school aged children

External Email

To Whom it May Concern:

I am sending this message to voice my concern about the mandates for the vaccinations that you will be discussing on Monday in your meeting. I and many others are against making it mandatory to have these shots to protect the public for several reasons.

1.

While it appears that the shots lower the severity of the attack by the virus, they are ineffective at stopping the spread.

2. There are adverse results to receiving the shots of which only the immediate affects have had time to manifest themselves.

3. The trial periods were way too short due to the EUA and longer-term consequences have not had time to occur.

4. The hysteria and fear that has been prompted through various sources has created a major division and distrust of government and media and even some in the medical profession.

5. The survival rate for humans is such that 95+ percent of those who acquire the virus will be able to defeat it with or without the shot.

6. Early treatments that are available can reduce the danger of the virus.

Unfortunately, these treatments are being suppressed by government and media in favor of pushing citizens to Perceive that the shots which can have short term serious consequences like heart attacks, myopericarditis, shingles, bells palsy and other permanent disabilities and in to many cases death. We do not know of the long term dangers as the normal trial period will not be reached for several more years.

Finally, "This shot is the FIRST TIME EVER that the use of mRNA gene transfer technology has been used against an infectious virus. This is the FIRST EVER vaccine to make no provable claims about reduction of infection, transmissibility or death. This is the FIRST EVER coronavirus vaccine ever tested on humans (and previous coronavirus vaccines all failed due to antibody-dependent enhancement, a condition in which the antibodies actually facilitate infection rather than defend against it). The first ever use of genetically modified polynucleotides in the general population."

I have personally had a close friend and another acquaintance die within weeks of receiving the second shot and one young woman who I have known since she was born who had the shot when pregnant and had a miscarriage. This is important to me and I believe that many others have had similar experiences.

I hope you will consider these thoughts and do your own research about this and in the mean time please do not agree to any mandates regarding this "Vaccine "PERIOD. And certainly not for school aged children who have no choice and little ability to understand the difference between this shot and other vaccines that they have received.

Thank you for your time and consideration.

Sincerely,

Jean R. Doty

Registered voter in Stanwood, WA.

From: MD S

Sent: 1/7/2022 11:45:21 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I Strongly oppose COVID-19 vaccine mandates on school-age children

External Email

Hello,

My name is Megan and I would like to express my extreme opposition AND concern to implementation of a COVID 19 vaccine requirement for schools in Washington State. I am a mother of two small children (a son and a daughter) and a practicing RN of 13 years. I worked every day at the start of this pandemic as a frontline worker while pregnant from March 2020 through November 2020. My risk as a pregnant woman and the risk to my unborn child was unknown, yet I continued to work every day!

If something like this absurd mandate were to be implemented in WA state schools, I will have to quit my job as a nurse to stay home and homeschool my children. OR, my husband and I have already talked about moving out of state should this happen. This is how serious this matter is to us. We will go to all lengths to protect our children from being "labrats"!!!

First off:

There is NO COVID vaccine available in the United States which has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization (EUA). The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense

(childrenshealthdefense.org

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

) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

And to this same point. These vaccines that are under EUA are all in clinical trials through 2023 and 2025. This means, forcing administration of these vaccines on our children just to be able to attend school and get an education means you are forcing them to partake in a clinical trial which is why I use the term "labrats" above. That is in violation of the Nuremberg Code. One must have Informed Consent, yet there cannot be full Informed Consent on these vaccines under EUA since the trials and long term data collection on safety are still in progress.

Two of my BIGGEST concerns with the initial data coming out are:

1) The first concern is regarding my daughter. There has been an astounding rate of menstrual irregularities experienced after vaccination which is very concerning to me. As a triage oncology nurse, I have witnessed first hand the increase in calls I have received from patients who are post-menopausal that are calling and complaining they have started bleeding again. They are frightened, not knowing what this means. They had all received one of the COVID-19 vaccines. I also have personal friends and family members of friends who are premenopausal that have had severe bleeding for over 1.5 months

straight for no reason post-vaccination. These have not been reported to VAERS so it just goes to show you the data collection on these concerning adverse events is NOT accurate!! The study Japan did on the biodistribution of the Pfizer shot shows that a concerning percentage of the nano-lipid particles containing the mRNA for spike protein actually distribute straight to the ovaries (<https://www.naturalnews.com/files/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.naturalnews.com%2Ffiles%2Fbio-distribution-confidential-document-translated-to-english.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ce829837f003647221e8f08d9d2162b4b%7C>) which control the hormones that regulate menstrual cycles and follicle/egg release. Females are born with all the eggs they will ever have. If there is even the slightest chance that these vaccines could be affecting the fertility of a female, there is NO way my daughter will ever be taking such an injection. This NEEDS to be studied further and with long-term data to actually be able to confirm whether damage is being done to the female reproductive system. The NIH acknowledges this and has started some trials looking into adverse effects from these vaccines (<https://covid19.nih.gov/news-and-stories/covid-19-vaccines-and-menstrual-cycle> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid19.nih.gov%2Fnews-and-stories%2Fcovid-19-vaccines-and-menstrual-cycle&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Ce829837f003647221e8f08d9d2162b4b%7C>).

2) My other big concern is for my son. Young males have an increased risk of heart inflammation (e.g. Myocarditis and/or pericarditis) with these vaccines (compared to any other mandated/required vaccine for school). This is a fact, not an opinion! Though it may be a small chance, my son has a GREATER risk of developing potentially life threatening or life-long damage to his heart tissue from these injections. In fact, although it is a small chance, it is much greater a risk than he has of getting severely sick and ending up in the hospital (or worse yet, dying) from COVID. Since we know these vaccines do not prevent transmission, then it would be absurd to mandate an injection for a child that gives no added protection or benefit for the child or the community given the increase of adverse reactions they can cause.

Since these vaccines are still in clinical trials with NO long-term data but the data we do have so far does show a greater risk of a complication compared to the benefit of the injection (given a healthy child has basically a 0% chance of dying or getting severely sick from COVID) the decision on whether to subject one's child to these experimental injections MUST be an individual decision between the parent and the health care provider of that child based off a benefit vs. risk analysis considering that child's underlying health condition and comorbidities. Let the parent decide whether the benefit of these experimental jabs outweigh the risks for their child. It should NOT be a blanket mandate that forces an experimental jab on the child. If this were to be the case, then the STATE must be ready to be liable and responsible in covering ALL medical costs for any adverse reactions/events due to such a mandate.

Bottom lines,

* Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

* No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief

NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
)

ALL other required vaccinations for school-age children have been around for many years and were tested and vetted for safety and efficacy (with long-term data) prior to being required. All the currently required vaccinations also are for vaccines of communicable diseases that actually cause severe illness and greater risk of death in children so there is actual benefit to receiving these vaccines (unlike the covid vaccine). Again, we must follow the science and laws and not violate Nuremburg code (repeating history).

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you for taking the time to read my objection to and concerns regarding implementation of a COVID 19 vaccine requirement for schools in Washington State.

Megan Stevens
RN, BSN, OCN and Mother to two small children

From: Tina McCorkle
Sent: 1/7/2022 10:29:01 AM
To:
Cc:
Subject: Concerning COVID-19 vaccination to school admission requirements.

External Email

Letter From A Concerned Person to WA BOH

On the 29th day of December 2021, a notification by way of the email was received that the Washington Board of Health Technical Advisory Group (BOH) is exploring adding COVID-19 vaccination to school admission requirements.

CLARIFICATION OF THE ISSUES

Any physical and/or tangible evidence that a medical pandemic as legally and medically defined has occurred anywhere around the world over the past two years (December 2019 to December 2021).

To allow the students of State of Washington to make an educated decision on this matter, it is hereby requested that the Washington Board of Health Technical Advisory Group (BOH) provide copies of any and all official and supporting documents in the BOH possession of:

1. Any physical and/or tangible evidence of medical isolation of the purported COVID-19 virus pursuant to the CDC and/or W.H.O. vaccine isolation protocols.
2. Any physical and/or tangible evidence that a "Medical Emergency" exists by statutory definition in the state of Washington.
3. Any physical and/or tangible evidence that any COVID-19 vaccine prevents infection by the COVID-19 virus and that any COVID-19 vaccine prevents the COVID-19 virus from spreading.

Please provide the exact legal and lawfully promulgated OFFICIAL procedure enacted by the legislature within the limits set by the Washington State Constitution and Washington State Law (enacting clause, statutes, session laws, legislative certification and Common Law Rules) that authorizes the BOH to administer medical advice and treatment and/or have any say on a student's medical health care choices.

This correspondence is seeking "validation" that is competent evidence and strict proof that the Washington Board of Health Technical Advisory Group (BOH) has a legal liability and lawful authority in relation to any "medical drug use injections" and/or medical health care choices and are truly acting within the scope of their fiduciary relationship to the students of Washington State concerting this matter.

Sincerely,

Tina McCorkle - Pastor and Grandparent

From: Marci Blakney

Sent: 1/7/2022 10:16:18 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Washington Covid Laws



attachments\7387520E52094BAA_MedRxiv Natural Immunity Case Study.pdf

External Email

Good Morning,

I am a Washington state resident that is deeply concerned regarding the discussion of implementing COVID WAC codes that blatantly violate the constitutional rights of all Washington residents. It is very clear that, if one does their research or does any thinking for oneself, that if we just let COVID run its course herd immunity will be obtained, be it through vaccination or natural immunity. It should be a person's choice as to how they choose to live their life.

The mRNA vaccine is ineffective at preventing infection and transmission of the virus. I know many many people who are fully vaccinated, mask everywhere they go, and have still come down with COVID. The science shows this. Breakthrough infections are a real thing and they happen often.

Numerous studies have shown that natural immunity is just as good, if not superior to that of the vaccine, in protecting individuals from reinfection and transmission of the virus. One the largest case studies conducted by MedRxiv in Israel concludes, "This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. Individuals who were both previously infected with SARS-CoV-2 and given a single dose of the vaccine gained additional protection against the Delta variant."

If vaccinated individuals can also become infected and transmit the virus then what purpose is it to acquire "immunity" by means of force through a medical procedure that doesn't achieve what is intended to be accomplished, immunity? Why can we not also acknowledge natural immunity as a viable option?

I've attached the previously referred to study at the end of this email.

Thank you for your time,

Marci Blakney

Title page

Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections

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The authors declare they have no conflict of interest.

Funding: There was no external funding for the project.

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Abstract

Background:

Reports of waning vaccine-induced immunity against COVID-19 have begun to surface. With that, the comparable long-term protection conferred by previous infection with SARS-CoV-2 remains unclear.

Methods:

We conducted a retrospective observational study comparing three groups: (1)SARS-CoV-2-naïve individuals who received a two-dose regimen of the BioNTech/Pfizer mRNA BNT162b2 vaccine, (2)previously infected individuals who have not been vaccinated, and (3)previously infected *and* single dose vaccinated individuals. Three multivariate logistic regression models were applied. In all models we evaluated four outcomes: SARS-CoV-2 infection, symptomatic disease, COVID-19-related hospitalization and death. The follow-up period of June 1 to August 14, 2021, when the Delta variant was dominant in Israel.

Results:

SARS-CoV-2-naïve vaccinees had a 13.06-fold (95% CI, 8.08 to 21.11) increased risk for breakthrough infection with the Delta variant compared to those previously infected, when the first event (infection or vaccination) occurred during January and February of 2021. The increased risk was significant ($P<0.001$) for symptomatic disease as well. When allowing the infection to occur at any time before vaccination (from March 2020 to February 2021), evidence of waning natural immunity was demonstrated, though SARS-CoV-2 naïve vaccinees had a 5.96-fold (95% CI, 4.85 to

7.33) increased risk for breakthrough infection and a 7.13-fold (95% CI, 5.51 to 9.21) increased risk for symptomatic disease. SARS-CoV-2-naïve vaccinees were also at a greater risk for COVID-19-related-hospitalizations compared to those that were previously infected.

Conclusions:

This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. Individuals who were both previously infected with SARS-CoV-2 and given a single dose of the vaccine gained additional protection against the Delta variant.

Introduction

The heavy toll that SARS-CoV-2 infection has been taking on global health and

healthcare resources has created an urgent need to estimate which part of the

population is protected against COVID-19 at a given time in order to set healthcare

policies such as lockdowns and to assess the possibility of herd immunity.

To date, there is still no evidence-based, long-term correlate of protection¹. This lack

of correlate of protection has led to different approaches in terms of vaccine resource

allocation, namely the need for vaccine administration in recovered patients, the need

for booster shots in previously vaccinated individuals or the need to vaccinate low-

risk populations, potentially previously exposed.

The short-term effectiveness of a two-dose regimen of the BioNTech/Pfizer

BNT162b2 mRNA COVID-19 vaccine was demonstrated in clinical trials² and in

observational settings^{3,4}. However, long term effectiveness across different variants is

still unknown, though reports of waning immunity are beginning to surface, not

merely in terms of antibody dynamics over time⁵⁻⁷, but in real-world settings as well⁸.

Alongside the question of long-term protection provided by the vaccine, the degree

and duration to which previous infection with SARS-CoV-2 affords protection against

repeated infection also remains unclear. Apart from the paucity of studies examining

long-term protection against reinfection⁹, there is a challenge in defining reinfection

as opposed to prolonged viral shedding¹⁰. While clear-cut cases exist, namely two

separate clinical events with two distinct sequenced viruses, relying solely on these

cases will likely result in an under-estimation of the incidence of reinfection.

Different criteria based on more widely-available information have been suggested¹¹,

the Centers for Disease Control and Prevention's (CDC) guidelines refer to two

positive SARS-CoV-2 polymerase chain reaction (PCR) test results at least 90 days

apart.¹² Using similar criteria, population-based studies demonstrated natural immunity^{13,14} with no signs of waning immunity for at least 7 months, though protection was lower for those aged 65 or older⁹.

The Delta (B.1.617.2) Variant of Concern (VOC), initially identified in India and today globally prevalent, has been the dominant strain in Israel since June 2021. The recent surge of cases in Israel¹⁵, one of the first countries to embark on a nationwide vaccination campaign (mostly with the BioNTech/Pfizer BNT162b2 vaccine), has raised concerns about vaccine effectiveness against the Delta variant, including official reports of decreased protection¹⁶. Concomitantly, studies have demonstrated only mild differences in short-term vaccine effectiveness¹⁷ against the Delta variant, as well as substantial antibody response¹⁸. Apart from the variant, the new surge was also explained by the correlation found between time-from-vaccine and breakthrough infection rates, as early vaccinees were demonstrated to be significantly more at risk than late vaccinees⁸. Now, when sufficient time has passed since both the beginning of the pandemic and the deployment of the vaccine, we can examine the long-term protection of natural immunity compared to vaccine-induced immunity.

To this end, we compared the incidence rates of breakthrough infections to the incidence rates of reinfection, leveraging the centralized computerized database of Maccabi Healthcare Services (MHS), Israel's second largest Health Maintenance Organization.

Methods

Study design and population

A retrospective cohort study was conducted, leveraging data from MHS' centralized computerized database. The study population included MHS members aged 16 or older who were vaccinated prior to February 28, 2021, who had a documented SARS-CoV-2 infection by February 28, 2021, or who had both a documented SARS-CoV-2 infection by February 28, 2021 *and* received one dose of the vaccine by May 25, 2021, at least 7 days before the study period. On March 2, 2021, The Israeli Ministry of Health revised its guidelines and allowed previously SARS-CoV-2 infected individuals to receive one dose of the vaccine, after a minimum 3-month-interval from the date of infection

Data Sources

Anonymized Electronic Medical Records (EMRs) were retrieved from MHS' centralized computerized database for the study period of March 1, 2020 to August 14, 2021.

MHS is a 2.5-million-member, state-mandated, non-for-profit, second largest health fund in Israel, which covers 26% of the population and provides a representative sample of the Israeli population. Membership in one of the four national health funds is mandatory, whereas all citizens must freely choose one of four funds, which are prohibited by law from denying membership to any resident. MHS has maintained a centralized database of EMRs for three decades, with less than 1% disengagement rate among its members, allowing for a comprehensive longitudinal medical follow-up. The centralized dataset includes extensive demographic data, clinical measurements, outpatient and hospital diagnoses and procedures, medications

dispensed, imaging performed and comprehensive laboratory data from a single central laboratory.

Data extraction and definition of the study variables

COVID-19-related data

COVID-19-related information was captured as well, including dates of the first and second dose of the vaccine and results of any polymerase chain reaction (PCR) tests for SARS-CoV-2, given that all such tests are recorded centrally. Records of COVID-19-related hospitalizations were retrieved as well, and COVID-19-related mortality was screened for. Additionally, information about COVID-19-related symptoms was extracted from EMRs, where they were recorded by the primary care physician or a certified nurse who conducted in-person or phone visits with each infected individual.

Exposure variable: study groups

The eligible study population was divided into three groups: (1) fully vaccinated and SARS-CoV-2-naïve individuals, namely MHS members who received two doses of the BioNTech/Pfizer mRNA BNT162b2 vaccine by February 28, 2021, did not receive the third dose by the end of the study period and did not have a positive PCR test result by June 1, 2021; (2) unvaccinated previously infected individuals, namely MHS members who had a positive SARS-CoV-2 PCR test recorded by February 28, 2021 and who had not been vaccinated by the end of the study period; (3) previously infected *and* vaccinated individuals, including individuals who had a positive SARS-CoV-2 PCR test by February 28, 2021 and received one dose of the vaccine by May 25, 2021, at least 7 days before the study period. The fully vaccinated group was the comparison (reference) group in our study. Groups 2 and 3, were matched to the

comparison group 1 in a 1:1 ratio based on age, sex and residential socioeconomic status.

Dependent variables

We evaluated four SARS-CoV-2-related outcomes, or second events: documented RT-PCR confirmed SARS-CoV-2 infection, COVID-19, COVID-19-related hospitalization and death. Outcomes were evaluated during the follow-up period of June 1 to August 14, 2021, the date of analysis, corresponding to the time in which the Delta variant became dominant in Israel.

Covariates

Individual-level data of the study population included patient demographics, namely age, sex, socioeconomic status (SES) and a coded geographical statistical area (GSA, assigned by Israel's National Bureau of Statistics, corresponds to neighborhoods and is the smallest geostatistical unit of the Israeli census). The SES is measured on a scale from 1 (lowest) to 10, and the index is based on several parameters, including household income, educational qualifications, household crowding and car ownership. Data were also collected on last documented body mass index (BMI) and information about chronic diseases from MHS' automated registries, including cardiovascular diseases¹⁹, hypertension²⁰, diabetes²¹, chronic kidney disease²², chronic obstructive pulmonary disease, immunocompromised conditions, and cancer from the National Cancer Registry²³.

Statistical analysis

Two multivariate logistic regression models were applied that evaluated the four aforementioned SARS-CoV-2-related outcomes as dependent variables, while the study groups were the main independent variables.

Model 1—previously infected vs. vaccinated individuals, with matching for time of first event

In model 1, we examined natural immunity and vaccine-induced immunity by comparing the likelihood of SARS-CoV-2-related outcomes between previously infected individuals who have never been vaccinated and fully vaccinated SARS-CoV-2-naïve individuals. These groups were matched in a 1:1 ratio by age, sex, GSA and time of first event. The first event (the preliminary exposure) was either the time of administration of the second dose of the vaccine *or* the time of documented infection with SARS-CoV-2 (a positive RT-PCR test result), both occurring between January 1, 2021 and February 28, 2021. Thereby, we matched the “immune activation” time of both groups, examining the long-term protection conferred when vaccination or infection occurred within the same time period. The three-month interval between the first event and the second event was implemented in order to capture reinfections (as opposed to prolonged viral shedding) by following the 90-day guideline of the CDC.

Model 2

In model 2, we compared the SARS-CoV-2 naïve vaccinees to unvaccinated previously infected individuals while intentionally *not* matching the time of the first event (i.e., either vaccination or infection), in order to compare vaccine-induced immunity to natural immunity, regardless of time of infection. Therefore, matching

was done in a 1:1 ratio based on age, sex and GSA alone. Similar to the model 1, either event (vaccination or infection) had to occur by February 28, to allow for the 90-day interval. The four SARS-CoV-2 study outcomes were the same for this model, evaluated during the same follow-up period.

Model 3

Model 3 examined previously infected individuals vs. previously-infected-and-once-vaccinated individuals, using “natural immunity” as the baseline group. We matched the groups in a 1:1 ratio based on age, sex and GSA. SARS-CoV-2 outcomes were the same, evaluated during the same follow-up period.

In all three models, we estimated natural immunity vs. vaccine-induced immunity for each SARS-CoV-2-related outcome, by applying logistic regression to calculate the odds ratio (OR) between the two groups in each model, with associated 95% confidence intervals (CIs). Results were then adjusted for underlying comorbidities, including obesity, cardiovascular diseases, diabetes, hypertension, chronic kidney disease, cancer and immunosuppression conditions.

Analyses were performed using Python version 3.73 with the stats model package.

$P \leq 0.05$ was considered statistically significant.

Ethics declaration

This study was approved by the MHS (Maccabi Healthcare Services) Institutional Review Board (IRB). Due to the retrospective design of the study, informed consent was waived by the IRB, and all identifying details of the participants were removed before computational analysis.

Data availability statement

According to the Israel Ministry of Health regulations, individual-level data cannot be shared openly. Specific requests for remote access to de-identified community-level data should be directed to KSM, Maccabi Healthcare Services Research and Innovation Center.

Code availability

Specific requests for remote access to the code used for data analysis should be referred to KSM, Maccabi Healthcare Services Research and Innovation Center.

Results

Overall, 673,676 MHS members 16 years and older were eligible for the study group of fully vaccinated SARS-CoV-2-naïve individuals; 62,883 were eligible for the study group of unvaccinated previously infected individuals and 42,099 individuals were eligible for the study group of previously infected and single-dose vaccinees.

Model 1 – previously infected vs. vaccinated individuals, with matching for time of first event

In model 1, we matched 16,215 persons in each group. Overall, demographic characteristics were similar between the groups, with some differences in their comorbidity profile (Table 1a).

During the follow-up period, 257 cases of SARS-CoV-2 infection were recorded, of which 238 occurred in the vaccinated group (breakthrough infections) and 19 in the previously infected group (reinfections). After adjusting for comorbidities, we found a statistically significant 13.06-fold (95% CI, 8.08 to 21.11) increased risk for breakthrough infection as opposed to reinfection ($P < 0.001$). Apart from age ≥ 60 years, there was no statistical evidence that any of the assessed comorbidities significantly affected the risk of an infection during the follow-up period (Table 2a).

As for symptomatic SARS-COV-2 infections during the follow-up period, 199 cases were recorded, 191 of which were in the vaccinated group and 8 in the previously infected group. Symptoms for all analyses were recorded in the central database within 5 days of the positive RT-PCR test for 90% of the patients, and included chiefly fever, cough, breathing difficulties, diarrhea, loss of taste or smell, myalgia, weakness, headache and sore throat. After adjusting for comorbidities, we found a 27.02-fold risk (95% CI, 12.7 to 57.5) for symptomatic breakthrough infection as

opposed to symptomatic reinfection ($P < 0.001$) (Table 2b). None of the covariates were significant, except for age ≥ 60 years.

Nine cases of COVID-19-related hospitalizations were recorded, 8 of which were in the vaccinated group and 1 in the previously infected group (Table S1). No COVID-19-related deaths were recorded in our cohorts.

Model 2 –previously infected vs. vaccinated individuals, without matching for time of first event

In model 2, we matched 46,035 persons in each of the groups (previously infected vs. vaccinated). Baseline characteristics of the groups are presented in Table 1a. Figure 1 demonstrates the timely distribution of the first infection in reinfected individuals.

When comparing the vaccinated individuals to those previously infected at any time (including during 2020), we found that throughout the follow-up period, 748 cases of SARS-CoV-2 infection were recorded, 640 of which were in the vaccinated group (breakthrough infections) and 108 in the previously infected group (reinfections).

After adjusting for comorbidities, a 5.96-fold increased risk (95% CI, 4.85 to 7.33) increased risk for breakthrough infection as opposed to reinfection could be observed ($P < 0.001$) (Table 3a). Apart from SES level and age ≥ 60 , that remained significant in this model as well, there was no statistical evidence that any of the comorbidities significantly affected the risk of an infection.

Overall, 552 symptomatic cases of SARS-CoV-2 were recorded, 484 in the vaccinated group and 68 in the previously infected group. There was a 7.13-fold (95% CI, 5.51 to 9.21) increased risk for symptomatic breakthrough infection than symptomatic reinfection (Table 3b). COVID-19 related hospitalizations occurred in 4 and 21 of the reinfection and breakthrough infection groups, respectively. Vaccinated

individuals had a 6.7-fold (95% CI, 1.99 to 22.56) increased to be admitted compared to recovered individuals. Being 60 years of age or older significantly increased the risk of COVID-19-related hospitalizations (Table S2). No COVID-19-related deaths were recorded.

Model 3 - previously infected vs. vaccinated and previously infected individuals

In model 3, we matched 14,029 persons. Baseline characteristics of the groups are presented in Table 1b. Examining previously infected individuals to those who were both previously infected and received a single dose of the vaccine, we found that the latter group had a significant 0.53-fold (95% CI, 0.3 to 0.92) (Table 4a) decreased risk for reinfection, as 20 had a positive RT-PCR test, compared to 37 in the previously infected and unvaccinated group. Symptomatic disease was present in 16 single dose vaccinees and in 23 of their unvaccinated counterparts. One COVID-19-related hospitalization occurred in the unvaccinated previously infected group. No COVID-19-related mortality was recorded.

We conducted a further sub-analysis, compelling the single-dose vaccine to be administered *after* the positive RT-PCR test. This subset represented 81% of the previously-infected-and-vaccinated study group. When performing this analysis, we found a similar, though not significant, trend of decreased risk of reinfection, with an OR of 0.68 (95% CI, 0.38 to 1.21, *P*-value=0.188).

Discussion

This is the largest real-world observational study comparing natural immunity, gained through previous SARS-CoV-2 infection, to vaccine-induced immunity, afforded by the BNT162b2 mRNA vaccine. Our large cohort, enabled by Israel's rapid rollout of the mass-vaccination campaign, allowed us to investigate the risk for additional infection – either a breakthrough infection in vaccinated individuals or reinfection in previously infected ones – over a longer period than thus far described.

Our analysis demonstrates that SARS-CoV-2-naïve vaccinees had a 13.06-fold increased risk for breakthrough infection with the Delta variant compared to those previously infected, when the first event (infection or vaccination) occurred during January and February of 2021. The increased risk was significant for a symptomatic disease as well.

Broadening the research question to examine the extent of the phenomenon, we allowed the infection to occur at any time between March 2020 to February 2021 (when different variants were dominant in Israel), compared to vaccination only in January and February 2021. Although the results could suggest waning natural immunity against the Delta variant, those vaccinated are still at a 5.96-fold increased risk for breakthrough infection and at a 7.13-fold increased risk for symptomatic disease compared to those previously infected. SARS-CoV-2-naïve vaccinees were also at a greater risk for COVID-19-related-hospitalization compared to those who were previously infected.

Individuals who were previously infected with SARS-CoV-2 seem to gain additional protection from a subsequent single-dose vaccine regimen. Though this finding corresponds to previous reports^{24,25}, we could not demonstrate significance in our cohort.

The advantageous protection afforded by natural immunity that this analysis demonstrates could be explained by the more extensive immune response to the SARS-CoV-2 proteins than that generated by the anti-spike protein immune activation conferred by the vaccine^{26,27}. However, as a correlate of protection is yet to be proven^{1,28}, including the role of B-Cell²⁹ and T-cell immunity^{30,31}, this remains a hypothesis.

Our study has several limitations. First, as the Delta variant was the dominant strain in Israel during the outcome period, the decreased long-term protection of the vaccine compared to that afforded by previous infection cannot be ascertained against other strains. Second, our analysis addressed protection afforded solely by the BioNTech/Pfizer mRNA BNT162b2 vaccine, and therefore does not address other vaccines or long-term protection following a third dose, of which the deployment is underway in Israel. Additionally, as this is an observational real-world study, where PCR screening was not performed by protocol, we might be underestimating asymptomatic infections, as these individuals often do not get tested.

Lastly, although we controlled for age, sex, and region of residence, our results might be affected by differences between the groups in terms of health behaviors (such as social distancing and mask wearing), a possible confounder that was not assessed. As individuals with chronic illness were primarily vaccinated between December and February, confounding by indication needs to be considered; however, adjusting for obesity, cardiovascular disease, diabetes, hypertension, chronic kidney disease, chronic obstructive pulmonary disease, cancer and immunosuppression had only a small impact on the estimate of effect as compared to the unadjusted OR. Therefore, residual confounding by unmeasured factors is unlikely.

This analysis demonstrated that natural immunity affords longer lasting and stronger protection against infection, symptomatic disease and hospitalization due to the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. Notably, individuals who were previously infected with SARS-CoV-2 and given a single dose of the BNT162b2 vaccine gained additional protection against the Delta variant. The long-term protection provided by a third dose, recently administered in Israel, is still unknown.

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Tables and figures

Table 1a. Characteristics of study population, model 1 and 2.

	Model 1 – with matching of time of first event		Model 2 – without matching of time of first event	
Characteristics	Previously infected (n=16,215)	Vaccinated individuals (n=16,215)	Previously infected (n=46,035)	Previously infected <i>and</i> vaccinated (n =46,035)
Age years, mean (SD)	36.1 (13.9)	36.1 (13.9)	36.1 (14.7)	36.1 (14.7)
Age group – no. (%)				
16 to 39 yr	9,889 (61.0)	9,889 (61.0)	28,157 (61.2)	28,157 (61.2)
40 to 59 yr	5,536 (34.1)	5,536 (34.1)	14,973 (32.5)	14,973 (32.5)
≥60 yr	790 (4.9)	790 (4.9)	2,905 (6.3)	2,905 (6.3)
Sex – no. (%)				
Female	7,428 (45.8)	7,428 (45.8)	22,661 (49.2)	22,661 (49.2)
Male	8,787 (54.2)	8,787 (54.2)	23,374 (50.8)	23,374 (50.8)
SES, mean (SD)	5.5 (1.9)	5.5 (1.9)	5.3 (1.9)	5.3 (1.9)
Comorbidities – no. (%)				
Hypertension	1,276 (7.9)	1,569 (9.7)	4,009 (8.7)	4,301 (9.3)
CVD	551 (3.4)	647 (4.0)	1,875 (4.1)	1830 (4.0)
DM	635 (3.9)	877 (5.4)	2207 (4.8)	2300 (5.0)
Immunocompromised	164 (1.0)	420 (2.6)	527 (1.1)	849 (1.8)
Obesity (BMI ≥30)	3,076 (19.0)	3,073 (19.0)	9,117 (19.8)	8,610 (18.7)
CKD	196 (1.2)	271 (1.7)	659 (1.4)	814 (1.8)
COPD	65 (0.4)	97 (0.6)	218 (0.5)	292 (0.6)
Cancer	324 (2.0)	636 (3.9)	1,044 (2.3)	1,364 (3.0)

SD – Standard Deviation; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD – Cardiovascular Diseases; DM – Diabetes Mellitus; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 1b. Characteristics of study population, model 3.

Characteristics	Previously infected (n=14,029)	Previously infected and single dose vaccinated (n=14,029)
Age years, mean (SD)	33.2 (14.0)	33.2 (14.0)
Age group – no. (%)		
16 to 39 yr	9543 (68.0)	9543 (68.0)
40 to 59 yr	3919 (27.9)	3919 (27.9)
≥60 yr	567 (4.0)	567 (4.0)
Sex – no. (%)		
Female	7467 (53.2)	7467 (53.2)
Male	6562 (46.8)	6562 (46.8)
SES, mean (SD)	4.7 (1.9)	4.7 (1.9)
Comorbidities		
Hypertension	892 (6.4)	1004 (7.2)
CVD	437 (3.1)	386 (2.8)
DM	529 (3.8)	600 (4.3)
Immunocompromised	127 (0.9)	145 (1.0)
Obesity (BMI ≥30)	2599 (18.5)	2772 (19.8)
CKD	137 (1.0)	162 (1.2)
COPD	30 (0.2)	53 (0.4)
Cancer	241 (1.7)	267 (1.9)

SD – Standard Deviation; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; DM – Diabetes Mellitus; CKD – Chronic Kidney Disease; COPD – Chronic

Obstructive Pulmonary Disease.

Table 2a. OR for SARS-CoV-2 infection, model 1, previously infected vs. vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	2.57	13.06	8.08 – 21.11	<0.001
SES		0.04	1.04	0.97 – 1.11	0.251
Age group, yr.					
	16-39	Ref			
	40-59	0.05	1.05	0.78 – 1.4	0.751
	≥ 60	0.99	2.7	1.68 – 4.34	<0.001
Sex					
	Female	Ref			
	Male	-0.03	0.97	0.76 – 1.25	0.841
Comorbidities					
	Obesity (BMI ≥ 30)	0.01	1.01	0.73 – 1.39	0.967
	Diabetes mellitus	-0.36	0.7	0.39 – 1.25	0.229
	Hypertension	0.1	1.11	0.72 – 1.72	0.641
	Cancer	0.37	1.44	0.85 – 2.44	0.171
	CKD	0.53	1.7	0.83 – 3.46	0.146
	COPD	-0.46	0.63	0.15 – 2.66	0.529
	Immunosuppression	-0.1	0.91	0.42 – 1.97	0.803
	Cardiovascular diseases	0.26	1.3	0.75 – 2.25	0.343

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 2b. OR for Symptomatic SARS-CoV-2 infection, model 1, previously infected vs. vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	3.3	27.02	12.7 – 57.5	<0.001
SES		0.04	1.04	0.96 – 1.12	0.312
Age group, yr.					
	16-39	Ref			
	40-59	0.19	1.21	0.88 – 1.67	0.25
	≥ 60	1.06	2.89	1.68 – 4.99	<0.001
Sex					
	Female	Ref			
	Male	-0.19	0.82	0.62 – 1.1	0.185
Comorbidities					
	Obesity (BMI ≥ 30)	0.02	1.02	0.71 – 1.48	0.899
	Diabetes mellitus	-0.31	0.73	0.37 – 1.43	0.361
	Hypertension	0.12	1.13	0.69 – 1.85	0.623
	Cancer	0.37	1.45	0.8 – 2.62	0.217
	CKD	0.1	1.1	0.42 – 2.87	0.846
	COPD	-0.78	0.46	0.06 – 3.41	0.445
	Immunosuppression	-0.37	0.69	0.25 – 1.89	0.468
	Cardiovascular diseases	0.03	1.03	0.52 – 2.03	0.941

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 3a. OR for SARS-CoV-2 infection, model 2, previously infected vs. vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	1.78	5.96	4.85 – 7.33	<0.001
SES		0.07	1.07	1.03 – 1.11	<0.001
Age group, yr.					
	16-39	Ref			
	40-59	0.06	1.06	0.9 – 1.26	0.481
	≥ 60	0.79	2.2	1.66 – 2.92	<0.001
Sex					
	Female	Ref			
	Male	-0.01	0.99	0.85 – 1.14	0.842
Comorbidities					
	Obesity (BMI ≥ 30)	0.12	1.13	0.94 – 1.36	0.202
	Diabetes mellitus	-0.15	0.86	0.61 – 1.22	0.4
	Hypertension	-0.12	0.89	0.67 – 1.17	0.402
	Cancer	0.2	1.22	0.85 – 1.76	0.283
	CKD	0.3	1.35	0.85 – 2.14	0.207
	COPD	0.48	1.62	0.88 – 2.97	0.121
	Immunosuppression	-0.03	0.98	0.57 – 1.66	0.925
	Cardiovascular diseases	0.08	1.09	0.77 – 1.53	0.638

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 3b. OR for Symptomatic SARS-CoV-2 infection, model 2, previously infected vs. vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	1.96	7.13	5.51 – 9.21	<0.001
SES		0.07	1.07	1.02 – 1.12	0.003
Age group, yr.					
	16-39	Ref			
	40-59	0.09	1.1	0.9 – 1.33	0.35
	≥60	0.8	2.23	1.61 – 3.09	<0.001
Sex					
	Female	Ref			
	Male	-0.02	0.98	0.82 – 1.16	0.785
Comorbidities					
	Obesity (BMI≥30)	0.16	1.18	0.95 – 1.46	0.133
	Diabetes mellitus	-0.11	0.89	0.61 – 1.32	0.571
	Hypertension	-0.01	0.99	0.72 – 1.35	0.943
	Cancer	0.08	1.09	0.7 – 1.69	0.71
	CKD	0.13	1.14	0.65 – 1.98	0.654
	COPD	0.5	1.65	0.82 – 3.31	0.162
	Immunosuppression	0	1	0.54 – 1.85	0.999
	Cardiovascular diseases	0	1	0.67 – 1.5	0.99

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10; CVD –

Cardiovascular Diseases; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease.

Table 4a. OR for SARS-CoV-2 infection, model 3, previously infected vs. previously infected and single-dose-vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Previously infected and vaccinated	-0.64	0.53	0.3 – 0.92	0.024
SES		0.11	1.12	0.98 – 1.28	0.096
Age group, yr.					
	16-59	Ref			
	≥ 60	-0.81	0.44	0.06 – 3.22	0.422
Comorbidities					
	Immunosuppression	0.72	2.06	0.28 – 15.01	0.475

SES – Socioeconomic status on a scale from 1 (lowest) to 10

Table 4b. OR for Symptomatic SARS-CoV-2 infection, model 2, previously infected vs. previously infected and vaccinated

Variable	Category	β	OR	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Previously infected and vaccinated	-0.43	0.65	0.34 – 1.25	0.194
SES		0.06	1.06	0.9 – 1.24	0.508
Age group, yr.					
	16-59	Ref			
	≥ 60	-16.9	0	0.0 – inf	0.996
Comorbidities					
	Immunosuppression	1.15	3.14	0.43 – 23.01	0.26

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10.

Table S1. OR for COVID-19-related hospitalizations, model 1, previously infected
vs. vaccinated

Variable	Category	β	OR hospitalized	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	2.09	8.06	1.01 – 64.55	0.049
SES		0.05	1.05	0.72 – 1.53	0.81
Age ≥ 60 yrs (16-39, ref)		5.08	160.9	19.91 – 1300.44	<0.001

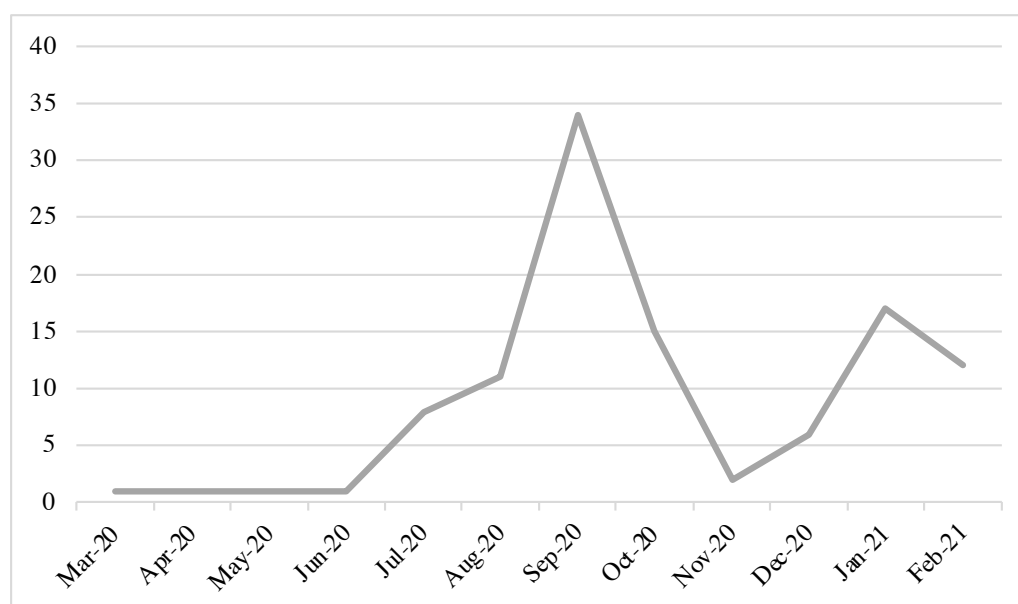
OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10

Table S2. OR for COVID-19-related hospitalizations, model 2, previously infected
vs. vaccinated

Variable	Category	β	OR hospitalized	95%CI	P-value
Induced Immunity					
	Previously infected	Ref			
	Vaccinated	1.95	7.03	2.1 – 23.59	0.002
SES		-0.07	0.93	0.74 – 1.17	0.547
Age ≥ 60 yrs (16-39, ref)		4.3	73.5	25.09 – 215.29	<0.001

OR – Odds Ratio; SES – Socioeconomic status on a scale from 1 (lowest) to 10

Figure 1. Time of first infection in those reinfected between June and August 2021, model 2.



From: Stacy Storm
Sent: 1/6/2022 10:10:23 PM
To: DOH WSBOH
Cc:
Subject: Proposed vaccine mandates

External Email

We oppose making the COVID-19 vaccine mandatory for school aged children. Medical decisions should not be mandated or enforced through agency policies or decisions, but should be made by patients with their doctors. Respected medical professionals have raised a variety of questions about this particular vaccine which was rushed into production without time for human trials or extended testing. Children and young adults are the least likely to have long-term adverse effects or death from COVID-19. Young people are experiencing a marked increase in some medical conditions such as myocarditis following receipt of the vaccine. The choice as to whether or not a child should receive this vaccine should remain solely with the child's parent and physician.

Thank you,
Don and Stacy Storm
Riverside, WA 98849

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3a6ae2b5890>

Virus-free. www.avg.com

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.avg.com%2Femail-signature%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3a6ae2b5890>

From: SHOBBYJO@comcast.net

Sent: 1/6/2022 6:28:30 PM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: implementation of a COVID 19 vaccine requirement for schools

External Email

☐

☐ would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Nick Cochran
Sent: 1/6/2022 5:28:47 PM
To:
Cc:
Subject: Mandatory Vaccination Objection

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Be Free,
Nick Cochran
Owner, Dirty Brush
253-376-0642

<<https://docs.google.com/uc?export=download&id=1FxtWamjHEokJ9bmSkajLhJ7gj1T2lGnv&revid=0B-L8DpkIQ6dDdHIRcTN5bUkwVjYvWW92NU45U0p4SWdUTzdVPQ>>

DirtyBrush.net

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.dirtybrush.net%2F&data=049>

Dirty Brush is a non discriminatory company, we respect the rights and free will of all people; no matter race, religion, creed, gender or medical status.

From: Jensen Berry

Sent: 1/7/2022 10:16:53 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Pskowski, Samantha L (SBOH), Hoff, Christy Curwick (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: comments regarding detainment emergency and school vaccination requirements

External Email

The notion that has been suggested is scary. It's an absolute overreach. It's disgraceful and un-American.

□ As citizens, and that includes you, we are all protected by the Constitution of our country from overreaching governments that try to strip our freedoms. Freedoms, including but not limited to, making our own thoughtful decisions regarding our health and the health of our children; living out our lives as we so choose, in our own homes and communities. Respect the American rights that protect you and I; respect every freedom for every citizen.

Jensen Finley

From: Todd Harris

Sent: 1/7/2022 10:36:44 AM

To: DOH WSBOH, Davis, Michelle (SBOH), melanie.hisaw@sboh.wa.go, Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Appose the mandates that will KILL children; Governor and the Health Board will be Responsible!

External Email

Subject: Appose Vaccine Mandate and Any type of Forced Quarantine

Date: January 7, 2022 at 9:55:19 AM PST

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. It is not enough that you have kept our state locked down as if you have a right to do so. False assumptions and error at every step is the way this board and our Poor Governor has handled the Covid issue. You do not understand the Constitution and you do not understand FREEDOM as granted to us by GOD. Get in the game and quit trying to protect yourselves from the PEOPLE and do your RESEARCH on what is going on with the vaccine. You are going to contribute to killing more innocent children with any vaccine mandate so drop it now! I have included some of the facts below, but because of censorship in the media the facts given are rarely seen by the public.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID

deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors

(americasfrontlinedoctors.org

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

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children. Your agreeing to any mandate together as a body politic against all law is another step towards COMMUNISM. If that is what you want there will be problems that YOU create by these policies.

From: Janell Kelley

Sent: 1/7/2022 9:07:26 AM

To: micchelle.davis@sboh.wa.gov, DOH WSB OH, Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WA State Board of Health discussion of applying current infectious disease Codes to include Covid 19.

External Email

I stand against adding Covid -19 to WAC codes for all WA State residents allowing health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility, following refusal to voluntarily comply with requests for medical examination testing, treatment, counseling, vaccination. This is no different than the fear of a possible threat that brought the Japanese internment camps, stripping US citizens of their rights and freedoms.

I am also against including Covid-19 injections as part of school immunization requirements because: Covid vaccines remain under Emergency Use Authorization, children under the age of 18 have a 99% survival rate and children have a higher chance of adverse reaction and chance of death. Please wait for further

testing results.

Sincerely,
Janell Kelley

From: CLAUDIA HANSON
Sent: 1/7/2022 7:09:17 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Do Not Force Vaccinate our School Children

External Email

Dear Washington State Board of Health Member,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org

(childrenshealthdefense.org

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

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3. No one knows the long-term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org

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

)
Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Respectfully,

Kelvin and Claudia Hanson

From: DP MEYERING
Sent: 1/7/2022 7:15:42 AM
To: Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: January 12th Board Meeting Comments

External Email

Dear Washington State Board of Health Member:

On January 12th you will be gathered with the Board of Health to decide whether law enforcement should be allowed to enforce your COVID-19 edicts and whether school children should be injected.

If you vote in the affirmative, you will have voted to usurp the constitutional protections you are sworn to "support and defend" and someday, like the Nuremberg Trials, you will be called to task before the bar of justice.

I am a veteran of eight combat tours in Vietnam. I and my brethren and I fought to protect your rights as citizens. Do not prostitute the office you serve in by attempting to take away my right to choose for a disease which is not much worse than the flu, curable by well established prophylaxis, and inflated by a corrupt press.

You may believe you are doing the right thing but you, like the character in the movie "Falling Down" will someday find yourself saying "So I'm the bad guy?" when you realize the hell that the slippery slope of assuming powers you were not intended to have reaches its hellish conclusion.

You will have to live in the country you will destroy with your edicts along with me. This is an egregious overreach of power and if you think you are immune from power corruption, you'd better think again!

Shame on all of you for even thinking of this and terrorizing those of us who still believe in individual freedoms!

Sincerely: David Meyering Cdr. U.S.N (Ret.)

From: Robert Jones

Sent: 1/7/2022 9:29:27 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WA State Health Board

External Email

Washington State Health Board,

As an educator and parent of 3 school aged children, I urge you to consider the ramifications of your possible decisions in the next several days. Forcing to require a Covid vaccine for all school aged children will cause hundreds, if not thousands, of parents to pull their children out of public schools in Washington State. Yes, children are getting sick and catching colds just like they do every single year. But hospitalizations of school aged children are very low. Nothing we are seeing is out of the ordinary for any other typical school year. Students catch a cold, they stay home for a few days if needed, and then they are back. Like every other year! Our students are in school and are thriving academically, socially, and mentally.

I urge you to leave child vaccination as an OPTION for parents and NOT a requirement. Please do not force parents to make tough decisions for the well being of their children. Trust them to do what is best for their child and others by staying home when sick. A child vaccine requirement would cause myself and thousands of other parents to pull their children from public education, which will be traumatic for the public school systems across our state. Let parents make their own decisions for their children. You have already enforced unnecessary requirements on our teachers, please don't put our children through the same thing.

Thank you!

From: Ashley Carver

Sent: 1/7/2022 9:40:40 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), ciatlin.lang@sboh.gov, Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Mandatory vaccines for school age children

External Email

Good morning,

From what I understand the Washington State Board of Health is making the decision to recommend the COVID vaccine requirement for all school aged children on January 12, 2022 during a zoom video. This is an atrocious abuse of power and I can tell you right now MANY parents will be immediately pulling their children out of school and do a parent co-op school or home school instead. You will lose much of your government funding. If you thought you lost much of that after 2020 with many parents transitioning to schooling at home you have not seen anything yet. I highly suggest you weigh the pros and cons. You CANNOT forced unvaccinated individuals to get vaccinated and especially children who have a very low risk of getting and transmitting COVID. What I can promise you, if this is enforced is that you will see a mass exodus of children in public schools. And parents like myself will choose Christian based curriculum instead of the "free" curriculum offered by the state.

I suggest you choose wisely.

Sincerely a concerned parent of a child getting ready to start kindergarten next year.

Ashley LaPierre
Ancarver85@aol.com
(509) 949-9530

Washington State Legislature, as mRNA technology does not meet this criteria, and they do not stimulate immunity. Therefore, they cannot be added to the list of recommended vaccines, and must be recognized as the experimental gene therapy treatment options that they are.

THEREFORE,

Mandating any COVID-19 vaccines would constitute forcing people to participate in a research program without their consent, on pain of loss of education, loss of childcare, threat to the parent's ability to work and provide for their families, etc.

FURTHERMORE,

Any attempt to force compliance by any means—be that the above-mentioned losses or the use of law-enforcement officers etc.—with this expansive program of EUA-only testing or vaccination is unlawful, constitutes medical discrimination, and is unconscionable.

Thank you for using your voice and vote to protect the children and future generations of Washington State, and to protect true data-driven science which requires time and careful research to attain.

Sincerely,
Carol Erickson

From: Monty Chellis
Sent: 1/7/2022 12:39:29 AM
To: montychellis@msn.com
Cc:
Subject: You can not implement the vaccine mandate for Wa school kids.....

External Email

I vehemently oppose the implementation of a Covid 19 Vax requirement for schools in Washington State. For starter, based on reason #1 below and on so many other laws, this is flat out illegal. It would be harassment and coercion of the citizenry by those who are put in place by the citizens to protect the health of the citizens.

Secondly, it makes absolutely no sense and most people realize that, except the few that have been terrorized by the fear campaign and miss-information. It is clear now to everyone, and cited by the CDA, that the vaccinated are getting the virus, can spread it, and are getting sick from it (just as sick I might add), just like the unvaccinated. So the experimental shot makes zero sense to get, especially for children. Healthy children have literally no risk of getting hurt from this virus. On the other hand, there is a serious risk of injury or worse. The heart problems are real, the CDC has admitted that, VAERs injury and death are real and much underestimated, and people can clearly see all this is happening... and who knows what other injuries and long-lasting effects these kids will get with clotting, etc. One thing is sure however, there will be some injuries to these kids and likely some worse outcomes. You do not want to be responsible for that, and there will be damage to some of these kids if you force them to take this experimental gene therapy. And I will reiterate, there is zero risk to these kids if they don't get the shot

This is wrong to even seriously consider, discuss, and threaten citizens with in so many ways.... it is not moral, it is against humanity. And it is no way necessary with the virus being much less virulent now. The vast majority of the country is doing nothing like this. For God sakes, please do the right thing and protect your citizens health and their rights. It is your responsibility. We know there is big money to schools involved in this, but that is not a reason to do an awful thing like this. The truth will come out and you will want to be shown standing up for it. Please do the right thing. Thank you.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital

nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Monty Chellis

From: Sharlene Steverding

Sent: 1/7/2022 8:54:18 AM

To: DOH WSBOH, Davis, Michelle (SBOH), melanie.hisaw@sboh.gov, Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Recommendation to add the Covid Vaccine as a requirement for school age children

External Email

To the Washington State Board of Health:

I am a concerned parent and grandparent in the Spokane area and want to express my opposition to adding the Covid Vaccine to all other required standard vaccinations to school age children. This vaccine should always be a choice by every individual parent to give or not give to their child. Government has no given right to determine over parents their medical decisions. Please put your service on education and not the personal health decisions of parents. This is what parents want and expect from school boards and officials. And this is also why many parents are leaving the public school districts for this kind of abuse of power. Parents make the decisions for their children.

Sharlene Steverding

From: Alicia Villa
Sent: 1/7/2022 11:49:01 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No to Mandate Covid19 Vaccination for All School Age Children

External Email

Children are at extremely low risk for Covid 19. There are no long-term studies to document any history of safety. Studies do now document that vaccinated and unvaccinated can both transmit Covid. Therefore the vaccine apparently does not stop the spread of the disease.

Mandatory Covid 19 Vaccines will segregate many children from an equal education. This mandate does not support equity diversity and inclusion.

Thank you,

Alicia Villa

From: Amy Ralph
Sent: 1/7/2022 9:00:08 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Coivd Vax Mandate for Children

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Amy Ralph

From: Maria Best

Sent: 1/7/2022 8:00:19 AM

To: Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Jan 12 meeting

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets vaccine, one group gets placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

The Pfizer and Moderna vaccines use non-FDA-approved mRNA gene therapy, according to their filings with the US Securities and Exchange Commission. Clinical trials for the drugs conclude in 2023. The only FDA approved version of the vaccine is Comirnaty, is not currently available, and is different than the emergency use authorized Pfizer-BioNTech vaccine. 21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine.

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccines adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Tens of thousands of doctors around the world, including the creator of the mRNA technology Dr. Robert Malone, warn of the extreme dangers of this experimental Covid drug. It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.

Sent from my iPhone
Maria Best
Clinton, WA
Have a great day!

From: Julane Urie

Sent: 1/6/2022 6:22:12 PM

To: Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),DOH WSBOH

Cc:

Subject: Mandating covid vaccinations school aged children

External Email

Dear Wa State Board of Health Members:

Mandating this vaccination is an atrocious abuse of power. Our family is opposed!

DO NOT VOTE to FORCE this mandate on our kids!

The Uries

From: Cheryl Gallegos
Sent: 1/7/2022 10:51:32 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No mandatory vaccines!

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%2F&isredir=1) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%2F&isredir=1>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%2F&isredir=1) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%2F&isredir=1>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Cheryl Gallegos
Yakima Wa

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dicon&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%2F&isredir=1>

Virus-free. www.avast.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dlink&data=04%7C01%7CNathaniel.Thai%40sboh.w

From: V

Sent: 1/7/2022 9:05:06 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), kwangett@uw.edu, DOH OS PHIP, DOH PCH Immunization Child Profile, Kcranfield, londeck@nasn.org, Calder, Allegra (DOHi)

Cc:

Subject: WA State Board of Health meeting

External Email

To whom it may concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about Covid-19 shots for consideration of mandating the shots for school. I OPPOSE Covid-19 shot mandates. The science does not support the notion that unvaccinated individuals spread the virus, any more than vaccinated individuals. Children are statistically at zero risk of dying from Covid (their survival rate is in the range of 99.997 - 99.998%); where there is no risk, there can be no benefit. Furthermore, there are numerous studies now that support adverse affects of the vaccine on our children. Even the FDA has doubts about the safety of a vaccine for an individual under the age of 16.

(<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fda.gov%2Fmedia%2F151710>)

The required studies on children will not even be completed until May 31, 2027. And, that is only one of the required pediatric assessments. There has been enough time now to find out the truth about what is going on with Covid, and there is no excuse for draconian measures to be inflicted on our children just to be able to attend school.

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EAU) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. As noted in the FDA link above, the required pediatric studies required are not yet completed.

We all are concerned about the safety of our children and teachers. But, making a therapy mandatory, whose efficacy in preventing transmission is increasingly short lived as new variants of COVID-19 emerge, abandons reason. Specifically, when you consider that we just don't know how detrimental the therapies will be to the long-term health of all people, especially children whose bodies are still developing. We don't know what we don't know. We as a state have historically been the beneficiaries of a certain Washingtonian level headedness, a trait that has kept us out of the numerous pitfalls we've witnessed other states succumb to. We can't use our children as test subjects. Let us set an example for the nation and world, and pursue measures that protect informed consent for our public health and upholds the highest standard of medical ethics.

Sincerely,

Bethany Bordon

Snohomish, WA

From: Gretchen Korf

Sent: 1/6/2022 8:16:06 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Don't miss this info!

External Email

I have heard that the Washington State Board of Health is making a recommendation for a vaccination requirement for children

Many doctors have agreed that Covid is not a threat to children.

It is unnecessary to require a vaccination for children. There have been studies of side effects that are causing more problems than the actual issue with Covid.

It is not necessary to take a chance and give a trial vaccine to small children when the children are again not susceptible to problems with actual Covid.

Also many doctors have agreed that masks are not providing any benefit.

There have been many studies that there are more psychological negative impacts by wearing a mask for children at school. Children need to see the faces of the teachers and other children to communicate effectively and naturally. Children are becoming unable to socialize appropriately when they are masked. Also children move the mask around and are actually getting more dirt and germs next to their faces than if they were non masked. Children would have to have 10+ masks a day to actually be effective. They would have to change them every time they would touch their face if you really wanted this to work. Also a regular cloth mask is not going to work.

A simple procedure of having children wash their hands often throughout the day will help more than having the vaccine and masks. It is also important that if children are sick they need to stay home. The government should put more money towards the help of parents and child care of sick parents.

Let's get the children back into the classroom, no masks, no vaccines and let the children learn in a normal healthy environment.

Let's do what is best for the children.

Please step away from any politics and stick with what we know from trusted doctors. And when I say trust the doctors I mean the ones that don't have a political agenda.

Thank you!Ya

--

Gretchen

"Forget the former things; do not dwell on the past. See I am doing a new thing!! Now it springs up; do you not perceive it? I am making a way in the desert and streams in the wasteland.....I provide water in the desert and streams in the wasteland, to give drink to my people, my chosen, the people I formed for myself that they may proclaim my

praise!!" Isaiah 43: 18...21

From: Rick and Kari Pompeo

Sent: 1/6/2022 5:44:24 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: Please say NO to vaccine mandates for our children

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Please do the right thing for our kids!

Sincerely,
Richard and Kari Pompeo

From: Rick and Kari Pompeo <rkpompeo@msn.com>
Sent: Thursday, January 6, 2022 6:18 PM
To: michelle.davis@sboh.wa.gov <michelle.davis@sboh.wa.gov>;
melanie.hisaw@sboh.wa.gov <melanie.hisaw@sboh.wa.gov>; christy.hoff@sboh.wa.gov
<christy.hoff@sboh.wa.gov>; stuart.glasoe@sboh.wa.gov
<stuart.glasoe@sboh.wa.gov>; samantha.pskowski@sboh.wa.gov
<samantha.pskowski@sboh.wa.gov>; kaitlyn.donahoe@sboh.wa.gov
<kaitlyn.donahoe@sboh.wa.gov>; caitlin.lang@sboh.wa.gov
<caitlin.lang@sboh.wa.gov>; lindsay.herendeen@sboh.wa.gov
<lindsay.herendeen@sboh.wa.gov>; tracy.schreiber@sboh.wa.gov
<tracy.schreiber@sboh.wa.gov>; hannah.haag@sboh.wa.gov
<hannah.haag@sboh.wa.gov>; kelie.kahler@sboh.wa.gov <kelie.kahler@sboh.wa.gov>;
nathaniel.thai@sboh.wa.gov <nathaniel.thai@sboh.wa.gov>
Subject: Please say NO to vaccine mandates for our children

Dear Washington State Board of Health members,

Our state government should NOT be mandating Covid vaccines on our children. Children are at extremely low risk for Covid and these medical decisions should be left in the hands of parents.

Sincerely,

Kari Pompeo

A concerned Citizen of Washington State

From: ChuckandNicole Orozco
Sent: 1/6/2022 11:33:29 PM
To: DOH WSBOH
Cc:
Subject: DOH Meeting Comment



attachments\62DFB788EC874FF0_Downloaded the image to Messenger_Lite

External Email

Dear DOH Board Members,

Please do not force mandate vaccines for school children or anyone for that matter. Also do not allow any type of forced quarantine for a disease or virus that has a 99.7 survival rate. I'm sure you'll get a lot of data on both sides of the aisle.

Today I will not present data. You can look at attached graphs and data can be twisted to fit a narrative.

Do however remember that this vaccine is under EUA and even if it was FDA approved there is no long term studies.

Forcing people to get an experimental injection is a crime against humanity. There are people that will be held accountable for any adverse effects and any deaths associated with this medical technology. The truth is coming out quickly. There are lawsuits worldwide as I write this.

The proposed rule giving DOH powers to involuntarily quarantine or inject US citizens is in violation of federal law.

Under Title 21 CFR (Code of Federal Regulations) Section 50.23 & 50.24 It is illegal to exercise coercion when administering experimental medical treatments. Coercing any US citizen to receive medical treatment against their will constitutes an act of domestic terrorism, which is a felony. Any attempted enforcement of such an unlawful rule would expose anyone enforcing it to charges of domestic terrorism. Since the proposed rule will be UNLAWFUL by definition and will also violate WA State Constitution, Article 1 Section 7 - right to privacy - there is only one option. Abolish consideration of such a rule or face criminal charges (Domestic Terrorism and/or Conspiracy to commit Domestic Terrorism).

Here is David Martin's video that has the information

https://www.instagram.com/p/CYVSfl2KkSF/?fbclid=IwAR1Ivec598G-DDf93zt2kyHcglJXj2aj8zR314TaGev6uEinsK76M_XV8OM

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.instagram.com%2Fp%2FCYVSfl2KkSF/?fbclid=IwAR1Ivec598G-DDf93zt2kyHcglJXj2aj8zR314TaGev6uEinsK76M_XV8OM&data=04%7C01%7CNathaniel.Thai%40sboh.wa.g>

Books have been written with cited sources and peer reviewed research that prove the mismanagement of this Covid crisis. I'd have to write a dissertation and can provide you all you need to know.

We the people Do not live in a communist country and there are over 910,000 experts that have signed the great Barrington declaration.

<https://gbdeclaration.org/>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgbdeclaration.org%2F&data=04%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgbdeclaration.org%2F&data=04%2F&isredir=1)

Given the federal law you would break, the expert declarations and data on adverse effects, your participation in going against the constitution, Federal Law and expert testimony would be a crime against humanity.

Do you have a labor with ingredients?

Thank you in advance for doing the right thing and letting people make there own decisions about what goes in there bodies and to stay at home if they feel sick.

Warm Regards,

Nicole Orozco

From: Melinda Seymour

Sent: 1/7/2022 8:58:00 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Jan.12 meeting agenda

External Email

Dear Board Members,

In regard to the agenda items for the Jan 12 meeting I appeal to you to NOT authorize or support any more immunizations to our childrens' requirement to enroll in public school. Especially if the shot is not authorized by the FDA as being safe and studied for at least five years to its efficacy long term.

Also, I would love to hear more medical advocates emphasizing and educating people how to 'beef' up our immune systems as a proactive, offensive strategy to health concerns. Many allopathic physicians are finally coming on board with learning about the positive impact of Vit. D3, zinc, quercetin, and Vit. C. All we hear on tv are ads pushing, pushing, pushing ad nauseam... drugs and artificial manmade substances to be injected into disease ridden people. Please be willing to humble yourselves to go beyond subscribing to the big pharmaceutical campaign and research others means of advocating health for our citizens in this state. The level of diagnosis of cancers, diabetes, etc have accelerated over the years...it is not improving...we must be willing to look outside the money driven health system now in place.

A concerned citizen of Washington State,

Melinda Seymour
Spokane Valley

From: Tracy Shephard
Sent: 1/7/2022 10:42:35 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: Child vaccines

External Email

----- Forwarded message -----

From: Tracy Shephard <momtsns@gmail.com <mailto:momtsns@gmail.com> >
Date: Fri, Jan 7, 2022, 10:37 AM
Subject: Child vaccines
To: <wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> >

Please carefully consider mandating this Covid vaccine to school age children. It is being used as an experiment as noted by New England Journal of Healths, Eric Ruben. He, notably stated that "we will not know about the safety in kids until we begin giving the shots to them!" I cannot understand how you as a regulating body would even consider for ONE second forcing our children to take an experimental shot in order to attend school. This shot is nothing like any other required vaccine on the list for kids, not to mention this virus has virtually zero effect on young healthy people. It has been compared to a cold unless you are obese, diabetic or have a severely compromised immune system and there is absolutely no evidence of a child bringing the infection home to relatives!

For mostly economic reasons I have personally taken and supplied my own daughter the flu shot for nearly 20 years so cannot be considered anti-vax.

I am aware of very few adverse reactions to the flu vaccine. Mostly allergy to ingredients. I believe this injection to be shown deliterious to a growing cohort of, especially young boys, in the risk of heart damage that in some cases may not reverse. The risk/reward for this particular shot is not even close when considering the effects of virus VS shot. Lastly, knowing how strongly a growing number of parents feel after weighing the benefit against risk for their own children the possibility of MANY children being pulled from the educational system entirely will be devastating not only economically to the system but also for the families having to rearrange their lives to avoid this mandate.

PLEASE do not mandate this shot for our kids!
Sincerely, Tracy Shephard

From: Deborah R
Sent: 1/6/2022 11:29:33 PM
To: DOH WSBOH,Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH)
Cc:
Subject: Vaccine mandate

External Email

Hello,

My name is Deborah Ridgeway. Thank you for the work you do to protect our children.

I am employed as a Washington State public school employee and I have 3 school aged children in Washington State. I recently heard that there is possibly a decision coming up to determine if the Covid vaccine will be mandated for children to attend public schools. I am writing to please ask that you not mandate this vaccine. As a current school employee and a former police officer, I know several families who felt pressured to get vaccinated in order to keep their jobs. They have already decided they draw the line with their children. I am confident there will be a mass exodus in public schools if this decision is made by your department.

There isn't enough research for many people to feel comfortable with injecting their children and they refuse to take that risk.

I work at a school and those getting sick right now are those already vaccinated. This virus is not getting transmitted at schools. It is getting transmitted outside of the school campuses.

Please consider not mandating this vaccine for school aged children. Please listen to families whose children were in the trials and were injured and removed from the trials, not having their adverse reactions reported. Their voices must be considered and not censored when you make this decision. Please continue to protect our children.

I am not anti-vaccine. I want safe vaccine and this one needs more time before 4 and 5 year olds are forced to have injected prior to school enrollment.

Thank you for taking the time to read my letter.

God bless you,

Deborah Ridgeway

From: Barbara Eneberg

Sent: 1/6/2022 7:21:05 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: WA Board of Health Proposal Public Comment by Friday Jan. 7th, 12 noon.

External Email

subject: Public Comments re: proposal to apply current infectious disease WAC codes to include Covid-19

Body:

Hello WA State Board of Health Members,

I'm sending this note because I am so concerned about our grandchildren being forced to get a vaccine they do not need and is still under Emergency Use Label - please listen to the parents and grandparents of our children:

* DO NOT move forward with the proposal to include Covid-19 as part of WAC codes for infectious diseases!

* DO NOT include Covid-19 shots as part of school immunization requirements!

When this pandemic started, the goal was to try and 'stop the spread' of the virus. Now that we're two full years into the pandemic, the facts are 100% crystal clear:

1. Vaccination does NOT stop anyone from catching or spreading Covid-19; If you disagree with that statement, you are completely disconnected from reality. The shots reduce hospitalization and death, but do absolutely nothing to stop the spread! Vaccination may have stopped the spread of the original strain of the virus, but as we've seen with subsequent variants...Delta to some degree and now with Omicron, these shots do NOTHING to stop the spread!

2. Young people under 18 are at almost ZERO risk of severe disease or death from Covid -> using the CDC's numbers, kids 18 and under have a 99.999% survival rate from catching covid. Kids have a higher risk of death from car accidents, pneumonia, and drowning than they have from dying of Covid-19. Not only that, but for young boys and men the shots are associated with higher cases of myocarditis (heart inflammation) which can have serious long-term health effects so the risks from taking the shots in many cases are outweighed by the theoretical benefits.

3. As Covid variants become more transmissible, they are also becoming less deadly. Omicron is extremely transmissible but infects peoples' upper airways rather than lungs, causing a much less dangerous disease than Delta and previous variants.

These facts, acknowledged by the scientific community from Dr. Fauci on down, point to some simple truths:

1. Everyone is going to get Covid and there is NOTHING anyone can do to stop it (vaxxed or unvaxxed). The disease is becoming endemic -> South Africa, where Omicron was first detected has already seen their cases peak and begin to recede.

2. The disease is becoming more mild as it becomes endemic and we will need to deal with it similar to the way we deal with colds and the seasonal flu, and children continue to be the least impacted by the virus. In fact, the logic of forcing children to be

vaccinated when they are at extremely low risk from hospitalization and death due to a covid infection only to push off potential initial exposure to the virus till later in life when it would be more life-threatening defies all logic and sanity. This of course assumes that the vaccines actually stopped the spread of the virus, which they DO NOT!

3. Because the vaccines cannot and do not stop the spread and because the disease is becoming milder, the case for VACCINE MANDATES has COMPLETELY FALLEN APART! There is zero justification for the state to have any power to force people of any age to take the Covid-19 vaccines or include Covid-19 as part of the WAC Codes for infectious diseases or make them part of the immunization requirements for school kids. These decisions MUST be a choice between patients and doctors. It is NO business of the state's!

It is beyond our belief that you would be attempting to use the coercive force of the state to enforce these mandates and restrictions on WA state citizens? This is such an outlandish proposal and feels very tyrannical at it's heart. I can hardly believe that these measures are actually being considered for adoption. My family and my husband's families have lived in this state for 4 generations, and have loved this area, but we hardly recognize the bullying and outright frightening at times political tactics being used during this pandemic. Who are these people we ask ourselves, who presume to know best about how others should live their lives and what they should or should not be forced to put into their bodies. Please listen to true science, and represent all of your constituents, not just those who seem to be very radical and who are trying to forcefully coerce us all into something that can be harmful to our precious next generation.

Sincerely concerned grandparents,

Gary and Barbara Eneberg, longtime Snohomish County Residents

From: mike9681@charter.net
Sent: 1/6/2022 8:54:31 PM
To: Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: FW: January 12th meeting

External Email

From: mike9681@charter.net
To: "wsboh@sboh.wa.gov"
Cc:
Sent: Thursday January 6 2022 8:53:35PM
Subject: January 12th meeting

Dear Board of Health

RE: The proposed use of law enforcement to take away peoples basic right to make their own medical choices. Placing people in camps because the state has unlimited power with little or no over sight is insanity. The state has already wildly over stepped their bounds with the emergency powers and now want to reach for more control over its people. When will the tyranny end? This overstep would be an egregious violation of human rights. The largest problems facing this state and nation is the governments inability to accept that they can't control a pandemic by oppressing the people and destroying our economy and our livelihood. Forcing kids to get vaccinated when the vaccine itself poses more of a health risk than the virus itself, makes no sense. Its common knowledge that the vaccines are not preventing people from catching covid and are not preventing the spread of covid. There has not been rampant outbreaks in all the schools with all ages in session. Why is it suddenly a grave emergency concern for school age children with this kind of statistics? The people who proposed this should realize they are incompetent and resign immediately. Please stop the madness and do not implement this. Thanks Mike Nelson

From: ZECHARIAH J BORDON

Sent: 1/7/2022 8:57:05 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), kwangett@uw.edu, DOH OS PHIP, DOH PCH Immunization Child Profile, Kcranfield, londeck@nasn.org, Calder, Allegra (DOHi)

Cc:

Subject: WA State Board of Health meeting

External Email

To whom it may concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about Covid-19 shots for consideration of mandating the shots for school. I OPPOSE Covid-19 shot mandates. The science does not support the notion that unvaccinated individuals spread the virus, any more than vaccinated individuals. Children are statistically at zero risk of dying from Covid (their survival rate is in the range of 99.997 - 99.998%); where there is no risk, there can be no benefit. Furthermore, there are numerous studies now that support adverse affects of the vaccine on our children. Even the FDA has doubts about the safety of a vaccine for an individual under the age of 16. (www.fda.gov/media/151710/download) The required studies on children will not even be completed until May 31, 2027. And, that is only one of the required pediatric assessments. There has been enough time now to find out the truth about what is going on with Covid, and there is no excuse for draconian measures to be inflicted on our children just to be able to attend school.

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EAU) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. As noted in the FDA link above, the required pediatric studies required are not yet completed.

We all are concerned about the safety of our children and teachers. But, making a therapy mandatory, whose efficacy in preventing transmission is increasingly short lived as new variants of COVID-19 emerge, abandons reason. Specifically, when you consider that we just don't know how detrimental the therapies will be to the long-term health of all people, especially children whose bodies are still developing. We don't know what we don't know. We as a state have historically been the beneficiaries of a certain Washingtonian level headedness, a trait that has kept us out of the numerous pitfalls we've witnessed other states succumb to. We can't use our children as test subjects. Let us set an example for the nation and world, and pursue measures that protect informed consent for our public health and upholds the highest standard of medical ethics.

Sincerely,

Zech Bordon

Snohomish, WA

From: The Queen Bear
Sent: 1/7/2022 8:52:25 AM
To:
Cc:
Subject: Please don't approve the proposed changes!

External Email

To whom it may concern:

I have reviewed the agenda to be discussed regarding changing the rules regarding Department of Health codes in relation to "communicable disease". This is my attempt to dissuade you from considering such changes in enforcement related to citizens' health. There will be no end to forcing citizens to make health choices that they do not want if rules like this are put in place. I implore you to continue to support citizen's rights over their own bodies and medical choices by NOT considering detention for non-compliance with health codes related to COVID-19. Please do NOT consider refusal to provide equal education services to those abstaining from COVID-19 vaccination for school aged individuals.

PLEASE DO NOT APPROVE THESE CHANGES TO THE HEALTH CODE ENFORCEMENT.

Thank you, Concerned Voting & Tax Paying Citizen

EvieMae Schuetz

From: grapril
Sent: 1/7/2022 6:55:17 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: For your Upcoming Meeting

External Email

Please do not make the Covid-19 vaccine a requirement for school aged children to attend school or daycare.

Parents have a right to decide if this is right for their children and kids have the right to attend school.

Thank you!

From: Tee Parrish
Sent: 1/7/2022 9:22:45 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: forced quarantine/isolation and forced vaccines for children

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State and ANY forced vaccine requirements for any person. Additionally, forcing anyone to quarantine or isolate against their will is a direct violation of their basic human rights. Asking to use local law enforcement to conduct such vile, inhumane and illegal acts is preposterous at best.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children. Who is going to pay for any death or disabilities that arise from these mandates? Are YOU?

Tami Honda

206-778-1693

From: Shannon Sauter
Sent: 1/6/2022 7:16:59 PM
To: Shannon Sauter
Cc:
Subject: No COVID 19 vaccine requirement for schools in Washington State

External Email

Hi,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thanks, Shannon Sauter

From: Dawn Weikel

Sent: 1/7/2022 9:33:28 AM

To: DOH WSBOH,Reykdal, Chris,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: No student mandate

External Email

If you mandate Covid vaccines for students, I will be removing my daughter from public school. Maybe you care, you probably don't, but you definitely should. She would receive an excellent education at home, yet you would miss out on an exceptional student (and the funding that comes with her).

The Covid vaccines are not necessary for healthy children and should be a personal choice. Older, or at-risk individuals, may need to take extra precautions to protect themselves from Covid, but my child will not be sacrificed for their fear. It has been proven that the virus is spreading among vaccinated individuals as much as unvaccinated people. The Covid vaccine is only meant to lessen the severity of symptoms if someone is infected, not prevent transmission of the virus. Therefore it is ridiculous to mandate this vaccine, especially for children.

Thank you for your time,
Dawn Weikel

Show quoted text
North Kitsap School District

From: nicole goettling
Sent: 1/6/2022 7:46:46 PM
To: Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Opinion on covid 19 vaccination for children

External Email

Begin forwarded message:

From: nicole goettling <bibitybobity4@yahoo.com>
Date: January 6, 2022 at 7:41:12 PM PST
To: WSBOH@sboh.wa.gov
Subject: Opinion on covid 19 vaccination for children

□As mother of 2 children that attend 2 different schools in Washington state I would like to voice my opinion on the matter of mandating children to be vaccinated in order to attend public school. I do not feel that it is fair to force anyone to chose between and education and a vaccine that is still in its early using for their child. There are no long term studies on what this vaccine may do to our childrens growing bodies. Children fair very well with the actual covid 19 virus. If this becomes a mandate I will unenroll my children from the sequim school district and enroll them in a private school that is not associated with the school district. Thank you very much for taking the time to hear my voice.

Sincerely, Nicole Goettling (Sequim Wa)

From: David and Moriah Seaton

Sent: 1/7/2022 8:28:23 AM

To: Davis, Michelle (SBOH),DOH WSBOH,Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: HALT THE MANDATED COVID JAB!

External Email

I am writing to you regarding the meeting for the proposed covid mandate for school children. I am very concerned about this. I have 4 children in the public school, one of which is vaccine injured and will suffer for the rest of his life from the injury he sustained. I am very concerned about all of my children being required to get an EUA shot that isnt even working against these variants. Oh, and let me inform everyone, I am a front line healthcare worker with a bachelors degree to do what I do. So I'm actually educated on this subject. I would like to remind everyone that this virus has a survivability rate of over 99%. Children are rarely affected by it. They also do not transmit it as adults do. We dont know the long term effects of this vaccine. So why are they trying to push this on kids when it is not necessary? I am clearly upset and concerned. I would like to ask that you stand up for our children and say NO. Please protect our youngest and most vulnerable people. Let parents make informed choices for their children. Also, I would like to point out that requiring this vaccine would result in a mass exodus of children from the public school system.

Thank you for considering my concerns.

Moriah Seaton

From: Josiah Boone

Sent: 1/6/2022 7:52:36 PM

To: Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), Davis, Michelle (SBOH)

Cc:

Subject: Immunizations Technical Advisory Group

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following reasons:

- 1) Upon thorough research, I am unaware of any healthy child that has died from Covid and 100% of child deaths occurred in children with other underlying health issues; they died with Covid, not from Covid.
- 2) Studies do not support that the vaccine stops the spread of Covid.
- 3) In fact, Studies do now document that vaccinated and unvaccinated transmit Covid.
- 4) The vaccines are still only authorized for emergency use (EUA).
- 5) There are no long-term studies to document any history of safety, particularly with children.
- 6) Children and parents that have concerns of Covid related illness have the option to get vaccinated.
- 7) Parents of children with obesity or other health issues that are most likely to cause more serious illness with Covid have the option to get vaccinated.
- 8) Both vaccines have been found to be 100% effective in preventing COVID-19 in kids. But anytime a medication is found to be 100% effective, it should call to question whether the dose is too high.

Given the near-zero risk of Covid to healthy children, and the associated, though infrequent risks of receiving the vaccine, a blanket policy requiring all children, especially healthy children, to be forced to vaccinate is irresponsible and will cause many children to miss out on educational offerings needlessly, whilst not accomplishing the objective of making children safer. They are already safe.

Sincerely,
Josiah Boone

From: kathy wall
Sent: 1/6/2022 11:13:11 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Please consider voting against the mandate for children's covid vaccine

External Email

Hello Nathaniel,

I am writing as a concerned parent of two boys in the Bellevue School District. Before you vote on whether or not to make this vaccine a requirement for school, I am asking you to listen to this 1- hour compilation of critical questions brought up by the FDA Advisory Board when deciding to approve Pfizer's COVID vaccine for 5-11 year old's. In case you are unable to listen, I have provided key points from the meeting below. Please note myself and thousands of other parents will be unenrolling our children if this is required to attend school. Before you vote - please make sure you are informed on the benefits and risks to our children.

Key Points from the FDA Advisory Board Meeting - Oct 26th:
***Link to 1-hour highlights video here.

Advisors do not recommend healthy children get this vaccine
Advisors do not recommend this vaccine be required to attend school
Doctors do not expect the vaccine to prevent infection
They have no data or expectations it will prevent transmission
Based on current data and modeling, the risks of the vaccine to children outweigh the benefits
Children's vaccine is based on the alpha variant and has little to no protection against Delta or Omnicron
Children's vaccine includes Tris (hydroxymethyl)aminomethane), a stabilizing agent, however the vaccines given during the clinical trials did not include this new ingredient so no one knows the potential risks to our children.
Advisors very concerned about increase in myocarditis and pericarditis especially in young boys
Approval was given based on the vaccine being available to immune compromised children only.

Thank you for your time,
Kathy Wall

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From: lauriely
Sent: 1/6/2022 6:10:56 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Zoommeeting comment

External Email

Laurie Buhler

692 DeGage Street

East Wenatchee, WA 98802

lauriely@protonmail.com <mailto:lauriely@protonmail.com>

To whom it may concern:

Thank you for having this forum. I am writing in support of Petition #11 which requests that BOH establish a new rule that prohibits requiring that anyone take an EUA product or licensed product that has not yet completed Phase 3 clinical trials. I oppose BOH formation of a Technical Advisory Group to review information about Covid-19 shots for consideration of mandating the shots for schools. I oppose any Covid-19 shot mandates because each person needs to weigh their medical condition with their medical provider and make an informed, personal decision. This is especially true since the infection fatality rate for Covid-19 is low. For ages 0-17 it is at 0.00002 (99.998% survival rate) which is statistically a zero percent death rate. Beyond that, when you consider that most hospitalizations for the young are with Covid-19 and not for Covid 19, we can know that they are not in mortal danger from Covid-19. Neither is there a great risk of the young spreading Covid-19 to staff and teachers. The young have a greater risk of Covid-19 vaccine adverse reactions than of a serious Covid-19 illness. We must protect our young before we consider self-protection.

Sincerely,

Laurie Buhler

Sent with ProtonMail

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotonmail.com%2F&data=04%7>

Secure Email.

From: Lisa Adolphson

Sent: 1/7/2022 10:42:47 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO TO COVID 19 VACCINE MANDATE FOR OUR CHILDREN

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

1. It is not effective at stopping the student from spreading the disease. The Covid injection does not stop the child from transmitting the disease. It does not really protect the person medicated with mRNA concoction. It is not effective.
2. It is not effective at stopping contraction of the disease. The Covid injection does not stop the child from contracting the disease. It is not effective.
3. It is not approved for mandatory use in anyone by the FDA. The Covid injection is only Authorized for Emergency Use. You have no legal right to require the intake of this experimental drug. The alleged Covid medication/injection that was approved by the FDA is not even available in the United States, if anywhere. It is not legal to require submission to this medication.
4. The injection is demonstrably unsafe. There are no studies of the safety of this drug, long or short term. However, there are tens of thousands of adverse reactions and unexplained early injuries and deaths, in the VAERS database, due to heart and organ damage. When H1Ni vaccine had 59 adverse reaction, the vaccine was removed from the market. It is insane to push forward with this insistence by the current political administration on the Federal and State levels in light of the vast number of injuries and deaths proximate to the time of the infection. Many of the adverse reactions occur within the first two weeks. Therefore, CDC 'arbitrarily' decided that no adverse reactions occurring within two weeks of injection are 'deemed' by them to be unrelated to the injection. This is a ridiculous appeal to superstition and does not serve our children, or anyone else. It is not safe.
5. It is not necessary. Children have a recovery rate of better than 99.995. There are more child deaths per year from automobile accidents or pedestrians walking . If this recovery rate is too low to suit you, then we need to outlaw automobiles and walking, rather than adding this dangerous medical regimen to the child's risk load. It is unnecessary and unsafe.

Cordially,

Lisa Adolphson

Lifetime resident of WA state and mom of 2

From: Kasha McGuire

Sent: 1/6/2022 7:22:05 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments for WA Board of Health meeting 1/12/22

External Email

As a voting citizen of WA I am in strong opposition to:

1) any involuntary isolation/quarantine of people as described in parts of WAC 246.100;

and

2) any mandate on COVID shots for children as a requirement to attend K-12 public schools.

Sincerely,

Kasha McGuire
Lake Stevens, WA

From: Carlos Quintanilla
Sent: 1/6/2022 4:07:29 PM
To: DOH WSOH
Subject: Testimony about Immunization Criteria for Child Care and School Entry (making mandatory the Covid Vaccine for child care and school admissions)

External Email

Dear State Board of Health:

I'm against the forced Covid-19 vaccination for kids as a condition for child care and school admission. I have four key concerns.

First: Each of the manufacturers of the Covid vaccines currently available developed and confirmed their vaccines using fetal cell lines(*1) which originated from aborted fetuses. Partaking in a vaccine made from aborted fetuses makes me complicit in an action that offends many religious faiths and personal choice. As such, in good conscience and in accord with religious faiths and our freedom to control our own decisions Covid-19 vaccines should NOT BE A REQUIREMENT for our children to continue their education.

Second: The right to refuse forced injections, such as the Covid-19 vaccine, stems from the internationally agreed legal requirement of Informed Consent established in the Nuremberg Code of 1947. (The Nuremberg Code <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cirp.org%2Flibrary%2Fethics>>). As the Nuremberg Code established, every person must "be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision" for any medical experimental drug, as the Covid-19 vaccine currently is. No Covid-19 vaccine currently available on the market has FDA approval. All are still under Emergency Use Authorization.

Third: Making childcare and school admission dependent upon a mandatory Covid shot necessitates participating in a medical experiment and demanding disclosure of private, personal medical information to non-authorized personnel may also create school administration liability under other federal and state laws, including HIPAA, FMLA, and applicable state tort law principles, including torts prohibiting and proscribing invasions of privacy and battery.

Fourth: Forced vaccines constitute a form of battery, and the Supreme Court long made clear "no right is more sacred than the right of every individual to the control of their own person, free from all restraint or interference of others."

Fifth: The vaccine is not as effective against the new variant and people are not dying from the new variants. This was predicted. The evolution of a virus is that it gets more transmissible but less deadly, and the trend will continue. Further, the vaccine does not seem to work against the new variant, so why risk kids' health with an experimental vaccine? The cost/benefit analysis does not support mandatory vaccination.

Thank you

Carlos Quintanilla

From: Amyee McKnight
Sent: 1/6/2022 7:35:05 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid vaccine requirement for schools

External Email

The implementation of a COVID 19 vaccine requirement for schools in Washington State is absolutely insane.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Amyee McKnight

From: Alene Lindstrand
Sent: 1/7/2022 11:41:14 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: written testimony re COVID Proposed Mandate for WA State

External Email

Following are my Comments to the WSBOH Re Proposed Covid Mandate

For the record, I am against ALL proposed Covid mandates that this Proposal covers, whether for children or for adults. There are many reasons:

1. The Governor's mandates and lockdowns, mask wearing, pushing massive ad campaign and ditties, shuttering businesses, fining and firing people have NOT worked. Simple to fact check this one: look at the numbers of infections/hospitalizations in all the RED states who have not done all of the above that WA state has done. Their numbers are significantly better.

So, strong-arming people via mandates won't work either – if the goal truly is about health, and not just power and changing gov't into totalitarianism.

2. The proposal includes ideas and policies, if enacted,that are more than "wrong," they are immoral, they are illegal, they do NOT address what actual "results" of such policies would be or expected, and how it will HELP people; they are bully tactics (bullying nets a 6-year-old in school suspension via the school's "No Tolerance" policy. We are supposed to allow the gov't to bully us?)

3. Where is MY privacy about my health in all of this? It would appear that many agencies and even non-healthcare workers will be utilized to carry out some of the policies in this mandate and who all will have access to these once-private, once-privileged records? HIPPA exists, except where your policies are going to override it? Again, this is wrong on every level.

4. This mandate is full of phrases, all of which are not defined. I am a fairly precise person because communication must be precise to be worthwhile. For example, the State will research "diseases" and be responsible for their evaluation. In what ways? By which professionals? What authority will they have? Where are your definitions? This type of policy is so vague and undefined as to be a blank slate which NO ONE should approve of, ever. I cannot look at ANY proposal for action if it does not also include proposed COST of such plan/project. That is only being a good steward to do so.

5. I see nothing in this proposal that uses hundreds of years of actual workable solutions, which now have data backing them up, regarding the use of specific Vitamins, Minerals, and other treatments that work on all types of illnesses and provide great relief and cures. None of the state "healthcare" ads state that people who have the worst cases of COVID and die from it also have extremely low levels of Vit D3. This is rather significant. And to ignore these FACTS, is inexcusable to the point of making a laughing stock of "health" care when all the state has done or wants to do is punitive/bully/lockdown/roundup folks for a detention camp. This is shocking, to ignore Mother Nature and all the ways she has healed people for millenia, or also by the use of off label prescriptions

which has worked for dozens of years. That is all ignored in the COVID push to do what the gov't wants, not what is right for an individual.

6. I am still looking in this proposal for scientific data. Where are the research points? NOTHING must be done without supporting data. Has your Board researched and looked at the data on the CDC website, esp the VAERS report? NO OTHER vaccine has ever survived the marketplace with the numbers posted there concerning the COVID vaccines. Those numbers of various injuries (incl death) are reprehensible, reckless, and must be evaluated in light of the all the unsupported ads and commentary by professionals stating that all vaccines are "safe" and fully "tested." If so, why are the VAERS numbers so shockingly high, knowing that these numbers traditionally represent only about 1% of reports of injuries? Even if it was 10%, those numbers are completely out of line with the verbiage of "safety and healthy" promotions by Big Pharma and the gov't all over TV, radio, social media, and printed material. There is no package insert to read that goes along with getting a vaccine. Why? Because they are still using the experimental version and no one can sue for injury. Mandating this experimental version is completely wrong and immoral. And children haven't had the chance to fully form their own immune system or breathe normally through masks (how can it be healthy to keep breathing one's own waste product, CO2, all day long? It isn't and bad side effects are now showing up.) There are long term side effects now coming to light, yet, this Board is considering some very dangerous and wrong and hurtful policies if this should pass. You must pay attention to downline consequences. It is your duty to do so.

7. There is much more I'd like to say, but the most important piece is about this country and what it has represented for almost 250 years – freedom. Not freedom to do anything you want at all, or that'd be lawlessness. But freedom that respects individuals to make their own decisions regarding one's own life and health and family decisions. Freedom to allow YOU to be wrong and the freedom to allow ME to be wrong about an issue. Freedom does not exist when one is bullied or mandated to something that a person feels is wrong to do.

8. This proposed mandate is directly in opposition to both the WA State Constitution and the US Constitution which guarantee religious freedom which also intertwines with health and personal choice freedoms. Is "my body, my choice" only acceptable when killing an unborn baby? That would be a double standard at the least, and unacceptable in policy. The US Constitution guarantees the right to pursue happiness. How is happiness pursued when one is injured/killed/maimed by a forced shot that was NOT RIGHT for that person? Over 330 top level, high performing athletes are now no longer able to perform at their chosen sport/profession due to adverse effects, incl death, from this vaccine. This is a huge red flag and folks must proceed with extreme caution. THERE IS NO ONE-SIZE-FITS-ALL solutions, yet this state sure seems to be determined to try. Very wrong.

Most things in life are not black and white or "you're all wrong and I'm all right"...there must be some give and take. And it is definitely NOT the government's job to do all the taking, as this Proposal would allow for by, again, increasing its size and scope to mammoth proportions. Gov't has frequently proved that it cannot do better what private enterprises can do. The more bloated it gets, the greater the waste and inefficiency it produces, because no accountability is ever encouraged or insisted upon.

Let me end my testimony: I am against all that is proposed and/or mandated. Your Proposal is severely lacking factual data. This COVID era has been driven by blue states with fear and suppression, not facts. I only fear my God with total respect for Him and the beautiful nature He created for man. Locking up, internment camps, etc, come from minds that worship power and greed. There is no place for that in this country, or in this state.

Respectfully submitted,

Alene Lindstrand

Spokane, WA

collie_mamma@msn.com

509-869-7657

Thank you for your time.

Becky Helland

3763 NE Trout Brook Ln.

Bremerton, WA 98311

From: Scott, Cindy Wall
Sent: 1/7/2022 7:31:36 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO to mandatory vaccines for school age children

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you for hearing my voice on this matter!

From: LOREN JACKSON

Sent: 1/6/2022 6:45:10 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: No Covid-19 Shots for our children

External Email

On 01/06/2022 5:29 PM LOREN JACKSON <loren.jackson@comcast.net> wrote:

Covid shots should absolutely NOT be a requirement for our children to attend school. Children are at an extremely low risk for Covid and the vaccines are still only emergency use authorized. We do not have enough information on long term effects of these vaccines and your names will be attached to this decision for all of history. Everyone will know what you've done, and the weight it will carry.

TO ALL - DO NOT REQUIRE COVID SHOTS FOR OUR CHILDREN!!

I am asking you to make the right decision, no required covid vaccinations for our children

Kathy Jackson
1117 Bellingham Washington 98226

From: Genevieve Gillman

Sent: 1/7/2022 9:23:44 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine Requirement Comments

External Email

Good Morning,

I am saddened to hear that you are considering mandating a vaccine requirement for k-12 students. It is not the government, nor department of health's, job to make health decisions for my child. Especially with a vaccine that is proven to not prevent contracting the virus and with a portion of the population that is the least affected and the least likely to get sick or experience bad symptoms.

These vaccines have shown to cause extended periods in women, heart issues in young men, potential death within days of vaccination and many other symptoms. This is not responsible to mandate that our children receive these vaccines. The health and safety of my child is my responsibility and if this mandate is put into place, my students will be quickly removed from Washington state schools.

Thank you for your continued work to keep our children safe and we appreciate your thorough consideration on this sensitive subject.

Sincerely,
Genevieve Gillman
253-335-3415

Sent from my iPad

From: Becca Honcoop
Sent: 1/7/2022 10:42:29 AM
To: DOH WSBOH,Davis, Michelle (SBOH),melanie.hisaw@sboh.wa.gov,Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Subject: My Public Comments

External Email

To Whom it May Concern,

As a nurse I jumped at my chance for the COVID-19 vaccine when it came available. Research has shown for those in high-risk exposure settings and those with high-risk health conditions, this vaccine can help reduce severity of illness. However, I strongly urge you NOT to mandate this vaccine for the children of Washington State.

As an adult I can make the choice for myself, fully knowing that we don't know all the long-term risks of this vaccine, to receive the Covid-19 vaccine. Children are not given this choice and are subject to the opinion of their parents on what is best for them. As a parent, I know the weight of this role and understand that each parent must make the best-informed decision based on what they know of the risks and the specific health needs of their child.

We know and can all agree that children are at low risk in developing severe illness with Covid-19. We know that the vaccine is not benign; that there are risks, like myocarditis, that we do not know the long-term effects this puts on a child. We do not know the risk of administering subsequent booster shots every 6 months, every year, etc. Children are very vulnerable and are going through a lot of growth changes. We do not have the research and data to justify mandating the vaccine related to the long-term health benefits versus risk analysis. In our history, we have never mandated children be vaccinated for a vaccine for an unstable virus, like the flu shot. Parents are feeling forced into the decision to vaccinate their children because of evident discrimination that is taking place in the schools. This is wrong.

We know that even if you are vaccinated, you can still become infected with the virus and spread the virus. Yet, here is an example of discrimination of the unvaccinated in our schools:

Dear Families:

East Ridge Elementary conducts COVID batch testing on Tuesdays each week. Now that some of our students are fully vaccinated, we want to explain next steps for any students in positive batches.

For FULLY VACCINATED students:

If your child is found to be part of a positive batch, they will be able to STAY IN SCHOOL and an individual PCR test can be performed at school. To stay in school and receive a PCR test here, two things must occur:

1. Proof of your child's vaccination must be provided to school. (Please do not send vaccine information via email ahead of time. We will ask for proof of vaccination only if your student is in a positive batch test.)

2. Guardians must register their child HERE

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fccovid.cic-health.com%2Fs%2FaddSchoolMember%3FRRAccount%3D0014R00003ABUrT&data=04%7C01%7CNathan>> at the testing site. We cannot PCR test them at school unless they are registered. (Doing this NOW will help tremendously when the batch tests results start coming back.)

For students who are NOT fully vaccinated (and students who do not provide proof of vaccinations):

If your child is found to be part of a positive batch, they will not be allowed to return to school until they receive a negative PCR test and provide the results to school.

Batch testing results typically come in 24-28 hours after our tests on Tuesday. If a batch is found to be positive, families of those students will be informed, and our school staff will call or email to share next steps. Families of students in that classroom will also be informed if there was a positive batch in the class. Please call our office at 425-408-4400 if you have any questions.

Sincerely,

Sarah White
COVID Supervisor/Principal, East Ridge Elementary
(425) 408-4400

Being Covid positive means you are infected and possibly infectious. Yet vaccinated children at this school can stay in school EVEN IF they are the positive carrier and are provided, conveniently, with a PCR test AT the school. Yet an unvaccinated student, who may be negative, must go home, is not able to continue learning like their vaccinated peers, AND must make an appointment (good luck finding one) somewhere else to get a PCR covid test and send the results into the school once obtained. All students in this situation should be given the opportunity to test at school if it is provided. All students in the positive batch could be considered possibly contagious that therefore treated the same.

This is the kind of pressure that is placed on a parent who has reviewed the risks and benefits and made the choice that their child's best interest is not to receive the vaccine. However, they are torn because of their child's need for education and mental health.

What we need to focus on is consistency of information, transparency, actually following the science, modeling mutual respect and fair treatment for all and not making policies that “punish” those who are not vaccinated. We also need to recognize natural immunity. This is important because we know that one’s chance of developing myocarditis is increased at the second dose. But if a student has had covid, a parent may be concerned that this risk is increased at their child’s first dose. There is lots of research available proving the strength of natural immunity. We as a health community recognize natural immunity in chicken pox, measles, mumps, and rubella. Why are we not recognizing natural immunity for Covid?

We do not have the data to support mandating vaccines for children because we do not have enough long-term research, we know that even if a child is vaccinated, they can still get infected and spread the virus, and in general their population is at very low risk for severe illness. Let the parents decide what is best for their child. I urge you to NOT mandate Covid Vaccines for Washington K-12 Schools.

Sincerely, Becca Honcoop

From: Centurylink
Sent: 1/6/2022 4:19:04 PM
To: DOH WSBOH
Cc:
Subject: No Covid Vaccine mandates for school age kids

External Email

To whom it may concern:

I am emailing the Washington State Board of Health to reject and plead with you to not mandate the covid vaccine for school age children and teens.

I have 4 kids and I am not an anti vaccine parent. I acknowledge that covid19 is real and has been horrible for the elderly and those with pre existing conditions.

These vaccines are not safe for our kids and may cause irrevocable injury and damage.

The viral gene injected into parent cells forces my child's body to make toxic spike proteins. These proteins often cause permanent damage in children's critical organs.

These organs include the brain and nervous systems, heart and blood vessels(including blood clots), their reproductive system, and this vaccine can trigger fundamental changes to their immune system. Once these damages have occurred, they are irreparable and can not be reversed. You can not fix the lesions in their brain, you can't repair heart tissue scaring, you can't repair a genetically reset immune system, and this vaccine can cause reproductive damage that can affect future generations of our family.

Why would I want to risk all of the above for little or no benefit? Plus all of my kids and most of all their friends have had covid and they have a natural immunity.

The vaccines have not been properly tested. They are still experimental vaccines!

The harms and risks of new medicine are often revealed many years later.

I do not want my kids to be a part of this radical experiment.

There is no benefit to vaccinating my children against the small risk of the virus given the known health risks of the vaccine that we may have to live with for the rest of our lives.

We should be thinking about the well being of the kids and little ones who will soon grow up and need to run this country. It is not up to the government to make my kid get a experimental vaccine. We will not comply.

Thank you for your time

Ruthie Nicholson

From: Justine Stap
Sent: 1/6/2022 8:46:10 PM
To: DOH WSBOH
Subject: Vaccine mandate

External Email

To whom it may concern,
I am writing to ask for you all to please reconsider mandating this vaccine for our children in school. It is against our freedom, rights, constitution and beliefs. We do not know the long term effects of this on our children and it is absurd to inject our young children with this poison! Our bodies, our choice!! Thank you!!
Sincerely Justine ☐

Sent from my iPhone

From: Terry Stephens
Sent: 1/7/2022 7:43:52 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: Immunization Criteria for Children

External Email

Sent from my iPad

Begin forwarded message:

From: Terry Stephens <ltstephens45@yahoo.com
<mailto:ltstephens45@yahoo.com> >
Date: January 7, 2022 at 7:38:38 AM PST
To: michelle.davis@sboh.wa.gov <mailto:michelle.davis@sboh.wa.gov>
Subject: Immunization Criteria for Children

Washington State Health Board members,

As concerned citizens of the State of Washington we urge you to NOT make COVID shots a requirement for Children to attend School or Childcare.

Children are at extremely low risk for COVID and the vaccines are still EUA.

Respectfully,
Charles L. & Bernice M. Stephens
Spokane

Sent from my iPad

From: Testify Online Survey
Sent: 1/6/2022 4:28:15 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12th

2.

Agenda Item or Issue:

state mandated C19 shots for children & involuntarily detain in quarantine sites

3.

Your Name:

Darcy Jorgensen

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

I've lived in Tenino, WA for 35 years and raised 2 children in the Tenino schools. I've worked in Lacey at Edward Jones for 12 years and was a stay at home mom for 20 years before going back to work at Edward Jones.

7.

Email:

darcyjorgensen62@gmail.com

8.

Phone Number (Include Area Code):

360-438-0341

9.

Do you have any special expertise relevant to this topic?

1. Yes

I am a mom of 2 children. I am a professional in the Lacey area and I have a business degree from UPS. I am involved in my community and my church and am a responsible, hard working, tax paying citizen who follows the law.

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

I SAY NO TO STATE MANDATED C-19 SHOTS FOR CHILDREN. IT IS PURE EVIL! I SAY NO TO INVOLUNTARILY DETAIN PERSON(S) IN QUARANTINE SITES. Both are against our rights and freedoms as outlined in our constitution. Both are pure evil!

11.

Are you Pro or Con on the proposal?

2. Con

This policy is an absolute violation of our given rights under the constitution. Nobody should be forced to get AN EXPERIMENTAL JAB!

From: Wendy Ferrell

Sent: 1/7/2022 10:29:57 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I oppose involuntary quarantines and mandated vaccinations

External Email

I oppose the involuntary detention of persons at quarantine sites; and I oppose requiring school children (or anyone) to be required to get the Covid-19 vaccination.

My family considers our vaccinations strong enough to protect us against disease regardless of what other people choose to do or not do with their bodies. Medical choices are personal choices. DO NOT MANDATE quarantines or vaccinations for Covid-19 in Washington state.

If you involuntarily quarantine people or force them to be inoculated, you are no better than those in Nazi Germany. I always said I would not sit by while the government hauled people off or did medical experiments on others - and I won't. Read your history and do not make the same horrendous and evil mistakes on our population. Our vaccinations are enough to keep us safe. Leave those who make other choices alone. You are acting irrationally and out of fear if you choose to be Nazis about this. Washingtonians oppose involuntary quarantines and mandated vaccinations.

STOP THIS OVERREACH HERE AND NOW.

A concerned 5th generation Washingtonian.
Wendy Ferrell

From: Debra Kahwaty
Sent: 1/6/2022 10:23:16 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid Vaccine email

External Email

Dear Washington State Board of Health,

This letter is to oppose the potential requirement to vaccinate Washington State school age kids with the Covid vaccine.

Taking this very important decision away from the parents is wrong on every level. Please understand that I am not an anti vaxxer but a very concerned citizen who believes the ramifications of taking this parental right away could add devastation to the crisis we are currently dealing with.

Parents are talking of pulling their children out of school if a mandate were to take place and I shutter to think of what a burden and stress that would put on our children. I am a grandmother of a middle schooler & a high schooler and we all want our kids & communities to be healthy & protected but honestly we do not know the long term effects of this vaccine and it is unbearable to think it could be forced upon us.

Please, let's just continue social distancing, masking up & washing hands and let those who choose to opt out of vaccinating do so.

I have found that the unvaccinated are taking these precautions more seriously and that the vaccinated feel it's their ticket to let their guard down and therefore are contracting Covid.

Regards,

From: Tara Cochran
Sent: 1/6/2022 5:29:06 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID 19 vaccine requirement

External Email

I am a WA state and Nationally Board Certified Teacher and have been teaching for 16 years. I love our schools and I love our kids! More dear to heart than my career in education, I'm a mom of two teenage children who are healthy and happy! I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State. It's a horrible idea for many reasons, such as:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Heather Bowers

Sent: 1/7/2022 6:57:25 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Concerned WA citizen

External Email

To whom it may concern:

I have reviewed the agenda to be discussed regarding changing the rules regarding Department of Health codes in relation to "communicable disease". This is my attempt to dissuade you from considering such changes in enforcement related to citizens' health. There will be no end to forcing citizens to make health choices that they do not want if rules like this are put in place. I implore you to continue to support citizen's rights over their own bodies and medical choices by NOT considering detention for non-compliance with health codes related to COVID-19. Please do NOT consider refusal to provide equal education services to those abstaining from COVID-19 vaccination for school aged individuals.

PLEASE DO NOT APPROVE THESE CHANGES TO THE HEALTH CODE ENFORCEMENT.

Thank you,
Concerned Voting & Tax Paying Citizen

From: Emily Cressey
Sent: 1/7/2022 11:21:39 AM
To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), caitlan.lang@sboh.wa.gov, Donahoe, Kaitlyn N (SBOH), samanatha.pskowski@sboh.wa.gov, Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), DOH WSBOH
Cc:
Subject: Opposing tech advisory group for mandatory vaccines for children, Opposing additional communicable diseases for Agenda Item 9, Supporting Agenda Item 11

External Email

<<https://bixel5.net/v1/t/o/87931756-072b-73a3-10c9-04be91f732c3/gm%3A1d8d4667-14f0-46aa-a1d8-7c07c2de79ab/Multiple%20Recipients/>>

Hello all,

I wanted to provide input on the agenda for the Jan 12 meeting and let you know my clear positions on these matters.

1) I oppose the TAG for COVID 19 shots as possible mandates for school.

The injections being considered have been linked with adverse events for many previously healthy citizens according to VAERS. Historically, not all adverse events are reported, so we can guess that adverse events are even more widespread.

The injections do not have a long term safety record. There are reported side effects including heart problems and reproductive problems which may affect the young without our full awareness yet.

COVID itself is extremely mild for children. Children should not be asked to bear the risk of experimental medical procedures to (potentially) help others. Children do not receive a significant benefit since COVID is mild for them, but they do suffer risk.

In addition, many doctors across the country and the world have recognized an association between vaccination and adverse physical and mental health consequences for children who are already at increased risk due to gut health, compromised immune system, Autism Spectrum Disorders, etc.

A mandate for an emergency use vaccine is dangerous and should be avoided. Especially in light of how fast COVID is changing and the waning efficacy of the current vaccines.

Also, I would like to oppose agenda item 9 that looks at expanding the authority of the health board.

We do not need an over-reaching health board. Families should be allowed to make their own medical decisions for themselves and their children. Americans have freedom. Many of the rules stemming from the virus seem to be more about medical profits and government control. Cheap, effective prophylactic and early treatments have been denied, shunned, silenced and banned despite their excellent track records of safety and efficacy. This is not about health. Research is being denied. Truth is being silenced.

Forcing vaccination, counseling, or detention, at the sole discretion of any person with little to no regard for the medical, religious, or personal freedoms granted by our constitution is abhorrent. It's forced medical treatment on a minor without representation by his legal guardian.

Most so-called "anti-vaxers" that I know, are in fact, former vaxxers whose children or family members have suffered adverse consequences of vaccines. Now, you may have some eye-opening answers when you wonder why there are so many of us, and our numbers are growing. We're the club no one wants to belong to, and no one wants to listen to, but we speak from a place of concern that others may not repeat our mistakes.

Forced use of untested, and unsafe injections to a population unable and/or unwilling to give informed consent is abusive. Do not condone this abuse through legislation.

I do support the new Petition for Rulemaking that would prohibit making any emergency use authorized product or a licensed product that lacks Phase 3 trial studies from being on a "school required" list.

Sincerely,

Emily Cressey
Mother, Wife, and Concerned Citizen

--

<https://lh4.googleusercontent.com/ML-nOxp5rIB14o-Mj3SIGNLknZEndyoJwrx_BLfncHc6f8Qda974FTJ57FCiQc-iwufFJbO_jJ0fRXOMeiLyysMCB51c60uvjvsN-4P2uadWpcr_aLdFAEpSlbOq1xJ_2eIH_R6M>
Emily J. Cressey, Real Estate Broker

HomeSmart Real Estate Associates

Phone: (206) 578-3438
Email: Emily.Cressey@HomeProAssociates.com
<<mailto:Emily.Cressey@HomeProAssociates.com>>
Address: 309 NE 103rd St. Seattle, WA 98125
Website: HomeProAssociates.com

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Social: Facebook

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| YouTube

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbixel5.net%2Fv1%2Ft%2Fc%2F8072b-73a3-10c9-04be91f732c3%2Fgm%253A1d8d4667-14f0-46aa-a1d8-7c07c2de79ab%2FMultiple%2520Recipients%2F%3Fhttps%253A%252F%252Fwww.youtube.com%252Fch>

Book A Meeting On My Calendar: 15 minutes

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Click here to Search For Homes

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbixel5.net%2Fv1%2Ft%2Fc%2F8072b-73a3-10c9-04be91f732c3%2Fgm%253A1d8d4667-14f0-46aa-a1d8-7c07c2de79ab%2FMultiple%2520Recipients%2F%3Fhttps%253A%252F%252Fsearch.homeprohouses.com>

P.S. Know someone who is thinking about moving in the next six months? I would be happy to help them buy or sell their home. A referral is the biggest compliment you can give me!

From: Larysa Plostak

Sent: 1/6/2022 6:15:39 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: don't make covid vaccine mandatory for children!

External Email

Dear Sir/Madame,

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State .

As a parent, and a member of the community, I implore you to please stop the push to require Covid 19 vaccinations for ANY child in child care or school. Covid vaccines should absolutely NOT be a requirement for our children! Children are at an extremely low risk for Covid 19. The Covid 19 vaccines have no long-term testing on adults and they have even less testing on children. Covid 19 vaccines are not stopping the virus as many with the vaccine are contracting and spreading C19. The vaccine has not been tested enough to ensure its efficacy and safety in children. Requiring this vaccine does not protect our children!

The disease burden in this case does not meet your criteria. There is NOT a significant morbidity and/or mortality in at least some sub-set of the population. The survival rate is well over 90% and even the long term effects of C19 do not represent a significant amount. Additionally, this vaccine is not meeting your criteria because it is not reducing the risk of person-to-person transmission.

As for the criteria of Implementation, the vaccine is NOT acceptable to the medical community and the public. There is an extremely large amount of both the medical and the general public who do NOT accept this vaccine as safe.

And finally in regard to vaccine effectiveness, this vaccine does not work. It is not on the Recommended Childhood & Adolescent Immunization Schedule. It is not preventing C19 nor is it preventing the spread of C19. The vaccine is not cost effective for our nation.

Perhaps it is cost effective or free or maybe even puts some money into the local schools, but as a nation, it is destroying our financial position at an alarming rate.

"Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects." Yeah. Not even close. Tell that to the parents of the kids who are having heart attacks. Tell that to my friends who have had massive autoimmune flare ups and other medical issues arise immediately after their second dose. This is not a safe vaccine for all people. Even the FDA board that was approving those vaccines to young kids did it with the impression that this will be absolutely voluntary and will never be mandated which CDC guaranteed. Will you take upon yourself the responsibility for the health and wellbeing of innocent children who you will be subjecting to unknown risks in order to receive education which is an ingrained right of every child? Will you create segregation and discrimination based on the medical choices made?

Please PROTECT our children by NOT requiring a C19 vaccination to attend child care or school.

Thank you,

Larysa Plostak

From: Jeannette Sumpter
Sent: 1/7/2022 10:36:10 AM
To: Jeannette Sumpter
Cc:
Subject: FW: Please Vote NO on MANDATORY VACCINES FOR ANYONE, LEAST OF ALL CHILDREN!

External Email

I have been hearing from voting citizens who don't use a computer and who are unable to reach the BOH via the phone numbers listed on the website. This is unacceptable! Those people have the right to give their input! Please take that into consideration and rectify the situation for the future.

Jeannette

From: Jeannette Sumpter [mailto:sumpter@proaxis.com]
Sent: Friday, January 07, 2022 9:14 AM
Subject: Please Vote NO on MANDATORY VACCINES FOR ANYONE, LEAST OF ALL CHILDREN!

Please do not require vaccination of children for admission to school and day care! Please do not take authority away from parents, especially since this vaccine is still only approved as Emergency Use and no one really knows the long term side effects. All one need do is look at the government's own website (VAERS) for vaccine related adverse effects to know that these vaccines are not without risks. Thousands have been injured and many have died, having taken the shot under duress.

This latest variant is proving to be mild in its symptoms and the "vaccine" is not proving to be effective or efficient in eradicating Covid so why should anyone take the risk of injecting themselves or least of all their children with an unproven solution.

Please listen to Dr. Robert Malone who is one of the founding scientists for the mRNA "vaccine!"

JRE #1757 - Dr. Robert Malone, MD (rumble.com)
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvru95s-jre-1757-dr.-robert-malone-md.html%3Ffbclid%3DIwAR3jjOK-AoeveJUb9Y6KyQkELS4PkPfexKXqFUXb7QkrAzVO4aT_9bHgzn&data=04%7C01%7CNathaniel.Thai%40sbo>

As a mother and a grandmother, I implore you to vote NO on mandatory vaccinations for Covid19.

Regards,

Jeannette Sumpter

Bothell, WA

425-486-9541

From: Camila Anderson
Sent: 1/6/2022 4:05:13 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I am absolutely against the mask mandate for elementary school children, and further more all children. It is up to each individual family and what they feel is best for THEIR children. This mandate will indeed bring much more detriment to schools when parents decide to pull their children from absurd laws such as this. Thank you for reading and considering against this mandate.

Camila Swain
253-208-3440

Sent from my iPhone

From: Jessica Sturges
Sent: 1/7/2022 8:03:54 AM
To: DOH WSBOH
Cc:
Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,

Jessica Sturges

From: Monika Oberholtzer

Sent: 1/6/2022 11:59:35 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No COVID-19 vaccines for our children!



attachments\5A010CABA3B94268_UK data Office for National Statistics.png

External Email

Dear Sir or Madam,

Please consider my petition to not add the COVID-19 "vaccine" to our school vaccination requirements. Healthy children and young adults are not at high risk of suffering complications from COVID-19, whereas serious side effects and death have been reported from the vaccines. VAERS data shows 709,083 adverse events and 9,623 deaths in the US following vaccination with COVID-19 from mid-December, 2020 through December 24th, 2021. The long term effects on our children's health are yet unknown.

My daughter, who is attending 8th grade, shared that a lot of her vaccinated friends are coming down with COVID. Clearly the vaccines are ineffective in preventing COVID or stopping the transmission of the virus. Some studies indicate that vaccinated individuals are actually more likely to become ill. Please see the attachment. All currently available COVID-19 vaccines are under Emergency Use Authorization and can legally not be mandated.

Our children have suffered enough through the pandemic and we will not allow them to become subject to an experimental medical treatment manufactured by the disgustingly greedy and fraudulent pharmaceutical industry. These vaccines should remain optional for families who choose to take them, and not be required for in person school attendance.

Sincerely,

Monika Oberholtzer

From: Breeze Kenny
Sent: 1/7/2022 6:53:49 AM
To: DOH WSBOH
Subject: Schools Covid 19 Vaccine Mandate

External Email

Hi, My name is Breeze Kenny. I'm a mom of three kids currently attending a Washington public school. Mandating the covid 19 vaccine as a requirement to attend public school is a massive infringement on our personal rights. I don't want to pull my kids from attending public school, but I will do whatever it takes to keep my kids from being a part of the covid -19 vaccine. I sincerely hope you fight for the rights of our children and don't force compliance with this covid 19 vaccine.

Thank you for your time.

Breeze Kenny

From: Steve Baker
Sent: 1/7/2022 10:04:21 AM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Fw: In regard to your meeting on January 12th

External Email

----- Forwarded Message -----

From: steve.baker4@yahoo.com <steve.baker4@yahoo.com>
To: WSBOH@SBOH.WA.GOV <wsboh@sboh.wa.gov>
Sent: Friday, January 7, 2022, 09:37:05 AM PST
Subject: In regard to your meeting on January 12th

FROM: Stephen L. Baker

TO: WA Board of Health

1. I strenuously oppose the formation of a TAG Technical Advisory Group for the purpose of implementing Vaccine Mandates.
I virgorously support NO VACCINE MANDATES!

2. I fully support Informed Choice Washington's Petition for Rulemaking , item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you

Stephen L. Baker
380 Abby Ln
Wenatchee, WA 98801

steve.baker4@yahoo.com

From: Jess Burwash

Sent: 1/7/2022 10:38:25 AM

To: DOH WSBOH, Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Fwd: Please do NOT require COVID vaccination for school children

External Email

To the Washington State Board of Health,

I'm writing to implore you to NOT include the covid-19 shot on the list of required vaccinations for schools.

As the mother of 2 school-age children in Bellingham, I can say with certainty that a decision to mandate kids to have this shot would wreak havoc on many families and within our schools.

I'm sure we can all agree that vaccines are an important and effective tool for preventing many diseases- and I have always been perfectly willing to utilize them to protect my own children, and our community. However, there are many reasons why (most) parents have chosen to wait on having their children receive these particular shots including, but not limited to:

- * In the scheme of things, the covid vaccines are still quite new and most parents, (while willing to receive the jabs themselves) are not at all willing to risk their children's health before knowing much more about the long- and short-term side effects of this new vaccine. These feelings are completely justifiable as the science on these vaccines is still evolving and coming to light.

- * In terms of how the vaccines will effect public health- that science is still evolving as well. Considering that both vaccinated and unvaccinated individuals can contract and pass along the virus, many parents remain skeptical that any perceived or real risk is actually worth any perceived benefit. It serves no one to preemptively force parents into a decision they aren't ready to make when there is still so much confusion circulating.

- * Covid in otherwise healthy children is not a large risk- and the (extremely low) hospitalization rate of healthy children supports this. Therefore, the risk/reward of getting this shot does not balance when you consider the mild nature of the virus and the possible side effects of the vaccine. Parents should be given the freedom to choose their own level of risk for their family.

- * There are MANY medical, religious, and other deeply personal reasons why

parents are hesitant to give this shot to their children. Sadly, most of these reasons will not be covered by "exemptions"- forcing parents to choose between their children's health or their schooling. Please DO NOT force parents to make this choice.

For whatever reason, the covid vaccines- effective or not- have been profoundly politicized (on both sides), with most parents falling on one side or the other. Because of this, it is reasonable to assume that a decision to require this particular vaccine at this time would directly cause a mass exodus from our schools, shattering our communities and negatively impacting public health across the state.

At this stage of the pandemic, we find ourselves at a pivotal moment when every protection we can possibly hope for from this virus is in place. We have the tools to protect ourselves and our families- and everyone should have the right to choose which protections are best for them. You, as the health board, are in a unique position to renew public trust in our state government by demonstrating trust in the people of Washington.

Please consider that no one cares more about a child's health than their parents. No one knows their medical history or the ins-and-outs of each individual child better than their parents. PLEASE allow parents- the ones who care the most- to make the determination for their own children. It is what is best for the health of every family, every school, and every community.

I sincerely appreciate your time and consideration.

Jessica Burwash

From: Sarah Larson

Sent: 1/6/2022 9:00:56 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Kahler, Kelie (SBOH)

Subject: Halt Immunization Criteria for Children

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. We completely oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,

Robert Larson & Sarah Larson

From: Robyn
Sent: 1/7/2022 10:08:38 AM
To:
Cc:
Subject: COVID-19 vaccine requirement for schools in Washington State

External Email

Good morning,

I am writing to express my extreme opposition to the implementation of a COVID-19 vaccine requirement for schools in Washington State.

Here are the primary reasons why I oppose this requirement:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long-term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it." Since we do not know the long-term effects of the vaccines, it is irresponsible to inject so many growing and developing children with them.

Force vaccinating healthy children for a disease that is not dangerous to them to make adults feel safe is a new low for humanity. As a newlywed who is planning on having children soon, I am horrified by how Washington state is putting children at risk and wondering if it is safer to raise children elsewhere.

Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Robyn Antoine

From: Michelle Prichard
Sent: 1/7/2022 10:23:45 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Regarding Jan 12 vaccine meeting

External Email

Washington State Board member:

Please do not vote to enforce Covid vaccines for children at school. Children have a strong immune system and very high success rate. This goes against our constitution and parents desires for their children. For those that want it for their kids it's an option now.

This should

Never be forced on anyone. You will see people pulling their kids out of school so fast if this passes.

Also please vote no for allowing local health officers to use law enforcement to force an emergency order to involuntarily a person or group of people to be isolated in quarantine facility if refuse vaccine, or testing, treatment etc. we are human beings with free will. We live in a free country. We should not be forced to put anything in our bodies.

This needs to move to endemic status as this isn't going away. Vaccines aren't stopping this as people can still get Covid if vaccinated. Many from who I have seen are having a worse Covid experience after vaccination then the unvaccinated. Vaccines are not the answer. We need to learn to live with this. Our economy is affected enough, our mental health is affected enough, and our livelihood and health. Please vote no.

Michelle

From: Kelli Langford

Sent: 1/6/2022 8:28:59 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No forced covid19 vaccines for children

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Kelli Langford Atkisson

mother, grandmother and Washington State resident for over 50 years.

From: garciaamezquita@netscape.net

Sent: 1/6/2022 11:06:11 PM

To: Thai, Nathaniel J (SBOH)

Cc:

Subject: Mr. Thai, please I STRONGLY IMPORE YOU TO OPPOSE MANDATED COVID VACCINATION FOR SCHOOL AGE CHILDREN.

External Email

Good Afternoon Mr. Thai,

As a parent I have gathered and watched for information regarding the Covid vaccination and results on children and I implore you to STRONGLY OPPOSE any recommendation to require Covid vaccination for school aged children. Are you not aware that now there are now 16,000 physicians and medical scientist around the world who have signed a declaration publicly declaring that healthy children should NOT be vaccinated for COVID-19? Please read this declaration:

WE, THE PHYSICIANS OF THE WORLD, united and loyal to the Hippocratic Oath, recognizing the imminent threat to humanity brought forth by current Covid-19 policies, are compelled to declare the following:

WHEREAS, after 20 months of research, millions of patients treated, hundreds of clinical trials performed and scientific data shared, we have demonstrated and documented our success and understanding in combating COVID-19;

WHEREAS, in considering the risks vs. benefits of major policy decisions, thousands of physicians and medical scientists worldwide have reached consensus on three foundational principles;

NOW THEREFORE, IT IS:

RESOLVED, THAT HEALTHY CHILDREN SHALL NOT BE SUBJECT TO FORCED VACCINATION (view supporting evidence

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/evidence%2F%23children&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cc2ad8e0e766a4beac63>
)

* Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.

* Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.

* Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.

* Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether Covid vaccines assist herd immunity.

RESOLVED, THAT NATURALLY IMMUNE PERSONS RECOVERED FROM SARS-CoV-2 SHALL NOT BE SUBJECT TO ANY RESTRICTIONS OR VACCINE MANDATES (view supporting evidence

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/evidence%2F%23recovered&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cc2ad8e0e766a4beac63>

)

- * Natural immunity is the most protective, and longest-lasting solution against the development of COVID-19 disease and its more serious outcomes.
- * Naturally immune persons are at the lowest risk of transmission, thus should not be subject to travel, professional, medical or social restrictions.
- * Natural immunity provides the best source of herd immunity, a condition necessary for eradicating the Covid virus.

RESOLVED, THAT ALL HEALTH AGENCIES AND INSTITUTIONS SHALL CEASE INTERFERING WITH PHYSICIANS TREATING INDIVIDUAL PATIENTS (view supporting evidence

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoctorsandscientistsdeclaration.org/evidence%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cc2ad8e0e766a4beac63f08d9d1ac2d>
)

- * Early intervention with numerous, available agents has proven to be safe and effective, and has saved hundreds of thousands of lives.
- * No medicine already given regulatory approval shall be restricted from "off-label" use, particularly during this global humanitarian crisis caused by a rapidly mutating virus, which requires quick to adopt treatment strategies.
- * Health agencies shall be prohibited from interfering with physicians prescribing evidence-based treatments they deem necessary, and insurance companies must cease blocking payments for life-saving medicine prescribed by doctors.

RECOMMENDED LEGISLATIVE OR EXECUTIVE ACTION:

We believe that violating any of these three principles unnecessarily and directly risks death to our citizens. We hereby recommend the leaders of states, provinces and nations legislate or take executive action to prohibit the three practices described above.

And if that weren't compelling enough to STRONGLY OPPOSE Covid vaccination for children, please read this statement by Dr. Robert Malone who himself is even vaccinated for Covid and generally pro-vaccination! Dr. Malone is an internationally recognized scientist/physician and the original inventor of mRNA vaccination as a technology. I would believe that his statement should be a powerful insight and trusted source of information. Please read his very own statement below:

My name is Robert Malone, and I am speaking to you as a parent, grandparent, physician and scientist. I don't usually read from a prepared speech, but this is so important that I wanted to make sure that I get every single word and scientific fact correct. I stand by this statement with a career dedicated to vaccine research and development. I'm vaccinated for COVID and I'm generally pro-vaccination. I have devoted my entire career to developing safe and effective ways to prevent and treat infectious diseases. After this, I will be posting the text of this statement so you can share it with your friends and family.

Before you inject your child - a decision that is irreversible - I wanted to let you know the scientific facts about this genetic vaccine, which is based on the mRNA vaccine technology I created:

There are three issues parents need to understand:

The first is that a viral gene will be injected into your children's cells. This gene forces your child's body to make toxic spike proteins. These proteins often cause permanent damage in children's critical organs, including

- * Their brain and nervous system
- * Their heart and blood vessels, including blood clots

- * Their reproductive system, and
- * This vaccine can trigger fundamental changes to their immune system

The most alarming point about this is that once these damages have occurred, they are irreparable

- * You can't fix the lesions within their brain
- * You can't repair heart tissue scarring
- * You can't repair a genetically reset immune system, and
- * This vaccine can cause reproductive damage that could affect future generations of your family

The second thing you need to know about is the fact that this novel technology has not been adequately tested.

- * We need at least 5 years of testing/research before we can really understand the risks
- * Harms and risks from new medicines often become revealed many years later

Ask yourself if you want your own child to be part of the most radical medical experiment in human history

One final point: the reason they're giving you to vaccinate your child is a lie.

- * Your children represent no danger to their parents or grandparents
- * It's actually the opposite. Their immunity, after getting COVID, is critical to save your family if not the world from this disease

In summary: there is no benefit for your children or your family to be vaccinating your children against the small risks of the virus, given the known health risks of the vaccine that as a parent, you and your children may have to live with for the rest of their lives. The risk/benefit analysis isn't even close.

From: Keith Pittman

Sent: 1/7/2022 10:30:30 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: VOTE AGAINST Vaccine Mandates for Students in Public Schools

External Email

I am firmly against the vaccine mandates for the students in the Washington State public schools. First, the risk to the students is small, and they recover quickly when or if exposed, as shown in our local public school. Second, these non-approved vaccines should be a choice, not a mandate against their will. Third, censored evidence from Israel and respectable doctors shows that these vaccines do more harm to students than good. Finally, the vaccine harm does not justify the means when a student has a 99% recovery rate from any COVID-19 virus.

Please vote against this mandate!

Regards,

Keith Pittman

Keith.pittman4@gmail.com <mailto:Keith.pittman4@gmail.com>

509-386-2717

From: Julie Robertson

Sent: 1/7/2022 11:42:36 AM

To: DOH WSBOH, Davis, Michelle (SBOH), melaniehisaw@sboh.wa.gov, Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Mandatory Vaccine mandate for Children of Washington State childcare and school admission

External Email

Attention Washington State Board of Health Members,

I respectfully submit this letter to you as a concerned parent regarding the vaccine mandate for school age kids.

Covid shots should absolutely NOT be required for our children! Children are at extremely low risk for Covid and the vaccines are still only emergency use authorization. I demand the Washington State Board of Health refuse to make Covid vaccination shots mandatory for children of Washington State childcare and school admission for the following reasons:

1. Covid vaccines remain under emergency use authorization.
2. Children under the age of 18 have a 99.995% survival rate from covid infection.
3. Children have a higher chance of death or adverse reactions to covid vaccines than Covid 19.

Sincerely,
Julie Robertson
Tumwater

From: Terri Scott
Sent: 1/6/2022 9:49:30 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid 19 Vaccine Requirement

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Terri Scott

From: Andrew Thomas Maggio
Sent: 1/7/2022 6:45:16 AM
To: DOH WSBOH
Subject: Child Covid 19 Vaccine Not Required

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children

--

Andrew Maggio
Clinical Account Specialist
M. 602-670-6342
E. andrewmaggio@email.arizona.edu <<mailto:andrewmaggio@email.arizona.edu>>
Biosense Webster, Inc.

Part of the Johnson & Johnson Family of Companies

www.biosensewebster.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.biosensewebster.com%2F&da>

From: George Petrov
Sent: 1/6/2022 6:21:14 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: HALT Immunization Criteria for Children of Washington State

External Email

We the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19 itself

George Petrov

From: Natalya K
Sent: 1/7/2022 8:13:45 AM
To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH
Cc:
Subject: WAC 246

External Email

I strongly oppose the proposed changes to the WAC 246 codes being brought forward related to covid-19 including use of detainment, and/or use of forced examination, testing, treatment, counseling and vaccination.

I also strongly oppose the proposed requirement for the covid vaccine for school aged children.

Please do not bring these changes forward, it is a huge government overreach.

Thank you,

Natalya Krahm
Natalya.a.k@gmail.com <<mailto:Natalya.a.k@gmail.com>>
Resident of Bellevue, WA

From: Sharon Guernsey

Sent: 1/6/2022 6:52:16 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: debate on covid vaccine requirement for public schoolchildren

External Email

Members of Washington State Board of Health,

We would like to let you know that we strongly disagree with the covid shot/vaccine being a requirement for children to attend public school in Washington state. Here are the reasons:

1. As the covid shot is so new, no one knows the long term effects of this shot. This is an issue that can affect children especially, as they have their whole life ahead of them.
2. If a child were to get covid, they have almost a 100 percent chance of survival.
3. The choice of what is put into our bodies should be our personal choice or in the case of a child, their parent's choice as their guardian.

Respectfully,

Dave and Sharon Guernsey

From: Neilene DeBoise

Sent: 1/6/2022 9:29:07 PM

To: Thai, Nathaniel J (SBOH),caitlin.lang@sboh.wa,cristy.hoff@sboh.wa.gov,Haag,
Hannah R (SBOH),kaitlyn.donahue@sboh.wa.gov,kelie.kahler@sboh.wa,Herendeen,
Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle
(SBOH),samantha.pskowski@sboh.wa,stuart.glascoe@sboh.wa.gov,tracy.schriber@sboh.wa,DOH
WSBOH

Cc:

Subject: January 12, proposal

External Email

To the UNdistinguished Members of the Communist Party,

Regarding your proposed actions against the free citizens of Washington State, and trying to justify sending unvaccinated persons and/or their families to concentration camps, mandating vaccinations, and adding the Covid 19 clot shot to public school vaccination requirements, when it is known to be harmful is:

- ☐ ☐ Illegal
- ☐ ☐ Unethical
- ☐ ☐ Unconstitutional
- ☐ ☐ Weaponizing law enforcement against citizens ☐ ☐ Crimes against humanity

In thorough disgust,

Neilene DeBoise
Mother of seven
Don't tread on me!

From: Nancy H

Sent: 1/7/2022 9:17:42 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Oppose vaccine mandate agenda



attachments\D0C109C553344174_image0.jpeg

External Email

Dear Dept. of Health,

Comments for the Jan 12th meeting.

Please oppose using law enforcement to detain people in quarantine facilities. We are free people. This would be a gross overreach of power.

Our medical decisions are private.

No school child should be forced to get a Covid vaccine. Please rethink this.

Those who have the vaccine shots & boosters are still getting COVID. The vaccines are not protecting citizens from getting sick.

Please abandon this tyrannical agenda.

Sincerely,
Nancy Hansen

Sent from my iPhone

From: Melissa Reynolds

Sent: 1/7/2022 9:22:40 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: COVID-19 vaccination

External Email

To whom it may concern:

I have reviewed the agenda to be discussed regarding changing the rules regarding Department of Health codes in relation to "communicable disease". This is my attempt to dissuade you from considering such changes in enforcement related to citizens' health. There will be no end to forcing citizens to make health choices that they do not want if rules like this are put in place. I implore you to continue to support citizen's rights over their own bodies and medical choices by NOT considering detention for non-compliance with health codes related to COVID-19. Please do NOT consider refusal to provide equal education services to those abstaining from COVID-19 vaccination for school aged individuals.

PLEASE DO NOT APPROVE THESE CHANGES TO THE HEALTH CODE ENFORCEMENT.

Thank you, Concerned Voting & Tax Paying Citizen

* I SUPPORT Informed Choice Washington's Petition for Rulemaking (see below) — our petition is item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Thank you for your consideration in this matter.

Kind regards,
Dr. Janelle Havelka DC

From: Bree Hartt

Sent: 1/6/2022 6:04:09 PM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: Vaccine mandate for children

External Email

To Whom it May Concern,

I am asking you to please consider voting no on the mandate that will mean children can not enter schools or child care facilities if they're not vaccinated. I am a fully vaccinated mother of two who does believe the vaccine is good, but I also believe in freedom of choice and medical decisions. When you take that away, you take away the very thing that makes us human. Please let each family decide for themselves on this issue. Thank you for your time.

Regards,

Bree Hartt

Disabled mother, aunt & fellow human being

Mount Vernon, WA

--

Sent from Gmail Mobile

From: Sallie P Burhans

Sent: 1/7/2022 6:49:35 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH), DOH WSBOH, DOH WSBOH

Cc:

Subject: NO VAX MANDATES FOR OUR KIDS!

External Email

Ladies & Gentlemen of WA State Department of Health:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>> . Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. HOWEVER, young girls - our future mothers - are in danger of suffering irreversible effects to their ovaries and likewise young boys experience heart issues and some experience death, all due to the Spike Protein from the vaccine. Implementation of the radical policies YOU SEEK TO MANDATE are nothing more than Draconian, tyrannical controls which, over time, will cull the world's population.

4. No one knows the long-term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product - Commentary - America's Frontline Doctors (americasfrontlinedoctors.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. I urge you to do right for the people of the State of Washington and DO NOT REQUIRE these vaccinations for school age children.

Respectfully submitted,

Sallie P Burhans
8425 436 PL SE
North Bend, WA 98045

From: Mandy Sylvain

Sent: 1/6/2022 4:17:21 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Mandatory vaccines for kids

External Email

I am writing to ask you to please not make COVID vaccines a requirement for school and daycare admission. If you look at the data, children are not at risk for serious COVID illness and there's no reason for there to even be an EUA vaccine for kids available. This vaccine has not gone through proper testing which is why it's still only authorized under emergency use. There are no available approved vaccines for the same reason. Since the vaccine was made available to kids there have been many "mysterious" child heart attacks, heart conditions and deaths. There are serious risks that come with this experimental vaccine.

Please, please don't hurt the children. Look at this with an open mind. Even if you believe in the vaccine, think about what they are doing. They are banning medicine and treatments that work to treat COVID and they push this vaccine like crazy. They even bribe, coerce, and force it upon people. None of this makes sense.

Sent from my iPhone

From: John Eames
Sent: 1/7/2022 11:43:17 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Forced Vaccination & Quarantine in WA?? PLEASE Do No Harm!

External Email

Dear Nathaniel:

I understand that WA Board of Health will be discussing Covid-19 shot mandates for schools and recommendations for forcible quarantine and/or detention of those that disagree with policies. As a parent who has raised and nurtured my children in this State, I request that you abandon the plan of forming a technical advisory group to explore COVID19 mandates and adopt a new rule of requiring products to have completed Phase 3 clinical trials before they can be added to a list of school requirements.

For almost 2 years we have attempted to follow the health recommendations of washing, masking, distancing, testing, isolating and vaccinating. By now it is apparent that the virus is going to continue regardless of measures attempted. Thankfully, SARS CoV2 is acting in similar manner as all other viral pandemics and becoming more "virulent" (spreads easier) but less deadly. Real immunity is achieved with exposure and recovery as is evidenced by the fact that those infected with SARS in 2002/3 cannot become infected with SARS CoV2 today! In contrast, Covid19 has managed to find a way to escape the vaccine as is evidenced by the incredibly high numbers of vaccinated and even boosted individuals getting sick and testing positive. Surely this fact has not escaped your knowledge!

As Health Board members, you are obligated to provide us with facts that support any and all recommendations or requirements.

- 1) What is the current rate of mortality for COVID19 infection and stratified according to age groups?
- 2) Point to ANY measures that have reduced the numbers of fatalities (cases are not fatalities).
- 3) What is the rate of all COVID 19 caused mortality in WA in 2020 and 2021?.....did the measures imposed reduce the number of deaths from prior year?
- 4) Provide me evidence of asymptomatic spread of SARS CoV2.
- 5) Provide me safety studies for masking children and randomized clinical trials for masks preventing spread of lab-confirmed upper respiratory viruses (not modeling of masks on mannequins).
- 6) Make public the accuracy of testing - what is the rate of false positives and false negatives of tests and were results determined by manufacturers of the tests or unbiased 3rd party investigators?
- 7) Provide evidence that the vaccines prevent infection and transmission and that they improve the health of individuals who receive them compared to those who do not.

8) Explain why there is so much focus on eliminating this 1 virus when human immune systems have successfully protected our growing population since the beginning of time?

I believe that as members of the WA State Health Board you truly desire to improve the health of Washingtonians. However, I do not trust that you have carefully investigated and logically determined adequate and measurable health remedies for which you are able to provide evidence. Before doubling down on measures that will HARM more than they HELP the overall health of citizens, please determine and make public the evidence to justify any policies.

Regarding mandating shots, know that the clinical trials will not be completed until 2023. Know that WA State has a legal definition of a vaccine that the C19 shots do not fulfill as they were never part of a living microorganism nor do they prevent transmission or infection of disease.

"Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective

<https://app.leg.wa.gov/RCW/default.aspx?cite=70.290.010>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>

Furthermore, how necessary or even safe is it to give a vaccine to a person who already has immunity to the pathogen? Most children by now have been exposed to the virus and have developed immunity without difficulty. Why consider a mandate for those not at high risk for adverse outcome should they become infected but who carry unknown risks of adverse reaction with getting the shot?

I look forward to hearing these concerns addressed and evidence for any and all recommendations to be presented when I tune into your meeting on January 12.

Thank you.

--

John R. Eames
MBA, Principal
Eames Consulting
(509) 370-9788

From: Schreiber, Tracy N (SBOH)
Sent: 1/7/2022 1:40:17 PM
To: Hisaw, Melanie (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Forwarded VM public comment



attachments\201BA36936EE4705_voicemail-19.m4a

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>>

From: danielle mayo

Sent: 1/6/2022 5:10:12 PM

To: DOH WSBOH, Davis, Michelle

(SBOH), melanie.hisaw@sobh.wa.gov, christy.hoo@sboh.wa.gov, stuartglasoe@sboh.wa.gov, Pskowski, Samantha L (SBOH), kaitly.donahoe@sboh.wa.gov, Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: Student Vaccines

External Email

To Whom it may concern;

I am writing this email in regards to the vaccine mandate that is trying to be implemented into the public schools for all school aged children. I will tell you if this happens, we as a community are going to see a lot of things happen. There are a lot of children who will fall behind, due to being pulled out and having to online schooling. I will tell you if this happens it's going to be an online program that the school will not get funds for though. So that in turn will make a lot of schools be out of money due to kids not in rolled means less funds to the school. Implementing the COVID 19 vaccine to our children and making them get it to attend public schools that our tax paying dollars go to is outrageous! What are we teaching children? Segregation again.....only children who are vaccinated may attend school. What in the world is happening? The facts on people who have had COVID and have natural immunities are better off than the vaccinated! I don't understand why we are now making this such an issue when we are going on year 3 of this....all with masks, and social distancing, and now vaccines, and yet we still have COVID. It never going to go away it's a virus and you cannot vaccinate a virus to the point that it's just magically gone. Viruses mutate constantly! That is why the flu has never been cured-- I am not going to support this so you can kiss my tax paying dollars goodbye! No one is going to give medical advice for my children but me and my husband! What did my body my choice go? Only applies when it fits the agenda! I will not allow my child to be part of human research when nobody knows what it's doing to our children in the long run!!

This is a sad mistake that you will never get to take back and the children will be the ones to pay for it!

Thanks for your time!

Danielle Mayo, A concerned and disappointed parent

From: Ashley Bryan

Sent: 1/6/2022 7:17:52 PM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH),DOH WSOH

Cc:

Subject: Vaccine mandate for children

External Email

I am sending this email to plead to you to NOT require children to be vaccinated for covid19 in order to go to school.

As a mother, I would do anything to protect my children. I would die for them. I would never knowingly put them in harms way or risk their health, safety and welfare. I work full time for our Superior Court in the realm of child welfare- I am well versed at what is acceptable treatment of children and what is not. I fully believe this vaccine is an experiment at this stage and puts children at risk of harm. I will not comply and have my children subjected to being specimens in this experiment. Just today alone, I saw three stories of children ages 11, 9 and 13 who had random cardiac arrests and died after being vaccinated for covid19. A 34 year old in our town, my friend, died from cardiac arrest after being vaccinated two weeks prior. Our neighbor is now on bed rest from a blood clot in his heart that could kill him any second. He got a booster shot a month ago. Does this sound like something you would sign your own children up for? Your grandchildren? I would sure hope not. So for you to require other parents to subject their children to this is wrong.

I am not an anti-vaxer parent and I never will be an anti-vaxer parent but I am 'anti-forced to vaccinate my children who have already had covid19' in December of 2019 (before anyone knew what it was!) and we have not had it again since!

Whether the government, agencies, entities, boards, etc want to acknowledge it or not, natural immunity is a very real thing. I know this because we have lived it.

Please just allow parents the right to make the best decisions for our own children. We have been able to do this since the beginning of time. We may not always agree with others' choices of how they are raising their children but that has always been okay because we have freedom to choose! Both of my children are fully vaccinated for known contagious diseases and with vaccines with proved efficacy for decades. I made the best decision I could with the information I had. Covid19 is an experiment. And I will not risk my children's health, welfare or even their lives to go along with this experiment. I have different pediatricians for both of my children and BOTH of them have instructed me to keep our children as far away from the covid vaccine as possible. These are older, experienced, trusted medical professionals I trust my children's lives with telling me their professional opinions based on what they've seen in their practices and hospitals.

If you force this on children to attend school, I am absolutely sorry to say that you will see the biggest mass exodus of children from the public school system unlike anything you have ever seen before. If covid really is just about dollar signs (depending on what conspiracy theory of the day is circulating) I also urge you to consider the dollars lost from school attendance that will no longer be happening from parents pulling their children. This will be dollars lost and more strain on government dependency not just in the short-term but also the long term. You could see thousands or millions of children uneducated. From a child welfare standpoint, this will set all of us up for generational failures. One that may be too big to fix if it gets bad enough.

Please, just allow us to be parents and make our own choices for our children.

Please.

Innocent, young lives depend on this decision.

Thank you for your time.

-Ashley Bryan
Concerned Mother, Passionate Professional Court Child Advocate

From: Terra Kiens
Sent: 1/6/2022 9:34:30 PM
To: Terra Kiens
Cc:
Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Leave OUR children alone! No one decides what goes into our children's bodies but us Parents! PERIOD! END OF STORY!

Sincerely,
Terra Kiens

Sent from my iPhone

From: Tyler and Charla Malmberg

Sent: 1/6/2022 6:32:06 PM

To: DOH WSBOH,Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH)
Cc:

Subject: Vaccine requirement

External Email

WA State has become a joke to the country. How COVID is being handled is absurd, unsafe, and only feeding the mental health pandemic. We, the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

From: Mike Ilyankoff

Sent: 1/7/2022 9:23:11 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments for Jan. 12, 2022 meeting for a concerned WA citizen

External Email

Dear BOH,

I am writing this comment for the January 12, 2022 meeting.

Ref item #8: I strongly oppose forming a tech advisory group. This is taking steps to consider adding the covid shot to the vaccine schedule for school age kids. This is still under EUA and at this point the risks far outweigh the benefits.

Ref item #11: I absolutely support this item. It is a petition filed by Informed Choice WA.

Please take the time to review this link:

<https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Ce5eccea379ef48aa233c08d9d2025f56%7C1>>

Warm Regards,

Dr. Mike Ilyankoff
(425) 218-4013

From: Jon-Paul Marquiss
Sent: 1/6/2022 11:28:20 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No Vax

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Please don't do this to the children.

Thank you for reading this.

Jon-Paul Marquiss

From: Carlos Arguello
Sent: 1/7/2022 7:07:37 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Covid 19 vaccine requirement

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely

Carlos Arguello

From: Emily Meyers
Sent: 1/7/2022 10:10:40 AM
To:
Cc:
Subject: Comment on vax requirement for school age children.

External Email

To whomever it may concern,

We The People/Parents will not tolerate any covid shot requirements for school age children. We will consent to medical treatment to our children IF we so desire, once we have had ample time to gather all pertinent information and make a wise and informed decision, which many of us do not feel have we had time for.

And many of us feel that much more time and information is needed re: safety, and efficacy, and long term studies from this new product.

Furthermore, it's proven the Covid shots do not work against variants. Celebrities and public figures are tweeting/talking about testing positive for Covid, within the last couple weeks, even though being triple vaxxed(in fact, today, on The View, it was Whoopi Goldberg).

This, (and many more reasons) and firstly, the fact that you are not our children's parents, and secondly, children are not at high risk for Covid, makes this whole decision mute.

We encourage you to stand for freedom and support the parents in making the best informed decision for their children.

Let Freedom Ring,

E. Meyers

P.s.

Here is what we find for healthy kids with Covid-19:

- For healthy kids, the risk of going to the hospital is 51 per 100,000
- For healthy kids, the risk of going to the ICU is 8 per 100,000
- For healthy kids, the risk of death is 3 per 1,000,000
- There were no deaths reported in healthy kids older than 5
- Kids 5 to 11 have a lower risk than kids <5 and adolescents 12 to 17
- Kids 5 to 11 have a risk of going to the ICU of 2 in 100,000; 0 died
- Among kids who died of COVID19, 38% were already on palliative/ hospice care

The Germany study shows that risks to healthy kids are very low.

So why the school closures, mask mandates, and vaccinations for children who are not at risk?

<https://brownstone.org/articles/well-structured-german-study-shows-no-deaths-among-healthy-german-kids-ages-5-to-11/>

@KanekoaTheGreat

<https://t.me/WeTheMedia/42072>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ft.me%2FWeTheMedia%2F42072&>

From: Melissa Perez
Sent: 1/6/2022 6:53:54 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vote no!

External Email

It was brought to my attention that you will be voting on covid vaccinations for school age children on January 12. I urge you to vote NO!

I am strongly opposed to this vaccine and I will not be vaccinating my children with this experimental untested Covid vaccine that is not even reliable. I am more worried about the vaccine side effects than I am of the low risk complications of the virus. We have had the virus and we have natural immunity.

This is the parents decision, not the governments. No more controlling our families.

Public schools are already experiencing a huge drop in enrollment because of parents pulling their children out. If you force this vaccine even more of us will be forced to homeschool our children. We will not let you make our children's health choices for us.

Vote no!

Thank you,
Melissa Perez
206.604.3830

Sent from my iPhone

From: jeff allinson

Sent: 1/6/2022 5:31:28 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: COVID 19 vaccine requirement for schools in Washington State.

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Jeff and Vicki Allinson

From: Stephanie Wolf
Sent: 1/6/2022 6:00:12 PM
To: DOH WSBOH
Subject: Please do NOT require COVID vaccination for school children

External Email

To the Washington State Board of Health,

I'm writing to implore you to NOT include the covid-19 shot on the list of required vaccinations for schools.

As the mother of 3 school-age children in Bellingham, I can say with certainty that a decision to mandate kids to have this shot would wreak havoc on many families and within our schools.

I'm sure we can all agree that vaccines are an important and effective tool for preventing many diseases- and I have always been perfectly willing to utilize them to protect my own children, and our community. However, there are many reasons why (most) parents have chosen to wait on having their children receive these particular shots including, but not limited to:

- * In the scheme of things, the covid vaccines are still quite new and most parents, (while willing to receive the jabs themselves) are not at all willing to risk their children's health before knowing much more about the long- and short-term side effects of this new vaccine. These feelings are completely justifiable as the science on these vaccines is still evolving and coming to light.

- * In terms of how the vaccines will effect public health- that science is still evolving as well. Considering that both vaccinated and unvaccinated individuals can contract and pass along the virus, many parents remain skeptical that any perceived or real risk is actually worth any perceived benefit. It serves no one to preemptively force parents into a decision they aren't ready to make when there is still so much confusion circulating.

- * Covid in otherwise healthy children is not a large risk- and the (extremely low) hospitalization rate of healthy children supports this. Therefore, the risk/reward of getting this shot does not balance when you consider the mild nature of the virus and the possible side effects of the vaccine. Parents should be given the freedom to choose their own level of risk for their family.

- * There are MANY medical, religious, and other deeply personal reasons why parents are hesitant to give this shot to their children. Sadly, most of these reasons will not be covered by "exemptions"- forcing parents to choose between their children's health or their schooling. Please DO NOT force parents to make this choice.

For whatever reason, the covid vaccines- effective or not- have been profoundly politicized (on both sides), with most parents falling on one side or the other. Because of this, it is reasonable to assume that a decision to require this particular vaccine at this

time would directly cause a mass exodus from our schools, shattering our communities and negatively impacting public health across the state.

At this stage of the pandemic, we find ourselves at a pivotal moment when every protection we can possibly hope for from this virus is in place. We have the tools to protect ourselves and our families- and everyone should have the right to choose which protections are best for them. You, as the health board, are in a unique position to renew public trust in our state government by demonstrating trust in the people of Washington.

Please consider that no one cares more about a child's health than their parents. No one knows their medical history or the ins-and-outs of each individual child better than their parents. PLEASE allow parents- the ones who care the most- to make the determination for their own children. It is what is best for the health of every family, every school, and every community.

I sincerely appreciate your time and consideration.

Stephanie Wolf

From: rachel mountifield
Sent: 1/6/2022 6:27:35 PM
To: DOH WSBOH
Subject: Vaccine mandate recommendation for school age

External Email

To whom it may concern,

I'm writing this correspondence in regards to Washington State Board of Health possible vaccine mandate recommendation for school age children. How can this even be considered when:

- 1) These are gene therapy vaccines which could have possible long term medical issues that may arise, and at which time are unknown.
- 2) After inoculation takes place, this is irreversible!
- 3) VAERS as many cases of Myocarditis, which is very concerning.
- 4) How is this ethical? To be able to attend school? This should ultimately be a parents decision on whether their child should be injected with pretty much an experimental product. This is approved under EUA with only minimal trials being done, which is also very concerning.
- 5) Children are at very low risk of death from Covid.

Please do NOT approve this to be mandated. Thank you for your time.

RM

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Andy Olson

Sent: 1/6/2022 7:34:35 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No to vaccine mandate

External Email

I would like to express my extreme opposition to implementing the COVID-19 vaccine requirement for schools in Washington State.

First reason - she is my Child. It is her choice. Not yours.

Next,

Natural immunity has been shown to be much more robust than any immunity imparted by the vaccine and there has been research that has shown, after a person gets the shots, they may never be able to achieve full natural immunity in the future.

Children are statistically at zero risk of dying from COVID. Their survival rate is very high for them without a vaccine. How many COVID deaths are you aware of in children that have not been vaccinated? Where there is no risk, there can be no benefit!

The spike proteins associated with these shots have been shown to settle in the females reproductive organs, potentially affecting future fertility. There is also a study out focusing on how the shot has affected changes in girls' menstrual periods.

No one knows the long term risks of these vaccines. No. One.

It is impossible for someone to give informed consent when side effects from the vaccines are hidden. These are innocent children your are trying to force the vaccine on. Why can't it be a CHOICE?

Please do the right thing and do not require these vaccinations for school age children. There are too many unknowns for you to make a decision that affects MY child, not yours! Forcing vaccination on healthy children for a disease that doesn't affect them just to make adults feel safe is a new low for humanity.

Thank you for your time -

Darryld Olson

White River School District Parent

From: tresarobinson@aol.com
Sent: 1/7/2022 9:59:07 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: January 12th Meeting

External Email

To whom it may concern:

Thank you for having this forum. I am writing in support of Petition #11 which requests that BOH establish a new rule that prohibits requiring that anyone take an EUA product or licensed product that has not yet completed Phase 3 clinical trials. I oppose BOH formation of a Technical Advisory Group to review information about Covid-19 shots for consideration of mandating the shots for schools. I oppose any Covid-19 shot mandates because each person needs to weigh their medical condition with their medical provider and make an informed, personal decision. This is especially true since the infection fatality rate for Covid-19 is low. For ages 0-17 it is at 0.00002 (99.998% survival rate) which is statistically a zero death rate. Beyond that, when you consider that most hospitalizations for the young are with Covid-19 and not for Covid-19, we can know that they are not in mortal danger from Covid-19. Neither is there a great risk of the young spreading Covid-19 to staff and teachers. The young have a greater risk of Covid-19 vaccine adverse reactions than of a serious Covid-19 illness. We must protect our young before we consider self-protection.

Sincerely,

Tresa Baker
380 Abby Lane
Wenatchee, WA 98801

From: Tami Saylor
Sent: 1/7/2022 9:32:20 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Halt the Mandate for the Covid Vaccine

External Email

Hello,

I am writing to you to ask you to not approve the mandate for covid vaccination. This vaccine does not prevent you from getting the covid virus, it will help with lessening the severity of symptoms. I believe in medical freedom for my family. If this passes the state will lose money from the federal government as many parents will pull their kids from schools. The vaccine is not even approved by the government. It is still in the EUA stages and not enough research has been done with the vaccine to prove it is safe.

PLEASE DO NOT APPROVE THE MANDATE!!!!!!!

Concerned Parent,
Tami Saylor

From: Jessica Trujillo
Sent: 1/7/2022 10:50:09 AM
To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH)
Cc:
Subject: Mandatory Vax and Forced Quarantine - WA State

External Email

Good afternoon.

I'm writing to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

As a reminder. COVID vaccines available in the United States have not received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>
)

Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID. Fauci did go on record to say that the hospital numbers were being inflated as children that were being admitted to a hospital for reasons other than covid but being tested were being counted. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

Long term risks of these vaccines are to-date unknown mostly due to the refusal to do long term studies of adverse side effects. Or to even acknowledge them!

You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM

The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org

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

Forcefully vaccinating healthy children for a disease that they are at such low risk for

without knowing how this may affect their future and health is not ok. Please do the right thing and do not require these vaccinations for school.

Jessica Trujillo

From: Ron W Hardy
Sent: 1/7/2022 9:30:48 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: FW: Comments for the Immunizations Technical Advisory Group

External Email

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

From: Ron W Hardy <<mailto:h0rizon@hotmail.com>>
Sent: Friday, January 7, 2022 8:18 AM
To: wsboh@sboh.wa.gov <<mailto:wsboh@sboh.wa.gov>>
Subject: Comments for the Immunizations Technical Advisory Group

I am opposed to making COVID-19 shorts mandatory for school admission or childcare in our State for the following Reasons:

1. It is not effective at stopping the student from spreading the disease. The Covid injection does not stop the child from transmitting the disease. It does not really protect the person medicated with mRNA concoction. It is not effective.
2. It is not effective at stopping contraction of the disease. The Covid injection does not stop the child from contracting the disease. It is not effective.
3. It is not approved for mandatory use in anyone by the FDA. The Covid injection is only Authorized for Emergency Use. You have no legal right to require the intake of this experimental drug. The alleged Covid medication/injection that was approved by the FDA is not even available in the United States, if anywhere. It is not legal to require submission to this medication.
4. The injection is demonstrably unsafe. There are no studies of the safety of this drug, long or short term. However, there are tens of thousands of adverse reactions and unexplained early injuries and deaths, in the VAERS database, due to heart and organ damage. When H1Ni vaccine had 59 adverse reaction, the vaccine was removed from the market. It is insane to push forward with this insistence by the current political administration on the Federal and State levels in light of the vast number of injuries and deaths proximate to the time of the infection. Many of the adverse reactions occur within the first two weeks. Therefore, CDC 'arbitrarily' decided that no adverse reactions occurring within two weeks of injection are 'deemed' by them to be unrelated to the injection. This is a ridiculous appeal to superstition and does not serve our children, or anyone else. It is not safe.
5. It is not necessary. Children have a recovery rate of better than 99.995. There are more child deaths per year from automobile accidents or pedestrians walking . If this recovery rate is too low to suit you, then we need to outlaw automobiles and walking, rather than adding this dangerous medical regimen to the child's risk load. It is

unnecessary and unsafe.

6. Those mandating this illegal injection would be liable and could successfully be sued, not only in their capacity as government officials. Those mandating this illegal injection could be successfully criminally sued as individual persons for breaking the Nuremburg Code which forbids administration of any medical procedure without the informed consent of the patient.

7. Informed consent prior to medical procedure is impossible because the injection manufacturers and the FDA will not release the information required for informed consent for at least 75 years. Everyone vaccinated would likely be dead by the time they could possibly give 'advised consent'. Without full disclosure there can be no advised consent.

Cordially,

Ron Hardy

From: Jamie Savio Huynh
Sent: 1/6/2022 9:35:01 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: No COVID Vaccine Requirement for Children

External Email

✉ Write to you this evening to urge you NOT to institute a COVID vaccine requirement for school aged children. I am a fully vaccinated adult, but I am not comfortable putting a vaccine in my four young childrens' bodies that has not yet received full FDA approval.

The short-term effects of the vaccine are not particularly troubling for me. What is VERY troubling are the vast unknowns about this vaccine on young children's immune system development, nervous system development, reproductive system development and brain development. Until we have definitive studies that extend beyond the 3100 children that were initially evaluated in Pfizer's study presented to the FDA, it seems premature to mandate that our most vulnerable children should receive a vaccine where there are still so many unanswered long-term consequences that are possible and still being evaluated for its safety.

Please do not take action from fear, but rather, move with the intention of the best scientific data. We must not short cut this. Anyone who is pragmatic would note the lack of data that exists over long-term studies on children. This is why our own FDA has not given it full approval for this age group. As a governmental entity there is no plausible way that you can mandate a vaccine that is still under emergency use authorization with our own government. Doing so would be reckless and irresponsible and would frankly go against your own process which states "Advisory Committee on Immunization Practice recommends a fully FDA approved immunization against a specific antigen for the school aged population."

I write this to you as a concerned mother, tax paying citizen, and community volunteer who obeys Covid protocols and cares very deeply about public health and safety of our communities.

Thank you,
Jamie Huynh

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dicon&data=04%7C01%7CNathaniel.Thai%40sboh.w>

Virus-free. www.avast.com

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avast.com%2Fsig-email%3Futm_medium%3Demail%26utm_source%3Dlink%26utm_campaign%3Dsig-email%26utm_content%3Dwebmail%26utm_term%3Dlink&data=04%7C01%7CNathaniel.Thai%40sboh.w>

From: Sacha O'Hara
Sent: 1/7/2022 10:48:56 AM
To: Hoff, Christy Curwick
(SBOH),lelie.kahler@sboh.wa.gov,lindsay.herendeen@sboh.wa.gov, Hisaw, Melanie
(SBOH), Davis, Michelle (SBOH), Thai, Nathaniel J
(SBOH),straut.glasoe@sboh.wa.gov, DOH WSOH
Cc:
Subject: No COVID 19 Vaccine Requirement

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense

(childrenshealthdefense.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>
) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors

(americasfrontlinedoctors.org

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>
)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children. This is criminal ! Are you so desperate for money that you will sell your soul to the Devil? God have mercy on your

soul.

SDO

From: Chester Cusic

Sent: 1/6/2022 10:07:42 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), samantha.pskowski@wa.gov, Donahoe, Kaitlyn N (SBOH), caitlain.lang@sboh.wa.gov, Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid Vaccines for our Children

External Email

As a great grandparent, citizen, and community member of this beautiful State of Washington, I VERY STRONGLY RECOMMEND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission.

These are some of my reasons:

1. COVID vaccines remain under Emergency Use Authorization.
2. Children under the age of 18 have a 99.995% survival rate from COVID infection.
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19 itself.

Sincerely,
Chester Cusic
28409 72nd Drive NW
Stanwood, WA 98292

From: Noelle Simms
Sent: 1/6/2022 11:05:31 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Forced Vaccines and Quarantine Camps

External Email

Dear Nathaniel,

It has been brought to my attention that this board seeks to find a way to force children in Washington State to receive the experimental, emergency-use authorized mRNA vaccine in order to attend public school.

I am a paraeducator for the Lake Washington District. I have a degree in Nutrition and Food Science. I have 5 children. If this plan is implemented, I will quit my position and take my children from this district and return to home education, like so many other good, caring parents are doing now.

I'm sad to think that you aren't aware of the outcry in this state toward the governor's tyranny and his plans to bring force to bear along with quarantine camps.... This does not benefit America or honor our constitution, and I'm ashamed at the very suggestion of such segregation and discrimination.

Realize the fight is bigger than you know. You are joining the governor in destroying our economy, our well-being, and our way of life. Please reconsider your trajectory.

Sincerely,

Noelle Simms

From: Lang, Caitlin M (SBOH)
Sent: 1/6/2022 3:58:52 PM
To: DOH WSBOH
Cc:
Subject: FW: TAG rules development and concerns for SBOH vaccine mandates for children



attachments\5BA944C594984351_Washington State Board of Health letter signed.docx

-----Original Message-----

From: Twinkle Kitty <tkitty187@gmail.com>
Sent: Thursday, January 6, 2022 5:51 PM
To: Lang, Caitlin M (SBOH) <Caitlin.Lang@sboh.wa.gov>
Subject: TAG rules development and concerns for SBOH vaccine mandates for children

External Email

Please read.

From: Glasoe, Stuart D (SBOH)
Sent: 1/6/2022 4:37:02 PM
To: DOH WSBOH
Cc:
Subject: FW: Decision about Recommending Covid-19 Vaccine for School Children

Stuart Glasoe

SBOH Health Policy Advisor

360-236-4111

From: Janet Young <antiejan@gmail.com>
Sent: Thursday, January 6, 2022 4:20 PM
To: Glasoe, Stuart D (SBOH) <Stuart.Glasoe@sboh.wa.gov>
Subject: Re: Decision about Recommending Covid-19 Vaccine for School Children

External Email

Each member of the Washington State Board of the Health has a grave responsibility to set practices and make policies that affect individual citizens and families of the State of Washington. Parents have the right and responsibility to make decisions for their children. A vaccine of any kind is putting a substance into a body that has either wanted efficacy against disease or unwanted short-term or long-term damage. I ask the board to rule against any recommendation of the Covid-19, Novel Coronavirus Vaccine for children in Washington State schools or anyone else.

As Americans we have sovereign jurisdiction over our bodies. Parents know their children best and should make ultimate medical decisions for their children. They can consult their doctors or faith leaders. Parents want to make informed choices about what goes into their children's bodies. Children are not at great risk of Covid-19 or of spreading it. I urge the Board to vote No or Against the Covid-19 vaccination recommendation for Washington's school children.

Sincerely,

Janet M. Young

January 6, 2022

From: Centurylink
Sent: 1/6/2022 4:53:50 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No Vaccine mandate for school age kids/teens

External Email

Dear Nathaniel Thai-

I am emailing the Washington State Board of Health to reject and plead with you to not mandate the covid vaccine for school age children and teens.

I have 4 kids and I am not an anti vaccine parent. I acknowledge that covid19 is real and has been horrible for the elderly and those with pre existing conditions.

These vaccines are not safe for our kids and may cause irrevocable injury and damage.

The viral gene injected into parent cells forces my child's body to make toxic spike proteins. These proteins often cause permanent damage in children's critical organs.

These organs include the brain and nervous systems, heart and blood vessels(including blood clots), their reproductive system, and this vaccine can trigger fundamental changes to their immune system. Once these damages have occurred, they are irreparable and can not be reversed. You can not fix the lesions in their brain, you can't repair heart tissue scaring, you can't repair a genetically reset immune system, and this vaccine can cause reproductive damage that can affect future generations of our family.

Why would I want to risk all of the above for little or no benefit? Plus all of my kids and most of all their friends have had covid and they have a natural immunity.

The vaccines have not been properly tested. They are still experimental vaccines!

The harms and risks of new medicine are often revealed many years later.

I do not want my kids to be a part of this radical experiment.

There is no benefit to vaccinating my children against the small risk of the virus given the known health risks of the vaccine that we may have to live with for the rest of our lives.

We should be thinking about the well being of the kids and little ones who will soon grow up and need to run this country. It is not up to the government to make my kid get a experimental vaccine. We will not comply.

Thank you for your time

Ruthie Nicholson

From: Angela Pifer
Sent: 1/6/2022 4:07:35 PM
To: DOH WSOH
Cc:
Subject: Public Content for Jan 12th Meeting



attachments\563EF9881DC04CF5_image003.png

External Email

Dear BOH,

I will be watching the January 12th, 2022 meeting on vaccine mandates for school children in Washington State.

I am vehemently opposed to mandating this shot for our children. I am not anti-vax. I am against this mandate and I feel that this is a huge overreach that the data is not supporting.

Here is my reasoning:

- * These shots do not prevent transmission.
- * This is a pandemic of the elderly, not the youth.
- * Pfizer has stated that they will need 5 years to study myocarditis in children - to assess for safety.
- * The FDA asked a court to allow them to release 500 pages of data a month (from Pfizer trials) which would take 75 years to get all the info (new court ruling that they will need to release 55,000 pages of data per month - we need to see what this says BEFORE we mandate this on our children).
- * Studies show that the youth (and specifically boys) are more at risk from side effects from myocarditis, than they are from COVID.
- * The shot was made for the wild virus and not Omicron.
- * When they 'studied' this in children -their measure was whether antibody levels went up. Not if this prevented transmission (which it doesn't), nor reduced hospitalization or death in this age group.
- * This is still an EUA vax - Comirnaty, which was approved by the FDA is not currently in circulation. This is because Pfizer has protection from litigation with the EUA version.
- * What is the end game with this - 2 shots and then... when will they change this to add another booster, and then a 4th?
- * My child is not a science experiment.
- * VAERS is underreported

<https://www.cdc.gov/mmwr/volumes/70/wr/mm705152a1.htm>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes/70/wr/mm705152a1.htm>>

This is a study authored by the FDA and CDC - so you can trust it. COVID-19 Vaccine Safety in Children Aged 5–11 Years — United States, November 3–December 19, 2021

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes/70/wr/mm705152a1.htm>>

second paragraph in the "Review of V-Safe data" section:

Approximately 5.1% of parents reported that their child was unable to perform normal daily activities on the day after receipt of dose 1, and 7.4% after receipt of dose 2. Approximately 1% of parents reported seeking medical care in the week after vaccination; most medical care was received via a clinic appointment (441; 0.6%). Fourteen (0.02%) children reportedly received care at a hospital; information regarding reason for hospitalization was available for five children and included appendicitis (two), vomiting and dehydration (one), respiratory infection (one), and retropharyngeal cellulitis (one). Parents and guardians of all hospitalized children were contacted; two parents completed VAERS reports, and one revealed hospitalization was reported in error.

In short, 13 child hospitalizations (since one of the 14 was a mistake), yet only 2 VAERS reports were filed.

What is stunning is that even after the parents were expressly asked by HHS to report to VAERS, only 2 complied with the advice.

* An advisory panel to the FDA recommends Pfizer's vaccine for ...[https://www.npr.org > 2021/10/27 > an-advisory-panel-to...](https://www.npr.org/2021/10/27/an-advisory-panel-to-the-fda-recommends-pfizers-vaccine-for-kids-ages-5-to-11&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C130ca8b213314f6f5e4008d9d171b40a%7C11d0e2172)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2F2021%2F10%2Fadvisory-panel-to-the-fda-recommends-pfizers-vaccine-for-kids-ages-5-to-11&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C130ca8b213314f6f5e4008d9d171b40a%7C11d0e2172>>
Oct 27, 2021 — ... a COVID vaccine should be the parents' choice, not a mandate.

* They are more at risk from drowning, suffocation, the flu, or dying in a car accident, than they are from COVID.

I oppose the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school.

I fully support Item 11 - Informed Choice WA Rulemaking Petition that, if adopted, would prohibit BOH from adding any EUA product to school requirement, as well as prohibit the addition of any licensed FDA product that lacks completed Phase 3 trial studies.

Warmly,

Angela,

Angela Pifer, Ms, Functional Medicine Nutritionist, LCN, CN

Bastyr University Alumni '05, Adjunct Faculty, Meticulous Researcher

From: Rita Deady
Sent: 1/6/2022 8:12:02 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID VACCINES

External Email

Today I am writing to you to express my express my concerns on hearing that the Department of Health is considering mandating COVID Vaccines for children to attend school. I am completely AGAINST such a mandate.

The COVID Vaccines in the USA are NOT FDA approved and are being administer under and Emergency Use Authorization. According to the Nuremberg Code EUA products can not be mandated.

The risk of children dying from COVID are statistically at zero risk. The survival rate is from 99.997 – 99.998%. There can not be a benefit to mandating children to be vaccinated as there is no risk. No one knows what the long term risks of the vaccines are. We should not react out of fear.

Sincerely,

Rita Deady

Sent from Mail

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

From: Anna Lipinski
Sent: 1/6/2022 9:55:54 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: I oppose implementing a COVID19 vaccine requirement for Washington State schools

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Please allow parents to make choices for their children's healthcare needs. You do not know my children and their medical history and fears.

Thank you for listening to the voice of parents.

Anna

--

Anna Lipinski

e: abersagel@gmail.com <<mailto:abersagel@gmail.com>>

m: 509-487-0673

h: 509-578-1451

From: SaraBeth

Sent: 1/6/2022 6:13:13 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: PLEASE, No Vaccine for School-Aged Children!

External Email

Dear Sir or Ma'am,

Please do not recommend a vaccine requirement for school aged children! Current research indicates that the risk of not vaccinating is minimal. There are over 53 million 5-17 year olds in the US as of 2017. Using the data provided by the CDC

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fvaccines%2Frecommendations%2Fchildren-teens.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C56f92de4baa24899c01708d9d18338d>

as of late Oct. 2021, only 8300 children have been hospitalized and less than 100 have died from COVID. Using these numbers that means that only 0.00015% of our child population has been hospitalized. Further, only 0.0000018% have died from COVID. 0.000043% have had Multisystem Inflammatory Syndrome associated with COVID. Mandating vaccination of these children is irresponsible given the low risk to the general youth population and short time frame in which vaccination of children has been researched.

Additionally, there is conflicting evidence about the ability of children to widely spread COVID. Even if children were super spreaders of the virus, are not we as a nation committed to the protection of all of our vulnerable population - to include children especially. Encouragement of COVID vaccination should be aimed at the adult population, instead of potentially endangering our children.

While vaccination of children may prove a better course of action over time, do not mandate vaccination as the risk is still quite low. Children whose parents do decide to vaccinate for COVID will in most cases be adequately protected.

Thank you for considering this request.

Sincerely,

SaraBeth Wadsworth
360-480-0768

From: Carrie Haymond
Sent: 1/6/2022 9:11:14 PM
To: Thai, Nathaniel J (SBOH)
Subject: Concerns about our children in WA State

External Email

Hi Nate, I hope your off to a great New Year and have just a moment while I address a few of my concerns about our children in WA State:
I have 10 grandchildren all who have health risks that will create fueled negative effects on their autoimmune systems

Please know I am opposed to vaccinating our Children in the State of Washington - I am speaking up please hear me.

My oldest daughter during COVID learned she had CF - we have now all been tested. The vaccination has caused damage to two of my adult granddaughters currently.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe thie vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Carrie Haymond | BROKER CRS

Global Reach | Local Expertise
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www.LkTapps.com ☐☐

Watch my film

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FoIt6NcGy-nQ&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C4044e452e26040503a6d08d9d19c1f00%7C11>

I would love an introduction to your friends, co-workers or family in 2021 let me know how I can help.

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I would love an introduction to your friends, co-workers or family in 2021 let me know how I can help.

From: Christina Coulson
Sent: 1/7/2022 10:44:11 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No Covid Vaccine Requirement for School Aged Children

External Email

Hello,

I was recently notified that your board is considering requiring the Covid Vaccine for school aged children.

As a concerned parent, I ask that you vote no on this requirement. The incoming reports of this vaccine on children have not been studied enough for not only long-term effects (i.e., 10-20 years) on children and their growing bodies, but also the side effects reported at this point for those who have taken the vaccine should be concerning for everyone. Incidents of myocarditis and sudden heart attack in children post vaccine is NOT normal. Also, to date, there have been more deaths from adverse events of the vaccine in children than there have been deaths due to the Covid virus in children.

This is concerning, at this point, and with the highest incidence of how infectious the recent Omicron Variant is, to require a vaccine that does not stop transmission of the virus. For example, my husband and I are fully vaccinated, continued to practice social distancing, and have been very limiting on who we have been seeing the past 2 years, and we still contracted the Omicron variant of Covid. Not only that, we inadvertently passed it on to others before we were aware we were infected. If the vaccine does not stop transmission, then why should this be a requirement to attend school?

Thank you for your time in reading this email. Once again, I implore you to vote no in consideration of making a Covid Vaccine Requirement for our children to attend school.

Regards,

--

Christina Coulson
Parent of 2 kids in Snohomish School District
206-910-8130

From: cjanis9@gmail.com
Sent: 1/7/2022 12:12:16 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: RE: Communicable and Certain Other Diseases

External Email

Attention Washington State Board of Health Members,

I understand the implications of this rule will have the effect of allowing the state government to enforce any medical treatment it deems necessary and "in the public interest" on individual Americans, with non-compliance resulting in incarceration, forced vaccination (certain of innocent, vulnerable children) or other extreme enforcement measures.

I am deeply appalled that the Communicable and Certain Other Diseases item is even on your agenda for discussion, let alone decision making! While the position statement below is quite clear, I wish to add that should you approve this ruling, you will be violating both our U.S. Constitution and Bill of Rights, as well as the Washington state constitution, all of which unequivocally establish every American's right to personal freedom and autonomy over their own bodies. And those rights include personal choice over what goes into their bodies. Should you approve this rule you will be violating both your oath of office by which you have sworn to uphold the U.S. and Washington state constitutions and your fiduciary responsibility to the public.

This rule smacks of Nazi Germany and, as you may recall, when all was said and done restitution was exacted from those supporting their hideous agendas – restitution from both big and small players supporting that regime. Be wise and recognize that you are definitely not too small to be called to account in a second round of the Nuremberg trials, which will surely be coming.

While the below statement focuses on the violation of children's rights, it is clear this rule would also extend to non-compliant adults.

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty,

and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Most Sincerely,

Janice Coleman

From: Olivia Lippens

Sent: 1/6/2022 8:25:04 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Vaccine Requirement for Children

External Email

I write to you today to urge you NOT to institute a vaccine requirement for school age children. I am a vaccinated and boosted adult, but I am not comfortable putting a vaccine in my three daughters young bodies that has not yet received full FDA approval.

The short term effects of the vaccine are not particularly troubling to me, what is VERY troubling are the vast unknowns about this vaccine on young children's immune system development, nervous system development, reproductive system development and brain development. Until we have definitive studies that extend beyond the 3100 children that were initially evaluated in Pfizer's study presented to the FDA, it seems premature to mandate that our most vulnerable children should receive a vaccine where there are still so many unanswered long-term consequences that are possible and still being evaluated for its safety.

Please do not take action from fear, but rather, move with the intention of the best scientific data... we must not "short cut" this. And anyone who is pragmatic would note the lack of data that exists over long-term studies on children. This is why our own FDA has not given it full approval for this age group. As a governmental entity there is no plausible way that you can mandate a vaccine that is still under emergency use authorization with our own government. Doing so would be reckless and irresponsible.

I write this to you as a concerned mother, business owner, tax paying citizen, philanthropist, and community volunteer... Who obeys Covid protocols and cares very deeply about public health and safety. But, we cannot put the cart before the horse, Doing so put a? On our children's development.

Thank you

Olivia Lippens

.

From: Lindsey Rude
Sent: 1/7/2022 8:41:52 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine requirement

External Email

I am aware that you are considering the vaccine requirement for school aged children next week.

I vehemently oppose this.

Children are at a VERY low risk from covid-19 and the vaccine is still too early to know the long term effects.

To make this requirement would CLEARLY be an abuse of power.

I am positive that hoards of parents would remove their children from public school if this were to move forward.

Please listen to parents and do not make this a mandatory requirement.

Thank you for your consideration,

Lindsey Rude
425-232-8341

From: Looney Loocey

Sent: 1/6/2022 10:17:10 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Support for Covid vaccine mandate for school children

External Email

Hello all, I am a mom of 3 girls ages 17, 19, and 21. I live in a conservative area in northern WA. You'll likely be hearing from many of my conservative neighbors who are quite upset at the notion of mandating the Covid vaccines for school children. I, on the other hand, am FULLY onboard for requiring any of the Covid vaccines for eligible children. All of my girls are fully vaccinated, and I'm trying to get them their booster. I do not see any difference in requiring the Covid vaccine vs MMR or DTap, etc. Please, please do consider mandating this like all of the other vaccines that protect our communities. This isn't just about the person receiving the vaccine, but the community at large. There are 4 people in my family who are seriously at risk of death by Covid, and while they are vaccinated in varying degrees, it has clearly been shown that Covid can still kill immune compromised individuals. It's even more important when it comes to protecting those who can't get the Covid vaccine.

The community needs protection in every possible area, and a Covid vaccine mandate for eligible school children would help protect the community at large in addition to the children themselves.

Thank you for your time,
Misty Manherz
Lynden, WA

From: Anne Heath
Sent: 1/6/2022 11:11:35 PM
To:
Cc:
Subject: Vote NO to Covid-19 Vaccination Requirements for schools!

External Email

Vaccines are NOT a one size fits all solution for all people, and children should never be forced to have it in order to attend school.

It has been Proven that getting the vaccine CAN protect the individual- it does NOT protect others around you NOR stop you from Spreading it to other people - whether they are vaccinated or not. Therefore, since it only benefits the person getting the vaccine, it wouldn't even make sense to require it. It should remain a personal choice - one that comes from weighing personal risk factors (which children are still by far at the lowest risk for hospitalizations and death) and talking to your dr, but ultimately, it is - and should remain- the individual's, or parent's right to choose.

The Covid-19 vaccine had not been studied for long term effects. You should not consider requiring a vaccine that has unknown long term effects. That would be incredibly irresponsible and dangerous. Parents should be free to make the choice that is best for their children - what they have always been allowed to do.

Please vote NO to vaccine requirements in schools.

If you read all the way to the end here, and you disagree (or agree), I'd love to hear why you are considering this, and your side of the argument.

Thanks,

Anne Heath

From: Pskowski, Samantha L (SBOH)
Sent: 1/6/2022 4:20:54 PM
To: DOH WSB OH
Cc:
Subject: FW: No on mandates for Covid

Samantha Pskowski (she/her/hers)
Washington State Board of Health
360-789-2358

-----Original Message-----

From: Yahoo <Nora_mizzio@yahoo.com>
Sent: Thursday, January 6, 2022 12:00 AM
To: Pskowski, Samantha L (SBOH) <samantha.pskowski@sboh.wa.gov>
Subject: No on mandates for Covid

External Email

Hello,

I'm sending you this email because I hear a vote will be casted, to implement a mandate for all children to be vaccinated against Covid, to attend school. As a parent, I do not agree with such a law, and nor do many families I have spoken with. While vaccination is right for some it is not right for all. To take away people's freedom to choose is unethical, and goes against the constitution. I believe each person has the right to their own body autonomy. Furthermore, healthcare should be a private matter that is between a person and their doctor. Government has no place in this area, and the precedent that this would set is very troubling. For all those reasons, I implore you to vote no on mandating a Covid vaccine to attend school.

Thank you,
Natalie

Sent from my iPhone

From: Ellen R

Sent: 1/7/2022 10:43:55 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comment for January 12th meeting

External Email

To Whom it May Concern, I am opposed to involuntary detainment of people or persons who are not complying with state mandates regarding covid. This is very much beginning to sound like Australia's responses to covid. WA is part of the USA and we are supposed to be home of the free. Detaining people who don't agree with you is not part of a free democratic society.

I am also opposed to adding the Covid-19 injections to school immunization requirements. Vaccination clearly doesn't prevent infection or spread (Omicron is spreading whether someone is vaccinated, boosted or not vaccinated). The decision to vaccinate one's child should be 100% a personal choice and not influenced by mandates to have access to a free education. Personally, I would unenroll my two children from public school if the Covid vaccine gets added to school immunization requirements. I already unenrolled my child in the 2020/2021 school year due to responses of public education to covid. This year I have two children in school and they are both only .50 FTE.

Continue to educate. Using force to get people to do what you want is not the way.

Please stand for our rights and for freedom.

Sincerely, Ellen Ramm

From: Sarah Carossino
Sent: 1/7/2022 10:48:35 AM
To: DOH WSBOH
Subject: Public Comment for Jan 12th Meeting

External Email

Dear Sirs and Madams,

I am writing to communicate my opinion and concern over mandating child Covid-19 vaccines for schooling, as well as utilization of a health officer to enforce involuntary quarantine for people or families if they refuse to comply with recommendations, which include the Covid-19 vaccines.

Covid-19 shots should never be mandated for anyone in our country, and especially our children. This vaccine, which is actually genetic therapy, is still under experimental emergency use authorization, and a mandate for vaccination tramples the freedoms we have as individuals and parents to do what we feel is best for OUR OWN children. It has been shown that children are extremely low risk to contract or get severely ill from Covid-19. PLEASE REJECT the mandate.

I do not believe it is government's responsibility to forcibly require isolation and quarantine for individuals. As with any contagious disease, people should be advised to stay home if they are sick. Government agencies should not be given power to decide who should and should not be quarantined, and then use force to make it happen. Again, this tramples our freedoms established in our great country.

Thank you for your service, and I am praying for wisdom for you all. Please vote to keep our freedoms in tact in this state. As a parent, I am extremely concerned with the direction our state is headed.

Sincerely,
Sarah Carossino
Cosmopolis, WA

From: ad sand

Sent: 1/7/2022 10:10:31 AM

To: DOH WSBOH, Herendeen, Lindsay (SBOH), Haag, Hannah R (SBOH), Pskowski, Samantha L (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Kahler, Kelie (SBOH), Schreiber, Tracy N (SBOH), Lang, Caitlin M (SBOH), Thai, Nathaniel J (SBOH), Donahoe, Kaitlyn N (SBOH), Glasoe, Stuart D (SBOH), Davis, Michelle (SBOH)

Cc:

Subject: OPPOSITION of Proposed Covid-19 WAC

External Email

Dear Board of Health Members,

I've recently become aware of the Washington Administrative Code (WAC) proposals regarding Covid-19 requirements for school age children. I am in complete OPPOSITION to this proposal, and disappointed in our state leadership for allowing this infringement of our rights to even be considered. Science proves that Covid-19 is as much a threat to our children as the common cold, and yet you've allowed fear and mob mentality to dictate your legislation. The possible side effects of this vaccine, which science shows to be ineffective at eradicating Covid-19 and has not received adequate long-term testing, outweigh the risks of the disease, but you are seeking to overturn the rightful responsibility and judgment of parents. This is NOT a childhood disease, and does not compare to the other diseases that we've largely eliminated through vaccines. While I am thankful for access to a vaccine, I fully support the CHOICE to vaccinate against Covid-19 or not. As we have equal access to a vaccine, allow each individual to assess their own assumed risks and make the necessary decisions for their own family.

The WAC proposals regarding quarantine and forced exams, testing, treatment and vaccines are unnecessary and over-reaching. The death rate for Washington state has been steadily declining for the past four months. While the cases have increased, the number of asymptomatic and low sickness vs. extreme cases have not been provided. The only data is deaths and cases, and based on these numbers, while many people have contracted the illness, not many are dying; certainly not in numbers that require you to force people to be quarantined, examined, tested, treated or vaccinated. I am OPPOSED to any forced actions and extremely disappointed that it is being considered.

Washington state residents should be able to make the choice for themselves. We have all had or seen extreme illness in our lives, this is not being taken lightly. Trust your citizens to make the decision that is right for them and their family.

I appreciate your consideration.

Addie Sandall

From: Becca Naro
Sent: 1/6/2022 8:52:30 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Send help

External Email

I am here to voice my concerns taking place in this State in regard to COVID 19 shots. I feel that every parent chooses what they feel is right for their children and themselves. Whether that means choosing to get a shot or not, just like choosing to breast feed or use formula. Both are a right answer in what they choose for their family and that because it's a CHOICE. It should always be a choice to get a shot or not, just like the flu shot (Norway already views COVID as the flu so we really need to get on their level). Thousands of fellow parents will pull their kids out of school if this is required. I love my children too much to force junk in their body that has yet to even be proven affective from getting it spreading with the shot- so what the point of even getting it? Due to the thousands of parents pulling their children will only add to the falling economy... as teachers, bus drivers, cooks, etc. will no longer be needed since their will hardly be any children in school.

Face it, COVID will not go away- people need to move on and live their life and realize it's not serious. People die from smoking... yet that's still ok....how many alcohol related deaths have there been? Millions... but yet let's still sell it and every venue, restaurant, and store. That makes sense.

There isn't a Covid pandemic. There is a people with power pulling pandemic. Horrible people that do not respect the constitution.

As you can see I am completely against forcing people and children from a shot that they feel is not good for them. And punishing those families who chose not to get it. This is un-American and I hope you are ashamed of yourselves.

Becca Depersio

From: J Allenbaugh
Sent: 1/7/2022 9:53:23 AM
To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), DOH WSB OH, Davis, Michelle (SBOH)
Cc:
Subject: No to vaccination for kids

External Email

ABSOLUTELY DO NOT REQUIRE THE COVID VAX FOR OUR KIDS!
I WILL HOMESCHOOL MY KIDS IF THIS HAPPENS!

Good morning parents!

The WA state Dept of health is preparing to add v requirements that will effect your children! Please take time to send in your comments. They need to hear the voices of Washington parents, grandparents and citizens that stand 100% against requiring children to v. Comments deadline is noon Friday. Please see below.

This is copied from another group: Not sure if you've been paying attention but Chris Reykdal WA State Superintendent and WA State Secretary of Health Umair A. Shah are both scheduled for media briefings this week! It's coming and they're doing it quietly...

Washington State Board of Health is making a decision to recommend the v requirement for school aged children on January 12.

Comments against this atrocious abuse of power and war on our children need to be in BY NOON this FRIDAY JANUARY 7th to be considered. Please consider sending in your words opposing any v requirements for school children.

Here are the emails for everyone on the Washington State Board of Health:

wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov>
michelle.davis@sboh.wa.gov <mailto:michelle.davis@sboh.wa.gov>
melanie.hisaw@sboh.wa.gov <mailto:melanie.hisaw@sboh.wa.gov>
christy.hoff@sboh.wa.gov <mailto:christy.hoff@sboh.wa.gov>
stuart.glasoe@sboh.wa.gov <mailto:stuart.glasoe@sboh.wa.gov>
samantha.pskowski@sboh.wa.gov <mailto:samantha.pskowski@sboh.wa.gov>
kaitlyn.donahoe@sboh.wa.gov <mailto:kaitlyn.donahoe@sboh.wa.gov>
caitlin.lang@sboh.wa.gov <mailto:caitlin.lang@sboh.wa.gov>
lindsay.herendeen@sboh.wa.gov <mailto:lindsay.herendeen@sboh.wa.gov>
tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov>
hannah.haag@sboh.wa.gov <mailto:hannah.haag@sboh.wa.gov>
kelie.kahler@sboh.wa.gov <mailto:kelie.kahler@sboh.wa.gov>
Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov>

From: Katherine Eames

Sent: 1/7/2022 11:44:10 AM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: Comments for discussion on shots mandates sent in before noon 1/7/22

External Email

It has come to my attention that WA Board of Health will be discussing Covid-19 shot mandates for schools and recommendations for forcible quarantine and/or detention of those that disagree with policies.

As a Washington state mother and stepmother of 5 sons and daughters and 13 grandsons and granddaughters who live in this State, I request that you abandon the plan of forming a technical advisory group to explore COVID19 mandates and adopt a new rule of requiring products to have completed Phase 3 clinical trials before they can be added to list of school requirements.

One definition of insanity is to repeat the same mistake over and over again and expect different results.

For almost 2 years we have attempted to follow the health recommendations of washing, masking, distancing, testing, isolating and vaccinating. By now it is apparent that the virus is "gonna virus" regardless of measures attempted.

Thankfully, SARS CoV2 is acting in similar manner as all other viral pandemics and becoming more "virulent" (spreads easier) but less deadly.

Real immunity is achieved with exposure and recovery as is evidenced by fact that those infected with SARS in 2002/3 CANNOT become infected with SARS CoV2 today!

In contrast, Covid19 has managed to find a way to escape the vaccine as is evidenced by the incredibly high numbers of vaccinated and even boosted individuals getting sick and testing positive. Surely this fact has not escaped your knowledge!

As Health Board members, you are ethically obligated to provide us with facts that support any and all recommendations or requirements:

- 1) what is the current rate of mortality for COVID19 infection and stratified according to age groups?
- 2) Please point me to ANY measures that have reduced the numbers of FATALITIES (cases are not fatalities).
- 3) what is the rate of all-cause mortality in WA in 2020 and 2021?.....did the measures imposed reduce the number of deaths from prior year?
- 4) Please provide evidence of asymptomatic spread of SARS CoV2.
- 5) Please provide safety studies for masking children and randomized clinical trials for masks preventing spread of lab-confirmed upper respiratory viruses (not modeling of masks on mannequins).
- 6) Please make public the accuracy of testing - what is the rate of false positives and false negatives of tests and were results determined by manufacturers of the tests or unbiased 3rd party investigators?
- 7) Please provide evidence that the vaccines prevent infection and transmission and that

they improve health of individuals who receive them compared to those who do not.
8) Please explain why so much focus on eliminating this 1 virus when human immune systems have successfully protected our growing population since the beginning of time? Are you aware that some viruses are beneficial for humans and can protect against various forms of cancers and heart issues? Did you know that your human virome contains over 380 TRILLION viruses?

I have confidence and do not doubt, that as members of WA State Health Board, you truly desire to improve the health of Washingtonians. However, I lack trust that you have carefully investigated and logically determined adequate and measurable health remedies for which you are able to provide evidence. Before doubling down on measures that seem to HARM more than they HELP the overall health of citizens, please determine and make public the evidence to justify any policies.

Regarding mandating shots, please know that the clinical trials will not be completed until 2023. Know that WA State has a legal definition of a vaccine that the C19 shots do not fulfill as they were never part of a living microorganism, nor do they prevent transmission or infection of disease.

"Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective

<https://app.leg.wa.gov/RCW/default.aspx?cite=70.290.010>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>

Finally,
DO NO HARM!

You cannot possibly know or care more about the health of Washington children than do the parents of Washington children! A friend's college son's roommate suffered myocarditis shortly after his Pfizer booster, and is now unable to resume an active lifestyle for the next 6 months and possibly longer! Heart muscle doesn't regenerate and unnecessary injury to a healthy 19 yo is a travesty he will suffer with for the rest of his life.

How many others are now injured? What is the real rate of adverse effects following these EUA products?

How can you determine the real rate of adverse effects if the safety studies have yet to be completed, and there is no transparency of adverse event reporting?

Furthermore, how necessary or even safe is it to give a vaccine to a person who already has immunity to the pathogen? Most children by now have been exposed to the virus and have developed immunity without difficulty. Why consider a mandate for those NOT at high risk for adverse outcome should they become infected and who carry unknown risks of ADVERSE REACTION with getting the shot?

I look forward to hearing these concerns addressed and evidence for any and all recommendations to be presented when I tune into your meeting on January 12.

Thank you,

Katherine Eames, MBA, CMB
206 931-1324 cell/text

* I am able to provide evidence of any claims made in this letter, just let me know what you need substantiated.

From: Rachel Barrett

Sent: 1/7/2022 9:07:59 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Against government control of my body

External Email

I am against the quarantine camps, I am against the states desire to have involuntary control of my body, my children's bodies and control in any way with what we do with out bodies. If this was about health you'd be educating people on having a healthy BMI, taking care of your mental heath, exercising, getting outdoors, serving Others, eating more fruits and vegetables, consuming more water and other basic health concepts. As far as the vaccine mandates, this should not even be a consideration. According to State Board of Health's own criteria, a vaccine must be fully FDA approved in order to make it mandatory for school attendance. (Even if it were FDA approved it should NOT be a mandate). The current Pfizer vaccine in use for children in this country is still an Emergency Use Authorization only vaccine, so this does not meet the Board of Health requirements.

I am AGAINST the mandate. Not against the vaccine...AGAINST THE MANDATE.

The vaccine does not prove immunity to stop transmission, which was the requirement under consideration in the 1905 Jacobson vs. Massachusetts SCOTUS case in which it stated mandates could only be considered which "prevent the spread of contagious disease." So far, it is evident that this vaccine does not stop transmission and, therefore, these mandates are not legal.

The government has overstepped time and time again. You do not own our children. You are merely there to assist in governance of the body. Government is out of control.

As a representative of the people please consider the people's desires.

Rachel Barrett

From: matthew.rourke@yahoo.com

Sent: 1/7/2022 11:57:19 AM

To: DOH WSBOH

Subject: Public Comment RE: Rulemaking Petition - Chapter 246-105WAC, Immunization Criteria, Child Care and School Entry

External Email

I am deeply opposed to adding a Covid-19 vaccine to the list of vaccinations required for school entry, or for which an exemption is required ("required vaccines list"). I am asserting to you that adding any Covid-19 vaccine to the list of those required, at this time, is unjustified by the current state of knowledge of the disease and the vaccine, and it would be irresponsible to recommend or approve of adding it.

The Covid vaccine does not present sufficient immunogenicity for the general population of children and teens in clinical context, as they are not significantly affected by the disease to begin with. Children are statistically at no risk of dying from COVID. Their survival rate is at least of 99.997% (less than 2 in every 1,000,000 children). In the rare case of child deaths that are listed as COVID deaths, they did not die OF COVID, but rather WITH COVID (anyone being admitted to a hospital is now tested). Quoting recent statements by Dr. Anthony Fauci, "If you look at the children that are hospitalized, many of them are hospitalized with Covid, as opposed to because of Covid." Recent news publications (LA Times) demonstrate that the hospitalization and death rates for all individuals, particularly children and teens, has been vastly overstated. Where there's no risk, there can be no benefit.

The Covid vaccine side effects in children and teens are not acceptable for the general population of students, and they are demonstrably under reported and under stated. Only when pre-existing conditions that pre-dispose a school-aged person to hospitalization or death are present do the side effects become acceptable. Targeted outreach and promotion of vaccines to those that seek additional protection is justified, not requiring the vaccine or exemption for school entry. In addition to known side effects (particularly young healthy males), there has not been sufficient time to understand the long term effects on the immune system for the mRNA vaccines, much less repeated vaccination by mRNA vaccines. There are medical opinions that suggest there is a consequence to the immune system presented by mRNA vaccines that must be fully explored and tested before the vaccine is required for school entry or exemption. The phrase "safe and effective" has been repeated in the context of the Covid-19 mRNA vaccines over and over by medical professionals and policy makers, however, it is misleading without the proper context included with it. Safety can only be asserted over the time frame that the vaccine has been available. There is no other approved vaccine on the "required vaccine list" that has been added in such a short amount of time under study. The Chicken Pox vaccine was added after over a decade of research and clinical trials. You cannot in good conscience, nor justify by scientific methods, that this vaccine is safe in the context of long-term health. This is particularly true with the added context that children and teens have long lives ahead of them, and are impacted by this disease in very rare instances, and even then, are accompanied by other complicating health conditions.

The Covid vaccine does not reduce the risk of person to person transmission. "A study from University of California, Davis, Genome Center, US San Francisco and the Chan Zuckerberg Biohub shows no significant difference in viral load between vaccinated and

unvaccinated people who tested positive for the delta variant of SARS-CoV-2.” (Viral Loads Similar Between Vaccinated and Unvaccinated People | UC Davis
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ucdavis.edu%2Fhealth%2Fcommunity%2Fnews%2Fviral-loads-similar-between-vaccinated-and-unvaccinated-people&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C260dc36f0380458fdefe08d9d217e821%7C%7B%7D%7F&isRedirection=1>>).

No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2Fda>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

Force vaccinating healthy children, or making them get an exemption, for a disease that doesn't affect them to make adults feel safe unjustified and a crime against humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Matt Rourke

North Bend, King County, WA 98045

425-301-8614

From: Mentser, Holly A
Sent: 1/7/2022 10:36:53 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),lindsay.hendeen@sboh.wa.gov,Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: regarding mandatory vaccination for school aged children

External Email

I absolutely do not agree with mandatory vaccination of covid for my school aged children. I have a 14 year old and an 18 year old that are in Spokane public school systems and will be forced to take them out of school if this is voted on and approved. I have worked in the medical field for 20 years and I have received my flu shot and every other vaccine as well as my children have received all of their vaccines minus a few (but this information is private between them and their doctor). My children are not currently vaccinated for covid because there is not enough science nor studies on the 10-20 year effects this could have on our children. I teach my children to wash hands after using the bathroom, before eating, every few hours as need to clean the dirt and germs. I also have taught my children to eat health (as much as you can with a child), take vitamins and get good rest to keep them healthy. This decision of mandating covid vaccine for all children is not your choice to make, by a parents and children's choice. The studies also show that the most effected and lethal is to older adults. Again, if this is covid mandate vaccine for school children is approved, I will pull my children out of public school and home school. Thanks for your understanding in this situation.

Holly Mentser

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

From: Whitney Smith

Sent: 1/6/2022 8:19:24 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 2022 Board Meeting SBOH COVID-19 vaccine for inclusion in chapter 246-105 WAC

External Email

To Whom it May concern,

With the latest topic being discussed as to whether there should be a vaccine requirement for Covid in Washington State public schools, it is my duty to voice what is the right thing to do in this situation. It is truly scary what has happened in our world recently. Politics aside, this is not about health or the safety of our kids or teachers. The science and data coming from the US and other countries do not support the hysteric push to mandate a vaccine for school aged kids. I am the aunt of 3 kids who are all in the WA public school system. All 3 of which will be pulled from school if Covid vaccination is required. I am not an anti vax person and believe some are absolutely necessary and pertinent to our society, however as previously mentioned, the studies done with these recent vaccines are a completely different story. While I do not have my own kids yet, I know that in the future, I will not be sending them to public schools in WA if this becomes a mandate.

When the FDA approved the COVID-19 vaccinations back in October for ages 5 -11 it was stated that their approval was not intended for mandate use. Just like when they approved the covid vaccine for adults, it was stated that it would not be mandated, which has come very far now with mandates in almost all sectors other than private business. This vaccination approval was intended to be optional and was to allow the parents to decide what is best for their child. If it becomes a mandate or requirement, the child's medical choice is no longer with the parent but is now made by the Washington State Public Education System. Public school should be available to all children, regardless of their COVID-19 vaccination status, because not only does the data not prove a need for COVID vaccination for children but the data also proves that you can still contract and transmit the virus even when vaccinated.

As a future parent, a friend to many parents with school aged children, an aunt with wonderful nieces and nephews, please understand what rippling effects this will have for our kids' future. Not being able to make medical choices for our children to receive education is frightening and a slippery road to embark on. Please make the right choice and leave it with the parents to decide whether or not they want their kids to have the COVID-19 Vaccine.

Respectfully,

Whitney S.

From: C L
Sent: 1/7/2022 9:44:37 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

First and foremost, I have NEVER consented to co-parent with the State of WA regarding any aspect of raising my children, from how they are schooled to what goes into their bodies. I am solely responsible for those decisions. Any attempt to remove those authorities from me to include forced vaccinations, involuntary detentions, or medical testing is an affront to my rights as a parent.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)). Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM. The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

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

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Signed,

Carrie Lee Gagnon

From: Carolyn Nichols
Sent: 1/6/2022 4:13:06 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine mandate for children

External Email

I absolutely do NOT believe that the Covid 19 vaccine should be required for children to gain entry to child care or school! PLEASE vote 'NO' on the states effort to mandate the vaccine for children. It is currently only an EUO {Emergency Use Only}, and quite clearly not efficient or effective for stopping Covid; the possible dangerous side effects resulting in permanent disability & even death, {Listen to the people who have experienced deep loss after loved ones have taken the vaccine in good faith!!}, create the need for people to make their own medical decisions in regards to any medicine put into their bodies & the bodies of the children they are charged to protect! Thank you for your time!

Mrs. Carolyn Nichols
{Mother/Grandmother}

Sent from my iPhone

From: T L
Sent: 1/7/2022 8:18:36 AM
To: wsbph@sboh.wa.gov,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),caitlyn.lang@sboh.wa.gov,Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: No to vaccine requirements

External Email

To whom it may concern,

I live in Richland, WA and my daughter attends Richland High School. She is currently a Junior and was part of the graduating class of 2023. Because of covid she is already behind and will have to take an additional year as it is. If a vaccine requirement becomes mandatory to attend school she will have to drop out and not get her diploma. She really wants to get her diploma as compared to a GED. She feels she will be in a better position to find a job after high school. However, she does not want to get the vaccine and as her parents we support her decision. We have already taken our two younger children out of public school. Please consider the position you are putting all parents in if the covid vaccine becomes a requirement. Why should they be forced to choose an education or being forced to inject their kids with an experimental drug? The long term affects of this vaccine are unknown. We should be using our most vulnerable generation as test subjects. Please vote no on making covid vaccine a requirement to attend school.

Sincerely,

Teralyn Lobe
Richland, WA

From: Lisa Ralston

Sent: 1/7/2022 10:17:03 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Quarantine and required vaccine hearing

External Email

I'm writing to comment on the possibility of forced quarantines by health officials and adding vaccines to attend school. The idea of having forced quarantines done by non-elected officials and enforced by law enforcement is appalling and should not be passed in WA State. I assume you have seen what is happening with Australia and their quarantine camps. The new variant is acting more like a traditional cold and less hospitalizations so implementing this is far over reach.

Also kids are less affected and we still do not have any data on how this vaccine may affect them 5 years down the road. I have a friend that is an ER doctor in Tacoma and has seen many cases of heart myocarditis in teens with permanent heart damage. The vaccines are clearly not preventing the spread and making spaces safer. I know a family of 6 all vaccinated and adults boosted that now all have covid from another vaccinated family. Clearly the vaccine is not the panacea to preventing others from getting it. Other states have been more free in their response and have no worse rates than we do. And finally you can look at King County's rates with their vaccine passports already and the data is not showing any benefit. Please do not consider passing these measures. Lisa Ralston

Sent from my iPhone

From: Andrew Ybarra

Sent: 1/7/2022 9:56:56 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid Vaccine should not be added to required list for school enrollment.

External Email

I am writing with sincere concern as a citizen, parent, and public school employee, regarding the Covid vaccine being made a requirement for school enrollment. I cannot understand mandating that people who have a reasonable right to question the long-term effects of the vaccine and make a personal choice to not vaccinate would be held to the fire to make a decision that we are not comfortable with or choose to pull our child out of the school system. People have a right to make an informed decision, many people have felt that the information we have so far is enough for them to take a vaccine. Others, like myself, wish to have a bigger picture, especially considering vaccinated individuals can still spread and catch this virus. Please afford people the right to make this delicate medical and personal family decision on their own and not be put to the fire to take the shot.

Regards,
Andrew Ybarra

From: JULIA FOGASSY

Sent: 1/6/2022 6:34:45 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: issues re involuntary quarantine and shots for school children

External Email

Dear Ladies and Gentlemen of the State Health Board,

The sad record of mis-steps and failures in the public management of covid-19 is not at all edifying. For the good of Washington citizens, there should be every reason to avoid similar failures and zero incentive to multiply them. The collective wisdom of the citizens of the state should be the ruling principle.

The very best action your Board can take is to make the clearest and most reliable information available to the public and then let them decide how they are going to act on it. Those who want to wear masks or who want to get shots should do so under their own volition. Those who do not wish to do so should be left alone. No one should be detained or held against his will. If one wishes to have a safe place to stay, it can be offered, but it should not be mandated. Most sick people will naturally want to stay home until they are well.

The true bottom line is, NO ONE has the power to control this virus. Lame attempts at controlling people are futile. The virus will have its way.

Perhaps in a few years, we will be able to look back and see how things might have been managed better, but now is not the time. We have neither the wisdom of experience nor the clarity of vision to do so without the very high likelihood of making things worse in our attempts to make things better.

If you share the best information available, you will have done the best job possible.

Sincerely,
Julia M Fogassy
Seattle, WA

From: Terri Johnston
Sent: 1/7/2022 7:31:42 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Mandates

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Teresa Johnston
Poulsbo, WA 98370

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Brian Bailey
Sent: 1/6/2022 8:44:27 PM
To: DOH WSOH
Subject: No on forced covid vaccine for school children.

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Please stand up for our freedom

Brian Bailey
253-844-7914

From: Ginni Steckler
Sent: 1/7/2022 7:42:57 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Mandate Covid vaccines in schools

External Email

Wanted to express my disgust with even the THOUGHT of this proposition. These vaccines were meant to be VOLUNTARY from the start. Now, not only have they been FORCED on the majority of adults, you are trying to FORCE them on CHILDREN!!! The risks of this vaccine to children FAR outweigh the severity of the virus. They are no more at risk with this virus than the common flu. This is NOT smallpox, measles, polio, etc., that had a much higher risk of harm.

You might also want to think about how much money your schools are going to lose, because I GUARANTEE there will be a mass exodus from the public school system if this is implemented!

Thank you for your time,
Virginia Steckler

From: Kathleen Hortin
Sent: 1/6/2022 10:51:03 PM
To: Lang, Caitlin M (SBOH), Haag, Hannah R (SBOH), kaitlyn.donahoe@snoh.wa.gov, Kahler, Kelie (SBOH), Herendeen, Lindsay (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Thai, Nathaniel J (SBOH), samantha.pskowski@snoh.wa.gov, Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSOH
Cc:
Subject: Covid Vaccines for Children

External Email

Dear Board of Health Members:

I oppose mandating the experimental gene therapy treatment AKA Covid vaccine for any and all children, school-age or not, as well as all adults and babies.

It is a well-known fact that the impact of the Covid 19 virus on children is no worse than the flu or a cold.

I personally know people who have been injured and several who have died from the vaccine. I have listened to the stories of those who have been irreparably harmed by it. This vaccine has been devastating to individuals, families, communities, the medical profession, law enforcement, highway department, the military, the economy, and more.

I also oppose all masking. I have grandchildren in first grade with learning and other disabilities. Do you know how hard it is for children in their formative years to differentiate sounds when the teacher is wearing a mask, let alone without a mask on? The children need to see the teacher's mouth and the teacher needs to see the children's mouths. I myself can barely understand when someone is speaking through a mask. All the sounds are muffled. I needed and was provided speech therapy when young and would never have overcome the difficulty if masking had been required.

Did you know that Pfizer has made \$30 billion on Covid and Moderna \$20 billion? Even members of Congress are heavily invested in pharmaceuticals. Why does Pfizer refuse to disclose the mystery ingredients in both the EUA and Comirnaty vaccines? (Yes, there is a difference) Why are people questioning this particular vaccine when they have accepted all other vaccines? Why is natural immunity now being attacked when it was common knowledge for decades that it is better than any vaccine? Why did all the animals die during the mRNA study about six years ago? Why is only one view on Covid allowed? Why the censorship? Doesn't this all seem odd? Asking questions is the scientific method.

I am also opposed to all the Covid policies under consideration by the Board of Health to be included in the WACs. This is government overreach.

The children are our future. Will it take the death or injury of one of your own children or grandchildren to see that mandating this vaccine will only cause suffering and loss?

Kathy Hortin

From: Renea Forslund
Sent: 1/7/2022 10:44:46 AM
To: DOH WSBOH
Subject: Chapter 246-105 WAC

External Email

Dear Washington State Health Board Member(s),

Regarding Chapter 246-105 WAC and the upcoming meeting scheduled for January 12, 2022, as a life-long citizen of Washington state and a parent, I am vehemently opposed to the requirement of the covid vaccination for school attendance for school-age children. Firstly, the covid vaccine(s) have not been subject to the years of testing and research normally applied to vaccinations; therefore any long term effects or reactions are unknown. This should bring extreme caution, especially when administered to young children and their developing bodies. Children are not test subjects. Secondly, it is scientifically known that children are in a low-risk category from death and even contracting covid itself. Additionally, these vaccines do not prevent the spread of covid, also proven in testing and science. We the people are continually told to "follow the science." I am respectfully asking that you do the same. Lastly, it is imperative to acknowledge parental rights. Daily I make decisions for my children and have done so without the government. Medical treatment and health care is not one-size-fits-all. How one child may physically react to a vaccine or any medical treatment does not equate another child positively/adversely reacting the same. may/may not adversely react. As you also (should) know, the Against Medical Advice form is made available to all those refusing medical treatment after counsel from their care provider. This is one's right and the legality of the form cannot be ignored, either by medical professionals or those in government. Personal and religious exemptions must also be recognized and honored. It's called personal autonomy and being a competent parent, raising my child(ren), it is my duty and responsibility to them, not the government, to provide the utmost, best care to their individual, unique, personal health/interest and well-being.

To simplify and reiterate, I am categorically against the covid vaccination requirement for school attendance. I anticipate my voice being heard and represented well, and the decision(s) made regarding this subject to be corrected-NO to covid vaccines for children.

Tammy Forslund

From: TJ Buswell

Sent: 1/6/2022 11:01:06 PM

To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), DOH WSB OH, Davis, Michelle (SBOH)

Cc:

Subject: January 12 Board of Health Public Meeting proposed WAC changes.

External Email

To whom it may concern,

I strongly oppose of all these proposed WAC code changes. They are in complete opposition to our constitutional rights as Americans and our freedom of medical choices. There is no reason that any government agency should have the right to force any citizen to get medical treatment if they don't want to, and certainly shouldn't be forcing families, children and schools to get vaccinated. It has proven ineffective against covid and carries a dangerous risk of side effects. I strongly oppose the covid vaccines being added to school vaccine requirements. I strongly oppose the use of police to enforce people getting vaccinated and strongly oppose the requirement of people to be vaccinated. This is a free country and we have a God given right to have freedom of choice. Within that freedom includes freedom to chose medical treatments we want or don't want.

From: Craig Fletcher

Sent: 1/6/2022 4:00:25 PM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH)

Subject: Opposed to Mandated Vaccines For Children!



attachments\D08A80C509FE4D1E_IMG_1828.jpeg

External Email

Dear Board of Health Member,

I strongly oppose mandating an experimental vaccine to children with a very low risk of dying from COVID-19. The Omicron variant is exceptionally more contagious but is far less deadly for adults, especially children. Vaccinating now is beyond the scope of preventing a disease that shows very little to no threat to these children's lives. It is also proven that none of the vaccines prevent the spread or the recipient from getting the disease. At this point, mandated injections for children has no support for stopping or slowing the spread, especially for this age demographic.

Beyond the fact that you're not stopping the spread, you are putting our children at risk from this experimental treatment. This is beyond the fact that it is purely unconstitutional and corrupt to include our children in this experimental treatment without recourse if injuries occur. Can you confidently say what the long-term effects are? Are you willing to put their future health at risk without precise long-term results in kids like myocarditis? We know how COVID behaves in children, and it is not deadly in 99.9% or more of school-aged children. On the other hand, these vaccines are a huge unknown to their life-long health. Below are some stats to support my statement:

CDC and VAERS DATA

In 1976, US regulators pulled the swine flu vaccine after it was linked to 25 deaths. In contrast, between December 14, 2020, and October 1, 2021, American doctors and bereaved families have reported more than 16,000 deaths and a total of 778,685 injuries to the Vaccine Adverse Event Reporting System (VAERS) following COVID vaccination. The Europeans' surveillance sites tallied 40,000 fatalities and 2.2 million adverse reactions. However, due to chronic undercounting by VAERS and its European sister system, those numbers are almost certainly only a fraction of the actual injuries. To illustrate how unprecedented this harm and death is, look at this "hockey stick" effect in CDC's graph of the 30-year history of deaths reported to VAERS from all vaccines.

From: Rosebud CTC

Sent: 1/6/2022 10:49:40 PM

To: DOH WSBOH,Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH)

Cc:

Subject: Support covid vaccine for school attendance

External Email

I am writing tonight to encourage you to vote FOR requiring the Covid 19 vaccine for all students and staff to attend school.

I am a teacher at the high school level. I receive notices almost every day that at least one student (or today it was 10) has been placed in quarantine due to testing positive for covid.

One of my students lost both her parents (a week apart from each other) in September to covid. Kids who go out because they get sick with covid can't learn. And because it is so contagious, those kids cause a cascade of illness to flow through the school.

As a teacher, I don't feel safe in my workplace because the vaccine is not yet required. And as a parent, I don't feel safe sending my vaccinated kids to school with other unvaccinated kids despite the mask mandate. I'm constantly telling my high school students to wear their masks properly.

We need to be safe at work & have our kids be safe at school.

Not requiring a vaccine is basically allowing kids to come to school with a deadly weapon.

Please vote FOR VACCINE REQUIREMENT to attend school.

Thank you
Holly Rose

From: billwirtz@comcast.net

Sent: 1/6/2022 6:29:22 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Subject: Public Comment - Covid-19 Vaccination in Schools

External Email

Members of the Washington State Board of Health:

I am writing to you today to express my concern not to recommend Covid-19 vaccinations for students in our state's schools. Our children are not at high risk for this illness, and with the Omicron variant obviously displacing Delta, risk for hospitalization is extremely low. As public health officials charged with "doing the greatest good", the benefits of forced student vaccinations clearly don't outweigh the potential risks. There has not been adequate safety trials on the Covid-19 Vaccine, especially for children. We simply have no idea of what the long-term health effects might be for children. Let's not let big pharma and politics determine the best course of action; follow the money trail! Please let parents make the decisions about what's best for their children. Finally, let's preserve currently hard-to-obtain test kits for those who truly need them.

Thank you for your service!

Sincerely,

Bill Wirtz

Snohomish, WA

From: Andrea Havrilak

Sent: 1/6/2022 8:20:23 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid-19 vaccination requirement for school-age children Jan. 12, 2022

External Email

Esteemed Board members,

I must express my discontent regarding the consideration of the Covid-19 vaccination as a requirement for school-aged children. Please take into consideration the following points:

1. Vaccination reduces the symptoms and length of a disease, it does not prevent the disease from spreading. Those who have health conditions that increase their susceptibility to severe illness should have the choice to vaccinate, while allowing the healthy in the community medical autonomy. Again, the vaccine has no effect on transmission.
2. School entry vaccination was historically based on protecting children from the most widespread and harmful childhood diseases. Covid-19 has not shown itself to be more so harmful to children, so it should not be a school entry vaccination.
3. Omicron is not a harbinger. While transmission is high, symptoms are mild and hospitalization rates are down. This is a sign that the virus is dulling down, much as how the Spanish Influenza had to run its course through a magnitude of bodies for 2 years before it became dulled enough to no longer cause severe illness, and they didn't have vaccines back then. This is a good sign for humans vs Covid-19. Why require vaccination for a disease whose prognosis is improving?
4. There is ample evidence of increased incidences of ear infections, asthma and eczema among children who have received all school entry vaccinations. Why continue to stress the immune systems of our youngest members to guard them from an illness that the vast majority of will experience as mild, and with a survival rate of 98.9% (according to our own DOH website)? At this point it is mistaken for the common cold.

I implore you to set aside hype and emotions, utilize your critical thinking skills and base your decision on the disease's survival rate and the vast improvement we are seeing in reported symptoms.

Sincerely,

A concerned parent

From: Lindsay Wood
Sent: 1/7/2022 7:32:48 AM
To: DOH WSBOH
Subject: Covid injection

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

-During the October 26th FDA advisory committee meeting, 16 of the 18 members were very clear that they did not believe "otherwise healthy" children do NOT need this injection. It was specifically stated in their closing comments that they were recommending approval so that "high risk children in conjunction with their parents and doctors" could have it available. They also noted that though some states may try to "mandate" it, they couldn't let that deter them from making it available to high risk kids that may need it.

-Federal Emergency Use Authorization statutes prohibit school mandates of EUA products. The only FDA approved version is not yet available in the United States. Phase 3 clinical trials of COVID-19 vaccines are not yet completed. C4591007—the main clinical trial in children and young adults with BNT162b2—has an estimated completion date of May 5, 2026.

Source:<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2F>

-The vaccine formulation now being given to U.S. children aged 5-11 is NOT the same formulation used in the clinical trials, and NOT the same formulation that has been administered to all other age groups under EUA. So even when current ongoing clinical trials are complete, the results cannot be assumed to be relevant to the safety or effectiveness of the new formulation.

-Not having language that recognizes and acknowledges innate immunity of the Covid 19 recovered is irresponsible medicine and employs a one size fits all medical approach that does not take into account the individual health needs of children.

-Children are the least affected by this virus regarding severity and most at risk of unknown long term effects.

Thank you for your time

Lindsay wood

Sent from my iPhone

From: Katie McGuire
Sent: 1/6/2022 8:14:18 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine mandate voting

External Email

Hello board members and anyone else it may concern,

As parents in Washington state, we say please do not mandate a vaccine to go to school!

Children are at extremely low risk for Covid.

The vaccines are still only EUA.

There are no long term studies to document any history of safety.

Studies DO now document that vaccinated and unvaccinated can both transmit Covid.

The vaccine apparently does NOT stop the spread of Covid.

The risk of injury from the vaccine is not worth it when it doesn't even stop the spread to begin with.

A mandate doesn't make any sense!

Thank you,
Katie and Josh McGuire

Sent from my iPhone

From: Jeremy Weikel

Sent: 1/7/2022 11:26:57 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public Comment re: COVID vaccination requirements for child care and K-12 school entry

External Email

Dear WA State BOH,

Ladies and gentlemen, it is with steadfast, unyielding resolve that I write to you today to convey my absolute opposition to the subject vaccination requirements. I thank you for this opportunity to communicate with you. It has been shown that individuals who have and have not been vaccinated have a similar probability of both contracting and transmitting COVID. It has also been shown that children of varying ages and demographics are the least at risk for contracting and transmitting COVID.

I say this absent all hyperbole and I do not mean this in a threatening manner: If the BOH moves forward and mandates the COVID vaccine in any way, shape, form, fashion, quantity, or otherwise, I will be removing my daughter from public school. This will result in the school losing a phenomenal and model student as well as any funding associated with her. There has been a multi-front war declared on our children and the family as a whole. It needs to stop now.

I have both friends and family who have received both vaccines (and preparing to go for their booster) who have contracted COVID. I have a professional colleague who was rushed to the ER with now irreversible heart problems which were CAUSED by the COVID vaccine.

The decision to get the vaccine(s) for any member of my family rests solely with my wife and me. It must be a personal choice. My family and I have already begun preparation to remove my child from school and to move out of WA State. This decision is not made lightly and it is with great sadness that we even have to consider it.

Again, I thank you for this opportunity to provide comment. I am asking you with all the humility and sincerity I can muster to stop this madness now. Our children deserve to be children and should never be used as pawns in some perverse political theater.

With respect,
Jeremy Weikel

From: jameson pratt
Sent: 1/7/2022 9:48:30 AM
To: DOH WSBOH
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Ladies and Gentlemen of the board,

I would like to express my extreme opposition to the implementation of a COVID 19 vaccine requirement for schools in Washington State, and forced quarantine. The proposed Covid policies are over reaching and immoral!

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Rubin, Editor in Chief NEJM. The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Forced vaccination of healthy children, for a disease that does not affect them, to make adults feel safe, is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Respectfully,

Jameson N. Pratt

From: Kay Hibbard
Sent: 1/6/2022 7:35:53 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

>
> ☐
>>
>> ☐ I want to urge the Washington BOH not to make COVID 19 vaccinations mandatory for children to attend public and private schools Very few children get the virus or are severely affected by it. Also, the vaccines are not EUA approved nor has there been sufficient time to ascertain the adverse effects of the vaccines.
>> Healthcare decisions need to be made by the parents, not the government.
>>
>> Sincerely,
>> Kay Hibbard
>> 11411 34th Dr SE
>> Everett, WA 98208
>> 956-451-8361
>>
>> Sent from my iPhone

From: Angela Winston
Sent: 1/6/2022 10:47:54 PM
To: Angela Winston
Cc:
Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,

Angela Winston

Please excuse any typos, this was sent from my phone

From: Stan Birchfield

Sent: 1/7/2022 8:51:09 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No mandates

External Email

In 1976, when the swine flu vaccine caused 25 deaths in Americans, the program was halted. In 2022, we now have tens of thousands of deaths attributed to these COVID shots. A million injuries have been reported. These shots should no longer be allowed, much less mandated.

Children are at a statistically zero chance of dying from COVID. The shots, even if we were to ignore the side effects, are less than 1% effective. (That is, according to the "absolute rate reduction" -- see references below.) For all age groups, the chance of dying from the shot is greater than the chance of dying from COVID.

Please do not institute mandates for school children in our beloved state. If you do, and if children are injured, you will be responsible for those injuries.

Please stop coercion. Coercion is rarely the right path, and it is certainly not the case here. Please do not force children into taking a shot that is neither safe nor effective nor necessary. Allow people to exercise informed consent, which is their legal and moral right.

References:

- Canadian Covid Care Alliance on vaccine safety:

<https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C7fcaa4e3f50f43b09ec208d9d1fda6a7%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C7fcaa4e3f50f43b09ec208d9d1fda6a7%7)>

- Paper by Dr. Peter McCullough et al. on vaccine safety and efficacy: 57 Top Scientists And Doctors Release Shocking Study On COVID Vaccines And Demand Immediate Stop to ALL Vaccinations – BREAKING-NEWS.CA

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbreaking-news.ca%2F57-top-scientists-and-doctors-release-shocking-study-on-covid-vaccines-and-demand-immediate-stop-to-all-vaccinations%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C7fcaa4e3f50f43b09ec208d9d1fd>>

- Dr. Peter McCullough, talk on vaccine safety: Dr. Peter McCullough 'Therapeutic Nihilism And Untested Novel Therapies' | AAPS

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvnc5yk-dr.-peter-mccullough-therapeutic-nihilism-and-untested-novel-therapies-aaps.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C7fcaa4e3f50f43b09ec208d9d1fda6a7%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Frumble.com%2Fvnc5yk-dr.-peter-mccullough-therapeutic-nihilism-and-untested-novel-therapies-aaps.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C7fcaa4e3f50f43b09ec208d9d1fda6a7%7)>

Regards,
Stan

From: D W
Sent: 1/6/2022 8:44:14 PM
To: Stephanie Wolf
Subject: Public comment Infectious Disease WACs

External Email

Dear Washington State Board of Health,

I'm writing to implore you to NOT include the covid-19 shot on the list of required vaccinations for schools.

As the father of 3 school-age children in Bellingham, I can say with certainty that a decision to mandate kids to have this shot would wreak havoc on many families and within our schools.

I'm sure we can all agree that vaccines are an important and effective tool for preventing many diseases- and I have always been perfectly willing to utilize them to protect my own children, and our community. However, there are many reasons why (most) parents have chosen to wait on having their children receive these particular shots including, but not limited to:

* In the scheme of things, the covid vaccines are still quite new and most parents, (while willing to vaccinate themselves) are not at all willing to risk their children's health before knowing much more about the long- and short-term side effects of this new vaccine, especially on developing immune systems. These feelings are completely justifiable as the science on these vaccines is still evolving and coming to light.

* In terms of how the vaccines will effect public health- that science is still evolving as well. Considering that both vaccinated and unvaccinated individuals can contract and pass along the virus, many parents remain skeptical that any perceived or real risk is actually worth any perceived benefit. It serves no one to preemptively force parents into a decision they aren't ready to make when there is still so much confusion circulating. President Biden and his advisors are bringing forth progressive policies that look at how we can live our lives with Covid rather than unrealistic policies of trying to eliminate Covid. I believe many of the proposed changes to the infectious disease WACs include these draconian policies and I urge you to stand with the president.

* Covid in otherwise healthy children is not a large risk- and the (extremely low) hospitalization rate of healthy children supports this. Therefore, the risk/reward of getting this shot does not balance when you consider the mild nature of the virus and the possible side effects of the vaccine. Parents should be given the freedom to choose their own level of risk for their family.

* There are MANY medical, religious, and other deeply personal reasons why parents are hesitant to give this shot to their children. Sadly, most of these reasons will

not be covered by "exemptions"- forcing parents to choose between their children's health or their schooling. Please DO NOT force parents to make this choice.

For whatever reason, the covid vaccines- effective or not- have been profoundly politicized (on both sides), with most parents falling on one side or the other. Because of this, it is reasonable to assume that a decision to require this particular vaccine at this time would directly cause a mass exodus from our schools, shattering our communities and negatively impacting public health across the state.

At this stage of the pandemic, we find ourselves at a pivotal moment when every protection we can possibly hope for from this virus is in place. We have the tools to protect ourselves and our families- and everyone should have the right to choose which protections are best for them. You, as the health board, are in a unique position to renew public trust in our state government by demonstrating trust in the people of Washington.

Please consider that no one cares more about a child's health than their parents. No one knows their medical history or the ins-and-outs of each individual child better than their parents. PLEASE allow parents- the ones who care the most- to make the determination for their own children. It is what is best for the health of every family, every school, and every community.

I sincerely appreciate your time and consideration.

Devin Wolf

From: Rachel Minyard
Sent: 1/7/2022 8:06:34 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: No c-vaccine mandate

External Email

To whom it may concern,

This has been a grueling two years. Parenting in this pandemic and political climate has been exhausting. We are fighting corruption and uphill battles on a daily basis. From mask mandates to school closures to inconsistent covid restrictions and rules to mental health stability to the threat of mandatory c-vaccine for our children. ENOUGH IS ENOUGH! Our children are not at risk, therefore the vaccine should always be a choice and informed consent is key!! All three of my kids had covid and they had very mild symptoms with no long term affects. They have greater protection from future infections because they had covid. Let their immune systems continue to do what they were designed to do. They have a higher chance of vaccine injury than they do of complications from the illness or death. It is not in the best interest of our children to receive the vaccine. We will not tolerate this overreach of power and are drawing a line in the sand. If the vaccine is mandated for school aged children we will pull our kids from public school and add to the already increasing number of students leaving the public school system. It is my understanding that there will soon be a discussion and vote on this matter. Please, I implore you, do not vote the mandatory c-vaccine into existence. Stand up for our families, children and future generations in the state you represent and say no!

Thank you.
Rachel Minyard

Sent from my iPhone

From: Julie Grose

Sent: 1/6/2022 8:17:54 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Upcoming Meeting

External Email

My name is Julie Grose and my family and I have been in the WA State Schools for over 50+ years now. I have had 3 children graduate from the WA State public schools, and 1 still in middle school with 4 more years to go. I have never been more disappointed in the WA State School Board and the direction which you are all headed. This upcoming meeting is going to be very one sided most people believe. But what you don't probably see quite yet, is the amount of students you will lose immediately if you choose to require the Covid vaccine. I personally will pull my son out of our school district and turn to another teaching method. I will not tolerate being told what I must do medically for my family. I will sell my house and move out of this state I have always called home. You are ALL crossing a very thin line and risking losing so much more than you can see right now, which includes more young deaths. That blood will be on your hands, along with unlimited law suites against the WA State School Board & the children's individual school district.

These vaccines are not even FDA approved in the United States. These "so called" vaccines are only "approved" under the Emergency Use Authorization. Now they're saying you can mix these vaccines??? Come on wake up. Yet, you all feel like it would be beneficial to give healthy, young kids these shots not knowing the true side effects, and there are many - <https://vaers.hhs.gov/data.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaers.hhs.gov%2Fdata.html&data>

along with the long term effects, and death. We still don't have enough evidence to prove otherwise, yet you are making choices for families who are strongly against everything these drugs stand for. If this was a vaccine with years of reporting, which include side effects, long-term damage & death, do you still think people would take it? I doubt it very much, and the truth will come out, but it will be too late to save OUR kids.

I really hope you ALL look very deep in your souls and pray to GOD that you make the right choice. The guilt you will feel in a few years will overwhelm you, especially if it's the death of your own child. Leave this choice to the individual families, do what is right by God, but more so for your conscience. "THE TRUTH WILL SET YOU FREE"

Julie Grose

Tahoma School District

From: Tanya Gutsalova

Sent: 1/7/2022 10:36:58 AM

To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), DOH WSOH, Davis, Michelle (SBOH)

Cc:

Subject: Please Vote Against!

External Email

Hello, I please ask you to vote against all covid implementation that are being voted on. Covid shots should absolutely NOT be a requirement for our children to attend school or childcare.

Children are at extremely low risk for Covid and that the vaccines are still only EUA (emergency use authorized).

These Covid policies are overreaching our freedom as citizens and are immoral. Protect our freedom and yours.

Thank you
Tanya Lukyanchenko

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Julie Eldridge

Sent: 1/7/2022 2:08:07 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No to mandatory vaccines

External Email

To whom it may concern...

I am writing you today to express great concern regarding the topic of mandatory covid vaccines for public school attendance. As a mother, aunt, and nurse...I stand strong in my beliefs that every parent should have the ability to choose what is best for their families and their children. These vaccines are still very new and as science has shown us time and time again...the only way to determine their long term safety is to complete years of research and data collection... which we have not had a chance to do yet. Please listen to the concerns of your tax paying citizens and vote "no" on this consideration. There is a very clear line between the rights of the individual and the duties of a government...and it's important for you to remember, you work for us and are obligated to represent those you serve. Parents say no!!

Vote No!

Thanks for your time.

Sincerely, Julie Eldridge

From: Timothy Dehnert
Sent: 1/7/2022 11:42:28 AM
To:
Cc:
Subject: extreme opposition to COVID 19 vaccine requirement for schools in Washington State

External Email

Hello, I would like to express my extreme opposition to the implementation of a COVID 19 vaccine requirement for schools in Washington State!

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you for listening,
Tim

From: Carlee Shelton

Sent: 1/6/2022 8:17:34 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), samantha.pasowski@sboh.wa.gov, Hisaw, Melanie (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine mandate for children in schools

External Email

To Whom it May Concern,

I am a Mom of 3 school aged children, the young ages of 9, 6, and 4. This might be long, but I beg you to please hear me out. The discussion of the Covid vaccine being mandated for school attendance absolutely makes me sick, and I've never felt so terrified in my life. We are not anti-vaccine. My kids are all up-to-date on every other recommended vaccine, but this vaccine is very different, and not one person can argue that with any good argument.

I am a healthcare provider in Olympia, and I am fully vaccinated against Covid. We have a huge concern with vaccinating our kids with something that is being used for emergency use. Yes it's FDA approved now, but so are a lot of terrible things that are put on the shelves at the grocery store that are harmful to us- like everything that leads to obesity, diabetes, and heart disease... and eventually death. And all the drugs that have been FDA approved that have since been recalled due to safety concerns. How do we know that something won't come out in a few years about this once it's further studied? This is very scary.

In my line of work, every patient that I have in my chair, gets their health history reviewed thoroughly, prior to proceeding with any care that is scheduled for that day, as it may affect how we proceed. It really bothers me that this vaccine is being recommended for everyone, and not on a case by case... I treat my patients on an individual basis. Every single person that sits in my chair is different, and I cater to their needs differently. Why should we be telling everyone they need this vaccine, without knowing anything about their medical history whatsoever? And what about the kids who have natural Immunity because they have had the virus? Is that taken into consideration at all? For some it's just absolutely not worth the risks. If my child was immune compromised, diabetic, or obese, you better believe I'd vaccinate, because then the benefit would

Outweigh the potential risks. But I don't see any benefit from this vaccine for my kids. My kids are all very healthy, and we take precautions if any symptoms arise.

Also, there have been mandates placed already, with many wonderful people/employees losing their jobs, and for what? At this point, it's very clear that this vaccine doesn't stop the spread of the virus, and it's also been shown to affect kids very mildly. My 3 kids have had Covid recently, and one of them had zero symptoms, and the other two had nasal congestion... that's it. I'm begging whoever I can beg to, to please understand parents concerns about this. We should have the right to choose for our kids. These poor kids don't have a say, and that's not fair. We as parents, are here to advocate for our kids best interest. It will make no difference if my kids are vaccinated or not as far as getting or spreading it, therefor, I am 1000% against this vaccine for kids and my husband and I are fully prepared to homeschool our kids if it comes to that.

We are good people, and we just want to be able to make this decision for our kids, and we want our kids in school where they should be, thriving and happy! My kids aren't their normal happy selves doing school at home, (in fact, my oldest gets very depressed) without their peers. I just feel like parents are being put in such a hard spot and it's heartbreaking.

Thank you for taking the time to read my rambling. I could go on and on, but I won't. I truly and genuinely pray this doesn't actually go through ☐☐

Sincerely,

Carlee Shelton

Get Outlook for iOS

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C>

From: Dawn

Sent: 1/7/2022 10:11:39 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: ILLEGAL ENFORCEMENT OF VIOLATION OF PERSONAL BODY AUTONOMY

External Email

To all parties emailed,

As a legal immigrant, now American citizen to this great country I write to demand that you vote most definitely no to any dictatorlike behavior that is currently being suggested in this great state of Washington.

This is the Land of Liberty, where people are permitted to live peaceably with their neighbors; free to pursue their own life whilst respecting their fellow citizens; regardless of faith; ethnicity; culture or political views, it is what made this country the jewel in an often cruel corrupt world where bullying, crime and oppression often rule over the weak and defenseless. But that was not supposed to happen here! We have mutual respect of each other! We have the rule of law! We have a rational system where We The People are represented by those we elect; who we believe are honest and sincerely wish to represent the electorate; to do what is right.

Does that describe you? Are you a defender of the people and the peoples rights? Or are you part of the problem? Are you there to further your personal career or agenda? Are you there to make yourself wealthy? Powerful? Or were you called to defend what is right? Just? Are you so enamored by the Constitution, the Republic and the high ideals that you have chosen to lay personal gain aside so that you will be a watchman on the wall? A defender of what is good? Can you be trusted with this responsibility?

Below are the reasonable reasons to say no to rash heavy handed rulings, please consider them, understand that every human of whatever age is worthy of respect, honor and protection.

Thank you for taking the time to read this email.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to

learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Dawn

" If we live, we live for the Lord; and if we die, we die for the Lord. So, whether we live or die, we belong to the Lord."

Rom 14:8

From: Julia Orme

Sent: 1/6/2022 4:45:10 PM

To: Thai, Nathaniel J (SBOH), Lang, Caitlin M (SBOH), Hoff, Christy Curwick (SBOH), Haag, Hannah R (SBOH), Donahoe, Kaitlyn N (SBOH), Kahler, Kelie (SBOH), Herendeen, Lindsay (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSBOH

Cc:

Subject: My Public Comments - Agenda Item 11 Opposing the Vaccine Mandate for school

External Email

I am writing to oppose a Covid vaccine requirement for schools and childcare centers (both now while it is under EUA and later if it is FDA approved). I am a lawyer and a mother of three young children. This is not a political issue for me. My kids are vaccinated - in fact, my four month old just got her boosters yesterday. I had never considered homeschooling my children, but if this vaccine is required, I will never enroll them in public school.

I'm sure you are getting a lot of emails about this mandate. I am part of a large and diverse group of parents who will not give our children this vaccine. We are lawyers, doctors, nurses, engineers, tech professionals, stay at home parents, and more from King County and elsewhere in Washington. We have listened to VRBPAC and ACIP meetings. We know that FDA advisors expressed concern that an EUA approval of this vaccine may lead to unnecessary mandates for students. We understand the low risk of covid to our children and the risks of the vaccine. We know that no other childhood vaccines were required after safety trials as perfunctory as the covid vaccine trials. Many of our children have had covid, and we know they don't need this vaccine. We are informed and paying close attention to your decision.

If this vaccine is mandated, I expect lawsuits will be filed. And the legal basis for a mandate is weak.

<https://www.tabletmag.com/sections/news/articles/covid-vaccine-mandates-kids-legal>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tabletmag.com%2Fsections%2Fnews%2Farticles%2Fcovid-vaccine-mandates-kids-legal&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C0e65e32445b04ec18d3108d9d176d220%7C>>

You should also consider how making this vaccine mandatory will undermine other public health initiatives, especially other childhood vaccines.

Finally, I will include below the arguments I have sent in previous emails about why the covid vaccine does not meet the nine criteria used in evaluating antigens. Importantly:

- The covid vaccine does not prevent transmission of the virus, as evidenced by the current increase in cases in highly-vaccinated King County. Schools that have remained open in the US and Europe do not have significant spread of covid (whether or not students are masked), and the spread is often lower than the surrounding community.
- The vaccine is not cost-effective from a societal perspective. Because the vaccinated are protected against hospitalization and death by their own vaccination and children are not at risk of hospitalization and death due to their age, there is no benefit to vaccinating

children. Moreover, the vaccine has side-effects that may keep kids out of school and their caregivers home. At best, the vaccine is cost-neutral. At worst, the costs are severe and the benefits nonexistent.

- The vaccine has low public acceptance for children. Currently only 20% of 5-11 year olds in Washington have been fully vaccinated. If this is mandated for schools, tens of thousands of parents will refuse to comply.
- The administrative burden of tracking this vaccine is high. Because efficacy wanes after six months and boosters are now recommended, it's reasonable to assume that tracking this vaccination will be a burden on schools once or twice a year. It will also be a recurring burden on parents.
- Experience to date does not show that the vaccine is safe or has an acceptable level of side effects. VAERS safety data shows many more adverse effects from the covid vaccine than for other childhood vaccines. The known risks of the vaccine, in particular myocarditis in boys, is much higher than the risk of covid itself, which is quite low for children.

Also, consider that many children have already had covid, and by next year thousands more will be immune.

Thank you,

Julia Orme

From: Brett Spore

Sent: 1/6/2022 7:27:02 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Immunization Criteria for Child Care and School Entry (Covid-19)

External Email

As a parent, medical employee and a member of the community, I implore you to please stop the push to require Covid-19 vaccinations for ANY child in child care or school. Covid vaccines should absolutely NOT be a requirement for our children! Children are at an extremely low risk for Covid-19. The Covid-19 vaccines have no long-term testing on adults and they have even less testing on children. Covid 19 vaccines are not stopping the virus as many with the vaccine are contracting and spreading Covid-19. The vaccine has not been tested enough to ensure its efficacy and safety in children. Requiring this vaccine does not protect our children!

The disease burden in this case does not meet your criteria. There is NOT a significant morbidity and/or mortality in at least some sub-set of the population. The survival rate is well over 90% and even the long term effects of Covid-19 do not represent a significant amount. Additionally, this vaccine is not meeting your criteria because it is not reducing the risk of person-to-person transmission.

As for the criteria of Implementation, the vaccine is NOT acceptable to the medical community and the public. There is an extremely large amount of both the medical and the general public who do NOT accept this vaccine as safe.

And finally in regard to vaccines effectiveness, this vaccine does not work. It is not on the Recommended Childhood & Adolescent Immunization Schedule. It is not preventing Covid-19 nor is it preventing the spread of Covid-19. The vaccine is not cost effective for our nation. Perhaps it is cost effective or free or maybe even puts some money into the local schools, but as a nation, it is destroying our financial position at an alarming rate. "Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects." Yeah. Not even close. Tell that to the parents of the kids who are having heart attacks. Tell that to my friends who have had massive auto immune flare ups and other medical issues arise immediately after their second dose. This is not a safe vaccine for all people.

Please PROTECT our children by NOT requiring a covid-19 vaccination to attend child care or school.

Thank you,

Brett Elizabeth Spore

From: Trish Blau

Sent: 1/6/2022 10:17:39 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Yes! To a Vaccine Mandate for Our Children and Public School.

External Email

If we are going to keep schools open in the middle of this pandemic then we should be doing everything in our power to keep people safe. Yes, to school vaccine mandates for COVID-19 vaccines.

Thank you,
Trish Blau
Tacoma, WA 98407

From: Laurel and Oak Designs

Sent: 1/7/2022 7:52:38 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine Policy

External Email

I stand against the covid vaccine being included in 246-105-030 and feel it should NOT be required for children to attend school. The flu vaccine is not a requirement to attend school nor should the covid vaccine. Without knowing the long term side effects this has on our children I do not feel comfortable allowing them to receive. It is unfortunate that if this does pass many children will not be attending public school moving forward and will be looking into other methods of education.

Shelby

From: Bradley Lamkin
Sent: 1/6/2022 11:12:56 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Jan 12 Board Meeting - Policies Under Consideration

External Email

I'm writing to the Washington State Board of Health to state that I am strongly opposed to the proposed policy that will be discussed at your January 12 meeting, relating to providing law enforcement authority to involuntarily detain Washington state citizens. This is a power grab by an unelected, unaccountable bureaucracy. Detaining a person without due process is a gross violation of the WA St and US Constitutions which our founding fathers set up to protect us from this same tyranny they experienced at the hands of the British.

Also, I am strongly opposed to any action which would require covid vaccinations for children to attend schools. It is a parent's right to raise their children according to their closely held beliefs. It is also the child's right to obtain an education. The requirement that a child receive a vaccination which either violates a family's closely held beliefs, or creates concerns about the health effects of the vaccine is also 100% unconstitutional. 2 years of testing and data is not sufficient to verify the safety of the vaccine for all children. In fact, the more children receive the vaccine and follow-on shots, the more adverse health effects are being reported, all while we are seeing fewer and fewer deaths from the newest Covid variants.

In closing, I am vehemently opposed to both these policies you are considering. They are antithetical to American law and values.

Brad Lamkin
Port Orchard, WA 98366

From: Hailey E
Sent: 1/7/2022 11:54:11 AM
To: Hailey E
Cc:
Subject: Responding to WACs 246-100-070, 246-100-045 & 246-100-040

External Email

Hello,

It has come to my attention that WA Board of Health will be discussing COVID-19 shot mandates for schools and recommendations for forcible quarantine and/or detention of those that disagree with policies. As a parent and a citizen of the State of WA, I request that you abandon the plan of forming a technical advisory group to explore COVID-19 mandates and adopt a new rule of requiring products to have completed Phase 3 clinical trials before they can be added to the list of school requirements.

One definition of insanity is to repeat the same action over and over again and expect different results. For almost 2 years we have attempted to follow the health recommendations of washing, masking, distancing, testing, isolating and vaccinating. By now, it is quite apparent that the virus has mutated; as a result, SARS CoV2 has become more virulent (which is the nature of all viruses) but LESS FATAL. Real immunity is achieved with exposure and recovery as is evidenced by the fact that those infected with SARS in 2002/3 cannot become infected with SARS CoV2 today! In contrast, COVID-19 has managed to find a way to escape the vaccine per the evidence by the incredibly high numbers of vaccinated and even boosted individuals getting sick and testing positive. Surely this fact has not escaped your knowledge!

I also hope that you, being members of the WA State Health Board, are well aware of what the #1 cause of death was (aside from abortions which came in at an astonishing 43 million, globally) in 2021. Last year, the disease that killed 8.2 million people globally was cancer. Cancer killed more people last year than COVID-19 has since the beginning of the pandemic. Death is tragic, yes, but I will not stand by as mandates and overreaches of personal medical freedoms are occurring, of which should only be between doctors and their patients should be handled; politicians and elected officials like yourselves have not earned nor have any say in the privacy of what medical choices my family or any Washingtonian family makes. Can you imagine what the United States could do if local officials like yourself across the nation put this much effort into cancer research and treatment as they did in pushing for COVID-19 vaccine creation? We'd probably find a cure within the next year.

I do not doubt that you all desire to improve the health of Washingtonians. However, I do not trust that you have carefully investigated and logically determined adequate and measurable health remedies for which you are able to provide evidence. Before doubling down on measures that seem to HARM more than they HELP the overall health of citizens, please determine and make public the evidence to justify any policies. Giving "powers of police officers, sheriffs, constables, and all other officers" is an overreach of what the State Health Departments' responsibilities, an overreach of the people's freedoms, as well an effort to over-centralize general powers within the state, which is against what our Constitution stands for throughout the land.

Regarding mandating shots, know that the clinical trials will not be completed until 2023. Know that WA State has a legal definition of a "vaccine" that the COVID-19 shots do not fulfill as they were never part of a living microorganism nor do they prevent transmission or infection of disease. "Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that

protects against disease and is approved by the federal food and drug administration as safe and effective <https://app.leg.wa.gov/RCW/default.aspx?cite=70.290.010>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>

Finally, do no harm! You cannot possibly know or care more about the health of children than do the parents of Washington children!

Now I ask, how necessary or even safe is it to give a vaccine to a person who already has immunity to the pathogen? Most children by now have been exposed to the virus and have developed immunity without difficulty since it has now been almost 2 YEARS. Why consider a mandate for those not at high risk for adverse outcome should they become infected but who carry unknown risks of adverse reaction with getting the shot?

I look forward to hearing these concerns addressed and evidence for any and all recommendations to be presented when I tune into your meeting on January 12.

Thank you,
Hailey Eames

From: Abbey Story

Sent: 1/6/2022 10:21:35 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 12th Meeting

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,
Abigail Story

From: Heidi Taft

Sent: 1/7/2022 10:46:45 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WA State Board of Health Vaccine Mandate Review

External Email

Dear Board of Health Members-

I am a mother of two high school boys and an active member in my public school and community in Seattle. I am writing to share my thoughts regarding a COVID vaccine mandate in Washington.

My kids have received every childhood vaccine on schedule. After some research I chose to give them the HPV vaccines as well. I'm leading with this because I would like to clarify that I am not anti-vaccine. The pejorative label 'anti-vaxxer' given to anyone not interested in the Covid-19 vaccines is misguided and inappropriate. I have not discouraged my family members or friends from getting the Covid-19 vaccine or subsequent boosters. I believe it is their choice and also there may be some benefit to people over age 70 and to my sister with severe asthma. I have no interest in campaigning against the vaccine but I stand strongly against a vaccine mandate.

It's very obvious that the vaccine will not prevent COVID infection or transmission, failing one of the qualification criteria for mandated vaccines set forth by the Board of Health. I listened to the Zoom meeting last week and that was point number one. The vaccine does not prevent disease so this should be a full stop. Even if you move beyond that to weigh the safety/side effects against risk of disease, the numbers don't add up for children or most people under age 70 with no co-morbidities.

The second point was disease burden criteria. There is no significant threat to children and the vaccine does not reduce risk of transmission. Again, this should be a full stop as it now fails points one and two.

Last month, several vaccinated students had Covid and infected most of the basketball team at our high school. My son was testing every few days so we knew he did not have Covid but the vaccinated players were not required to test. Eventually my son got Covid, as did our whole family over Christmas. We all had mild cold/flu symptoms for about 3 days and tested negative a week later. We know several people boosted and otherwise who are getting the new variant, which means a vaccine for an old variant from two years ago makes absolutely no sense to mandate – especially to an age group that has almost zero risk.

While the majority of vaccine recipients suffer no adverse effects, there have been reports of issues such as post-vaccine myocarditis that must weigh heavily on the decision to mandate this vaccine. Young males are at a higher risk for some reason and those who already contracted the virus have a 2-4 times higher risk of adverse events from the vaccine. My family cardiac history (including my own cardiac abnormality) puts my own sons at a higher risk for an adverse reaction as documented on the CDC's own website. (I'm happy to provide links to all of these studies but surely you are researching this yourselves.) More and more data indicate that the risk of myocarditis is far higher than we previously realized. Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection (Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection | Nature Medicine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nature.com%2Farticles%2F5021-01630-0&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cd1f56728142948a5862308d9d20e0c79%7C11d0>).

The benefits of the vaccine must outweigh the risks and we don't have enough data to show benefits to healthy children. We also do not have long term safety data available for this vaccine. 28.1% of children between the ages of 5-11 in Washington have initiated vaccination. Only about 20.0% of children in this group are fully vaccinated as of today. 51.2% of children 12-15 are fully vaccinated and 59.2 of 16-17 year olds are fully vaccinated. I think this demonstrates that this vaccine is not accepted by the public, especially to parents of younger children.

Thank you for your time and I hope you take parents' comments about this topic very seriously. We all want the best for our children. Please do the right thing and do not mandate this vaccine.

Sincerely,

Heidi Taft

From: Monika Davis
Sent: 1/7/2022 7:46:54 AM
To: DOH WSBOH
Subject: Mandate.

External Email

Hello, my name is Monika Davis I'm the parent of one 3rd grade boy in south kitsap County school district. I would like to make sure my voice is heard. I disagree with making the COVID-19 vaccine a requirement to attend school. My partner and I both tested positive for covid in early November. My son didn't get a sniffle. We're unvaccinated our selves. The sickness was much like a sinus infection. I am pregnant and able to fight it off within a week. My son and most healthy children are not getting sick from this virus and if they are its no more than a head cold. Please consider our voices, we don't know what the long term effects will be. Plus we do know it's causing myocarditis in some patients. That's sourced and factual data. People can choose for their own children. Don't mandate it. Don't require it. The kids have already suffered enough.

Sincerely, Monika Davis.

From: Stephanie Brown

Sent: 1/6/2022 7:32:25 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: School Mandate

External Email

Hello,

Washingtonian here.....I am a very concerned parent. Mother of 3 boys ages 8,10 and 12. We live in Covington Wa. Our family does believe in vaccinations. However we are not on board with the Covid-19 vaccine for multiple reasons. We also strongly feel people should have the right to choose. We have lost a friend due to adverse reactions from the vaccine and have countless people in our lives now with ongoing life threatening issues. The stories we hear are endless from other friends and co-workers too.

My husband and I both keep saying we wish this would just stop! Things are just spiraling downhill in my beautiful state I grew up in. So many vaccinated people are getting sick. It just seems more like a flu shot, not a vaccine. The mandate is just causing division between people, it's so sad. Children especially don't need this vaccine. If a parent wants to take that risk and vaccinate their child then that is there right. But to be forced is completely wrong. Regardless we along with thousands of families will pull our children and many of us will move out of state or find other education options. I strongly hope that you will all consider not mandating this vaccine. Please!! Thank you for your time.

Thank you,
Stephanie Skeel Brown

From: larsetom1

Sent: 1/6/2022 9:08:24 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: Oppose Covid Vaccine requirements for school children



attachments\1BB690CF8E364740_The-COVID-19-Inoculations-More-Ha_PRDPOOL_NAME_TOO_LONG.pdf

External Email

RE: Please oppose COVID 19 vaccine requirement for schools in Washington State
I am attaching a report done on the Pfizer safety data. It is produced by the Canadian Covid Care Alliance, a group of medical professionals. It shows with genuine scientific rigor that the Covid-19 inoculations are not safe. Before making any decision please look at this. The presentation is less than 40 minutes long. I have also attached the pdf of the presentation that includes links to sources.

Thank you.
Tom Larsen

On Thu, Jan 6, 2022 at 6:39 PM larsetom1 <larsetom@gmail.com>
<mailto:larsetom@gmail.com> > wrote:

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable'. Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show

medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long or even medium term risks of these vaccines.

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,

Tom Larsen

Seattle, WA 98117

From: 1Sandrabeard

Sent: 1/7/2022 12:09:41 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Covid Shot Mandate for Students

External Email

I understand mandating the vaccine for school age students is under discussion. I urge you to vote against this mandate.

First and foremost government should not get to decide what I do or don't put in my body or my children's body. That is a personal decision, especially regarding a virus that has a 98 or 99% survival for all. It is even being reported by mainstream media that the numbers of Covid deaths are flawed, and inflated so it may be a higher survival rate than previously reported.

Brings me to my second point, the survival rate of school age children with COVID is approximately 99.7%. Current data proves the shot only lessens the symptoms of those infected with COVID, it does NOT prevent them from getting it or passing it to others, so what is it's purpose for children? They already have mild symptoms and already recover at a rate of 99.7%, there is no basis for a mandate. If parents want to vaccinate their kids great, but others should not be forced to do so. This is all about control. Look at the majority of school age kids across the country in the majority of other states, no masks, no mandates, they are living their lives not in fear, but enjoying their lives pre-covid style. Are schools having to shut down because of massive outbreaks? No. In fact most states don't even have a mask mandate but that is an entirely different debate. (I have family and friends all over the country, I know this to be true, kids in school no shot mandate and no masks, just being kids.) and if they get sick they stay home and they recover. They are not living in fear of a virus with a 99.7% survival rate in kids.

I urge you to oppose this mandate and fight for our students rights, leave the choice where it should be, with the students, parents and guardians. The choice is ours not the governments.

Sandra Beard

From: Cynthia Zapotocky

Sent: 1/6/2022 10:36:37 PM

To: DOH WSBOH, Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), samantha.pskowski@sboh.wa.gov, Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Testimony for State Board of Health Hearing scheduled for 1-12-22



*attachments\1AD02BBAB8C64474_State Board of Health Vax
Mandate_PRDTOOL_NAME TOOLONG.docx*



attachments\7F764A63852543CE_Nuremberg Code.docx

External Email

See my testimony attached. Also attachment on Nuremberg Code

From Cindy Zapotocky, Spokane, WA
509-389-1141

From: Samantha Van NYhuis
Sent: 1/7/2022 10:38:31 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Time sensitive material

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>)) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

May God bless you abundantly today. Samantha

From: Eliane V

Sent: 1/7/2022 12:16:35 PM

To: Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Hisaw, Melanie (SBOH),DOH WSBOH,Davis, Michelle (SBOH)

Cc:

Subject: STOP THE VACCINE MANDATE

External Email

Where there is risk, there must be choice.

Children are not at risk of covid or transmitting it.

It's unconstitutional.

Medical freedom is of upmost importance!

From: Lyudmila Petrik
Sent: 1/6/2022 5:44:24 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Immunization criteria for child care and school entry

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19
4. There are no long-term studies to document any history of safety
5. Studies do now document that vaccinated and unvaccinated can both transmit COVID, therefore,
6. The vaccine apparently does not stop the spread of the disease

Best Regards,

Lyudmila Ianosel

From: Claudia Richey

Sent: 1/7/2022 9:25:41 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: COVID 19 vaccine requirement for schools in Washington State

External Email

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3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force-vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Claudia Richey

Concerned mom and Washington State taxpayer

From: Lena Guisewite
Sent: 1/6/2022 8:49:12 PM
To:
Cc:
Subject: Vaccine mandates for WA schools is WRONG

External Email

Dear Washington State Board of Health,

I urge you to consider the real science and full spectrum of medical data when considering requiring a COVID vaccine for day care and school attendance. Randomized controlled trials are the gold standard in medical research because there is a control group. Pfizer conducted a randomized control trial of 44,000 patients divided into two groups. One group gets the vaccine, one group gets a placebo. More people died in the Pfizer vaccine group than the placebo group. The difference wasn't statistically significant but scientifically one cannot claim these vaccines reduce death.

21 US Code 360BBB protects one's right to refuse any emergency use authorized medical products, therefore it is illegal to mandate an EUA vaccine. The exact text from 21 U.S. Code Sec.360bbb-3(e)(1)(A)(ii)(III) reads "of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks".

The VAERS database is the database for vaccine injuries. A Harvard report in 2010 shows that fewer than 1% of vaccine adverse events are reported to VAERS. The CDC validates all entries and false allegations are prosecuted. Pre-COVID, VAERS shows about 158 deaths due to vaccines per year. In January 2021, over 17,000 deaths and over 70,000 hospitalizations from the Covid Vaccines were reported. This quantity of lethal reactions historically shut down other vaccine programs.

Further, the CDC says that the Covid hospitalization risk for children is about the same risk of the flu.

Consider additionally, the greater alienation of a growing population of Washington homeschoolers this decision could bring. Our children need a government and health officials they can trust to put their best interest first. How will families who choose to homeschool because of this proposed COVID vaccine mandate be supported in their freedom to opt-out of public school? So far I have personally only encountered red tape and a general lack of concern for the education of any child whose parent un-enrolls them from the public school system.

It is not safe, responsible, or legal to require this experimental drug for children.

Thank you for your time.
Lena Guisewite
Olympia, WA

From: Kahler, Kelie (SBOH)
Sent: 1/6/2022 4:12:34 PM
To: DOH WSBOH
Cc:
Subject: FW: January 12, 2022 State Board of Health Meeting

From: Loretta M Johnson <lorettamj@onlinemac.com>
Sent: Thursday, January 6, 2022 4:10 PM
To: Kahler, Kelie (SBOH) <Kelie.Kahler@sboh.wa.gov>
Subject: Fwd: January 12, 2022 State Board of Health Meeting

External Email

Begin forwarded message:

From: Loretta M Johnson <lorettamj@onlinemac.com
<mailto:lorettamj@onlinemac.com> >

Subject: January 12, 2022 State Board of Health Meeting

Date: January 6, 2022 at 3:34:27 PM PST

To: wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> ,
michelle.davis@sboh.wa.gov <mailto:michelle.davis@sboh.wa.gov> ,
melanie.hisaw@boh.wa.gov <mailto:melanie.hisaw@boh.wa.gov> ,
christy.hoff@sboh.wa.gov <mailto:christy.hoff@sboh.wa.gov> ,
stuart.glasoe@sboh.wa.gov <mailto:stuart.glasoe@sboh.wa.gov> ,
samantha.pskowski@sboh.wa.gov <mailto:samantha.pskowski@sboh.wa.gov> ,
kaitlyn.donahoe@sboh.wa.gov <mailto:kaitlyn.donahoe@sboh.wa.gov> ,
caitlin.lang@sboh.wa.gov <mailto:caitlin.lang@sboh.wa.gov> ,
lindsay.herendeen@sboh.wa.gov <mailto:lindsay.herendeen@sboh.wa.gov> ,
tracy.schreiber@sboh.wa.gov <mailto:tracy.schreiber@sboh.wa.gov> ,
hanna.haag@sboh.wa.gov <mailto:hanna.haag@sboh.wa.gov> ,
kelie.ahler@sboh.wa.gov <mailto:kelie.ahler@sboh.wa.gov> ,
Nathaniel.Thai@sboh.wa.gov <mailto:Nathaniel.Thai@sboh.wa.gov>

I am contacting you to insist you do not move forward on the outrageous anti-American propositions concerning health officers using law enforcement to force an

emergency order to involuntarily detain people against their will (locking up innocent people), for only wanting autonomy over their own bodies and the bodies of their children. You are stripping parental rights from your citizens, you are vilifying innocent, hardworking, citizens, you are dividing our nation, and you are turning your back on your own citizen-citizens who probably put you in office trusting you to do what is best for them. This is not best for them, for anyone. This is government overreach of unreasonable proportion, and the repercussions of this will be felt far and wide. This is un-American and you do not have the right or power to hurt our people, our families like this. And can I just add, adding Covid-19 injections to the school Immunization requirements is beyond reasonable. This injection has not been proven safe long-term and to force it to be given to anyone, but especially our children is criminal. Let parents be parents, no one else has the right to do this. Many people happily defend the "my body, my choice" mantra, but why is this different? I will not tell you what to put into your body, you should not be telling other people what to put into their bodies. This is wrong. This is harmful.

Sincerely,
David and Loretta Johnson

From: ksusha7778
Sent: 1/7/2022 10:09:14 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Kids C19 vax concerns

External Email

Dear Nathaniel, I hope this email finds you and your family well.

A few days ago, during a WA State Board of Health meeting, the advisory group spoke of whether they should recommend adding Covid vaccination to the current WA vaccine schedule for school and daycare entry. Unfortunately public comments were not allowed. The advisory group would be making a recommendation for our children without hearing from the parents.

I oppose the Covid vaccine being added to the school and daycare schedule. Children have mild to no symptoms from the virus, and are thus the safest. Covid Vaccine inserts are none existent to the public, leaving us without a knowledgeable and informed choice. Pharmacists themselves do not have access to a vaccine insert. We are told to believe and take the plunge yet so many have had horrible and evenly deadly complications from these vaccines. Please urge the advisory group to be cautious and not make recommendations for the Covid vaccine to be added to the school and daycare schedule.

Thank you for taking the time to read my opposition and concerns. I look forward to reading your reply.

Pierce County resident Oksana Stepchuk

Sent from my Verizon, Samsung Galaxy smartphone

From: Alicia Flegel
Sent: 1/7/2022 10:05:18 AM
To: DOH WSBOH
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Good day,

I am the mother of 3 children who attend the Enumclaw School District. I moved back here a year ago to my home state from Montana to be closer to family and provide my children with education in a different light.

I have major concerns in regards to the WA Health/School Board determining the welfare in regards to this vaccination on my children, as that shouldn't be of there concern. It's the responsibility of the parents to decide for there children's health outlook which include guaranteed life saving vaccinations.

In these last 2 years since covid virus (keyword virus) began it's been found with much more research that the government has contradicted itself from the studies and findings from doctors/scientists that we all should be fully paying attention too.

Here are just a few questions that I feel should be at the forefront of each parents concern with going forward on forcing this shot:

- 1.) Children are at extremely low risk for Covid or death
- 2.) The vaccines are still only EUA (emergency use authorized)
- 3.) There are no long-term studies to document any history of safety for this shot on our childrens future health outlook
- 4.) Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore, the vaccine apparently does not stop the spread of the virus. It possibly only keeps symptoms at bay depending on each individuals own immunity.
- 5.) Death has occurred from this shot also major heart complications and other symptoms that concern me as a parent more than the virus itself.

No one should be forced, this should be a choice under our constitutional rights. It's also proven by doctors/science that there is no guarentee by injecting this shot and many boosters thereafter it will prevent death. There is too many unknowns to go forth with this injustice request on an experimental drug.

Sincerely,
Ali a concerned mother

From: Casey Satterfield
Sent: 1/6/2022 4:23:55 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

A Covid-19 vaccine mandate clearly does not pass the 9 criteria required when Reviewing Antigens for Potential Inclusion in WAC 246-105-030. I am not taking issue with the vaccine itself, and in fact continue to encourage vaccination in my community. My lack of support for a mandate stems from the following criteria not being met under sections II and III on the list of criteria:

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.

- The vaccine has been directly available to every vulnerable sub-set of the population for some time.

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

- It is widely proven that vaccinated individuals can and do continue to transmit the virus. We know this because this was the science used to justify mask mandates. Masks are mandated in schools already, regardless of vaccination status, to prevent the vaccinated from transmitting the virus.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.

While the vaccine may be acceptable to the medical community (although we will note that even within the medical community, the vaccine adoption rate was not acceptable enough to preclude a forced mandate), we cannot gloss over the fact that public acceptance does not even represent a strong majority.

- Under 51% of Spokane County residents are vaccinated. (srdc.org)
- Less than 40% of kids 12-17 are vaccinated. (srdc.org)
- Only 36% of the entire black community in Spokane County is vaccinated, and it is reasonable to assume this number is far lower among ages 12-17. A vaccine mandate in schools would disproportionately affect students of color in our community. (srdc.org)

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.

- Our administrators and nurses have already given feedback that a vaccine mandate would create an unreasonable and insurmountable administrative burden involving tracking.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

- As stated in the above vaccination statistics, parents are choosing not to vaccinate their

children. Forcing them to do so (as with other segments of our society who were coerced under the threat of losing their jobs and livelihoods) does not fall within a reasonable burden of compliance. It does not seem logical to vaccinate a group (ages 0-19) with such a low, even insignificant, rate of hospitalization or death, while claiming that will protect a more vulnerable group (ages 50-90) with a dramatically higher rate of vaccination (between 62%-82% based on age). Thusly, our state would propose forcing vaccination on those who do not need it, to protect those who already have it and/or could easily get it.

The vaccine is widely available to any age group now. Vaccination rates reflect individual health choices that must be protected. We have to acknowledge that individuals can make their own health decisions for themselves and their families. There simply is not a case to be made for forcing someone to get vaccinated to protect someone else who can easily get vaccinated themselves.

Thank you,

From: Chelsea Ritualo
Sent: 1/7/2022 10:30:16 AM
To: DOH WSBOH
Cc:
Subject: School Immunization Requirements

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following reasons:

- During the October 26th FDA advisory committee meeting, 16 of the 18 members were very clear that they did not believe "otherwise healthy" children need this injection. In their closing comments, members explicitly stated that they recommended approval so that "high-risk children in conjunction with their parents and doctors" could have it available. They also noted that though some states may try to "mandate" it, they couldn't let that deter them from making it available to high-risk kids that may need it.

- Federal Emergency Use Authorization statutes prohibit school mandates of EUA products. The only FDA-approved version is not yet available in the United States.

- Phase 3 clinical trials of COVID-19 vaccines are not yet completed. C4591007—the main clinical trial in children and young adults with BNT162b2—has an estimated completion date of May 5, 2026. Source:

<https://clinicaltrials.gov/ct2/show/NCT04816643>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fclinicaltrials.gov%2Fct2%2Fshow%2FbVQo-gFwP_nGCGr9OWVHNIIsaFkJYXIfY&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C014fe05996074

bVQo-gFwP_nGCGr9OWVHNIIsaFkJYXIfY&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C014fe05996074

- The vaccine formulation now being given to U.S. children aged 5-11 is NOT the same formulation used in the clinical trials and NOT the same formulation administered to all other age groups under EUA. So, even when current ongoing clinical trials are complete, the results cannot be assumed to be relevant to the safety or effectiveness of the new formulation.

- Not having language that recognizes and acknowledges innate immunity of the Covid-19 recovered is irresponsible medicine. It employs a one-size-fits-all medical approach that does not consider children's individual health needs.

- Children are the least affected by this virus regarding severity and most at risk of unknown long-term effects.

I appreciate your consideration in this matter.
Kind regards,
Chelsea Ritualo

From: Stacey Simon
Sent: 1/7/2022 10:25:10 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Mandate

External Email

Dear Nathaniel,

My name is Stacey Simon, I'm writing to you about the possibility of mandating the Covid-19 vaccine in our schools.

I want to advocate for my children and for the children of Washington State. This isn't about anti-vax, but for everyone's right to choose what goes into their bodies.

This vaccine is still new, and there aren't any long term studies on its effects. It should be left up to the parents and their physician whether or not to get the vaccine, not the government. No one should be forced to take anything in order to attend school, hold a job, or continue to be a member in society. Studies have shown that our kids are not at risk for serious illness, and to date, Covid-19 still has over a 99% survival rate.

Clearly the vaccine isn't working to keep this virus at bay, and those that are vaccinated are still getting sick and spreading the virus. So why at this point would mandating this for our students be necessary or make any logical sense?

I can appreciate the fact that the world's attention is currently hyper-focused on Covid 19. Health and Public Safety organizations feel the need to show some sort of response, warranted or not. Please keep in mind the flawed logic of the vaccines and our children's well-being and health when making these policy decisions.

Thank you,

Stacey Simon

From: Trisha Provinsal
Sent: 1/6/2022 5:29:38 PM
To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)
Cc:
Subject: Covid Student Vaccination Mandate & Quarantine Camp Comments

External Email

To Whom it May Concern, January 6, 2022

I am a teacher, a lifelong citizen of Washington State, and a person deeply concerned with human rights and bodily sovereignty, and I am writing to share my profound opposition to the proposed Covid Student Vaccination Mandate for Washington State schools and Quarantine Sites.

The facts are becoming more and more clear, and even the official organizations have admitted that the Covid vaccines are not a neutralizing vaccination. They do not stop people from getting Covid, nor do they stop people from spreading it.

While the following are anecdotal, they serve to make a point that the vaccinations are not the answer to the problem, and therefore, forcing anyone, especially children, to get them is morally wrong and violates freedom.

1. The National Hockey League was at an almost 100% player vaccination status. For weeks now, they have had to postpone games due to a massive number of players who have tested positive for this virus. Not only is this vaccination not preventing the spread (one merely needs to compare the cases all over the world, despite mass vaccination...looking at the cases when there wasn't a vaccine, vs. when majorities have been vaccinated), but they are also not proven to be safe long term, and if you take the time to look into it, for many, especially young men, they are not safe short term.

2. When the vaccines first came out, Joe Biden, the CDC representative, and many other officials and doctors claimed that those injected would not be infected. They may deny that now, but if you take the time to search, you can find an abundance of clips where they speak just that. In less than a year, they have been proven blatantly wrong. This further supports the point that these shots are experimental, it is unknown what the long-term effects are, just look at how they did not know the short term effectiveness.

If I had more time, I would fill my letter to you with statistics to support my points, but I do not have more time to get my comments to you.

To mandate that children have an experimental substance injected into their body, especially not knowing the long term effects, is morally wrong. I am sure that you all feel the weight of what our world has experienced over the last years. And you are all in a position that holds some authority and power. So I humbly ask you to take to heart what it would mean, if a year or so down the road, you realized that the long term effects on children were devastating. Could you carry that weight in your hearts? Can you take that chance? Would you enroll your own children in experimental studies on their body? Other mandated vaccinations have not been imposed until there was long term data and

research. This one is not the same.

Have you payed attention to what happened in some cases in California where they tried to mandate the vaccination on children?

We are the taxpayers of this state. I am not willing to take part in my money going towards requiring our state's children to become guinea pigs.

When one knows history, not just the facts, but the causes and consequences, you do not find one time where those on the side of good forced others to inject themselves with an experimental drug.

In addition, it was not long ago that I dismissed talk of there being sites set up by the state, thinking how this is America. We don't have camps. Again, I would ask you to think about which side of history you are going to choose to be on? When in history have sites/camps been looked back at as something to be proud of?

Thank you for taking the time to read this short piece of what is in my heart.

Trisha Provinsal

Spokane, Washington

From: Jacie Rickman

Sent: 1/7/2022 10:50:33 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comment

External Email

That fact that anyone is even considering the ridiculous idea to detain an individual for not "following" your absurd ideas for safety surrounding Covid-19 is not only disgusting but it is DISCRIMINATION! This virus that has been present much longer than the public realizes and it's survival rates are higher than many other common illnesses. What's next? Remove a males testicles when they are tested for STD's? Ridiculous idea, I know.

Lastly, our children. CHILDREN! They are not done growing. I'm very pro choice and if anyone thinks I will be forced to inject my child with a substance that has no long term known effect just for them to attend school that they have the liberty to partake in, think again. My children will not be attending Washington state schools. On the other hand, might not be a bad idea so I can teach them common sense. Something many of you who are for these illegal policies lack.

If the board moves forward with these outlandish policies, you will be a part of why the Washington State economy will crumble. You are guaranteed to lose many WA state residents to a places where we can actually hold on to our US rights.

From: Kevin Gemeroy
Sent: 1/7/2022 10:10:23 AM
To: DOH WSBOH
Subject: Covid-19/Childhood vaccination requirement for schools



attachments\127783ED09154AA0_image001.jpg



attachments\FDF38043349B4724_Pfizer 5-11 Covid Vaccine Trial w KDG comments.pdf

External Email

Dear Board Members,

I am writing today to urge you NOT to include a Covid-19 vaccine requirement into the immunization schedule required for child care & school entry.

Before I go further, I think it is important to provide some background information on why I am urging you to adopt this position, as I believe context is key to any discussion.

I am a 4th generation West Seattleite who was born, raised, and educated in the State of Washington. I hold degrees in both Business and Political Science from the University of Washington. I'm also the 4th generation of my family to own and operate a small business (a company I founded while in college at the UW) in Seattle and was recognized as Washington State's Mr. Future Business Leader by FBLA-PBL in 1998 and as a 40 under 40 honoree by the Puget Sound Business Journal in 2018.

In August of 2020, my family fled our home of 12 years in Seattle, leaving on only 4 days' notice. The reason we fled was due to Governor Inslee's proclamation that it was "unsafe for any child to attend school in the state of Washington", and the subsequent closure of in-person instruction by the private school our oldest son was enrolled at (along with nearly every other school in the Seattle area).

There are many conditions in this world that pose a far greater risk to children and their families than Covid-19. For example, my two children have very unique educational needs – our oldest (age 7 ½) is gifted and has a specific learning disability – mixed dyslexia. Our youngest (age 4 ½) is highly gifted, yet is in the 2nd percentile for articulation (he has a major speech impediment), and has been attending speech therapy since age 3. My wife has a mental health condition which would put her health and quite possibly her life at risk had we stayed in Seattle through the lockdowns of last winter. None of these conditions are compatible with remote school or mandatory masking of children.

When weighing the consequences of staying in Seattle and dealing with the long-term

repercussions of the lockdown on their health and learning vs. leaving for a location with a more balanced view, the choice was clear: It was far safer for our family to risk contracting Covid-19 than to stay in our family's home of 4+ generations. We were fortunate enough to own a vacation rental property in Arizona, and therefore were afforded the opportunity to move there for a period of time to escape our state and local government restrictions.

Despite our comparative privilege, like most families, the vast majority of our income comes from my work. As such, for the last 18 months, I've been commuting from Phoenix to Seattle bi-weekly to continue to run my essential business, which provides IT management and support to other (primarily) essential businesses such as medical practices, crisis clinics and biotech firms (among others). Our employees continued to work in-person (in a hybrid model), and my in-person presence was required to provide continuity for our employees, clients, and operations. I spent much of last winter on nearly-empty airplanes wearing N95 or KN95 masks for hours at a time commuting between the cities in which I worked and lived.

As you might expect, I pursued vaccination against Covid-19 as quickly as I was allowed. While I had accepted that there was risk of infection prior to being vaccinated, my primary concern was the health and well-being of my family. Since I was residing part-time in Arizona, I became eligible as an essential worker in March of 2021 and received my first dose of the Pfizer vaccine on March 25.

Because I have a history of severe allergic reactions, I was advised by my Allergist/Immunologist to bring my epi-pens with me to the vaccination site. After receiving my shot, I began to go into anaphylaxis and was monitored by emergency personnel on-site for 90 minutes. Thankfully it did not progress to the point of my airways closing significantly and I did not end up needing to be hospitalized. Needless to say, my reaction made getting the second shot in the series an unknown risk. I delayed my second dose for an extra week, and scheduled my shot for a time when I had a friend who was a physician staying with us in case any adverse reactions occurred. Thankfully, none did, and I became fully vaccinated on April 21, 2021. My wife also completed her vaccine series with the Pfizer vaccine a few weeks later.

Our vaccinations did not protect us from transmission for very long, unfortunately.

During a business trip to Boston and Seattle in August, I was exposed to SARS-CoV2 and became symptomatic upon returning to Phoenix. On August 29, 2021, I tested positive and began my isolation period. Within the next few days, my wife and both of my children also tested positive for the virus. We followed all CDC guidelines and isolated at home for nearly 3 weeks total (as each positive result came a few days after the prior one).

My symptoms were thankfully mild, my wife's were moderate but resolved quickly thanks to early treatment and easy access to monoclonal antibodies, and my kids were essentially asymptomatic. One had a temperature of 99 degrees for less than a full day,

and the other had a slight cough which didn't even require the use of over-the-counter cough syrup.

As a result of our breakthrough infections, my wife and I have "hybrid immunity" and our kids have "natural immunity". Almost no data are available on the safety of further use of vaccines on those who had breakthrough infections, and the data are sparse to non-existent regarding efficacy of the vaccine on young children with prior natural immunity.

Here are a few facts about the Pfizer vaccine trial on 5-11 year olds that are particularly relevant – these are all taken from the New England Journal of Medicine article on the Pfizer study available at this link

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056/NEJMoa2109482&hpid=hp-top-story-table-main%3Anew%3Ahomepage%2Fstory&hpt=hp-top-story-table-main>
. I have highlighted and/or noted the relevant portions and attached a PDF copy for your reference:

- * The Pfizer vaccine was administered to a very small number of children
 - * Only 1518 children total during the Phase 2/3 trial
 - * In the phase 1 trial, children with a previous Covid-19 diagnosis were completely EXCLUDED
 - * In the phase 2/3 trial, only 135 children had evidence of prior Covid-19 – less than 9% of the total test group
- * Side effect data for those with prior infection is extremely limited
 - * A very small number of children who were previously infected were studied
 - * The study has a total of one sentence and ZERO data on the side effects for those with prior infection
 - * Data on non-severe adverse events was only collected for one month after the second dose was administered – meaning we have no long-term safety data
- * Efficacy of the vaccine is LOWER than natural immunity during the study period
 - * Efficacy against transmission was 90.7% in the vaccine group against transmission (of older variants) - 95% CI 67.7 to 98.3
 - * Not a single child who had evidence of prior Covid-19 infection was reinfected during the Pfizer trial – meaning prior natural immunity was 100% effective during the trial

It's also important to note that the CDC estimated that 42% of children have had prior Covid-19 infections. So while the amount of data we have from the study is very limited, a very high percentage of children in America have already contracted Covid-19, and many more will due to the Omicron winter wave that we are currently experiencing.

The Pfizer trial article states:

"Direct benefits of preventing SARS-CoV-2 infection in children include protection against severe disease, hospitalizations, and severe or long-term complications, such as MIS-C. Indirect benefits include the likelihood of reduced transmission in the home and in school settings, including transmission affecting vulnerable persons, and safer in-person learning. Without effective Covid-19 vaccines for this age group, children could potentially become ongoing reservoirs of infection and sources of newly emerging variants Covid-19-associated school closures and quarantines also have social and economic costs for families and caregivers. Widespread vaccination across age groups is therefore essential in ongoing efforts to curtail the pandemic."

However, most of these points are now moot due to the new Omicron variant. Data has shown that it produces less severe disease, reduced rates of hospitalization, less severe complications (MIS-C wasn't even evident during the Delta wave that the Pfizer trial was based on, much less the milder Omicron variant). As a society, we've mostly now agreed that in-person school is essential and vaccines offer a very limited benefit against transmission. Children generally don't get severe cases of Covid-19 (zero were hospitalized during the trial), and those with prior natural immunity did not get reinfected AT ALL.

At the end of the day, this decision should be a risk-reward calculation. There is now very little reward to requiring vaccination of children against Covid-19 – it is unlikely to reduce transmission significantly (due to Omicron) and very few cases are severe. Those parents who wish to vaccinate their children are free to do so.

However, the risks to mandating vaccination are significant. Many parents will pull their children out of schools if vaccination is mandated (this was noted by Governor Inslee during his press conference earlier this week). Very little data exists on the safety and efficacy of the vaccine on those children who have prior natural immunity. And many, many children will have natural immunity as a result of this Omicron wave we are currently experiencing.

As an entrepreneur and businessman, I am trained to make risk-reward calculations all day, every day. To me (and many others), a low-benefit with unknown risk scenario is not one that I am interested in pursuing. I hope the Board of Health reads and carefully considers these facts when making a determination about whether to require Covid-19 vaccination for children in Washington State.

Thank you for your time and consideration.

Kevin Gerneroy

President & CEO

Dynamic Computing, Inc.

1011 Western Avenue | Suite 920

Seattle, Washington 98104

Main: (206) 284-6200 | Direct: (206) 436-0061

kevin@dyncomputing.com <<mailto:kevin@dyncomputing.com>>

From: Samm Purnell

Sent: 1/7/2022 11:12:34 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: OPPOSITION TO VACCINE REQUIREMENT IN WASHINGTON SCHOOLS

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Samantha Purnell

From: Cheri Ealy Guadiz

Sent: 1/6/2022 6:46:17 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Detaining & forcing medical testing and/or treatment is unconstitutional & unnecessary in America. No FORCED COVID shots of children!!b

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

In addition, I have several friends who have had multiple friends and family members die shortly after getting vaccinated or were vaccinated and ended up dying of covid. It is obvious that the vaccines can be deadly and don't work.

Cheri Guadiz
18128 168th Way SE
Renton, WA 98058

From: Amy Seekins

Sent: 1/6/2022 11:06:06 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 12th meeting

External Email

Dear Board members,

I write to you today to discuss the overreach of Government concerning a mandatory vaccine for school age children. It is unethical to require an experimental gene therapy vaccine still under Emergency Use Authorization. As per Senator Ron Johnson and Liberty Law firm stated:

Letter to the FDA

<https://childrenshealthdefense.org/wp-content/uploads/2021-08-26-Letter-to-FDA-re-Comirnaty.pdf>

"As I stated to you in my letter dated August 22, 2021, "I see no need to rush the FDA approval process for any of the three COVID-19 vaccines. Expediting the process appears to only serve the political purpose of imposing and enforcing vaccine mandates."5 Because the FDA-approved Comirnaty vaccine is not generally available in the U.S., but the Pfizer-BioNTech COVID-19 vaccine will continue to be used in the U.S. under a reissued EUA, the FDA seems to be confirming my suspicion."

According to Liberty Council, Lawfirm

<https://lc.org/newsroom/details/082721-fda-does-a-bait-and-switch-with-covid-shots>

In other words, there is currently NO FDA approved COVID-19 injection available anywhere in the United States. Every COVID shot in America remains under the EUA law and thus people have the "option to accept or refuse" them;

Liberty Counsel Founder and Chairman Mat Staver said, "The FDA has apparently tried to deceive people by issuing its two confusing letters without proper explanation. Despite the FDA's sleight of hand, there is currently no FDA approved COVID shot available in the United States. Even if there were an FDA approved COVID shot available, people still may request that employers, schools, and the military accommodate their sincerely held religious beliefs."

Requiring any of these Experimental Gene Therapy EUA vaccinations in schools makes each and every one of you liable and responsible. Therefore; in violation of Nuremberg Code. See attached PDF below:

<https://history.nih.gov/download/attachments/1016866/nuremberg.pdf?version=1&modificationDate=1589>

We, the citizens of Washington State, and the rest of the Nation, will be watching and holding you all responsible for the decisions you make January 12th. We will pursue every lawful avenue necessary to remove each and every board member, as well as file

criminal complaints if this becomes mandatory for school age children.

Sincerely,
A concerned Washington State Citizen

From: Charlene Toma
Sent: 1/6/2022 11:47:15 PM
To: Davis, Michelle (SBOH)
Subject: Vote no for mandates for children from a vaccinated mother

External Email

Hello,

I am writing to hopefully help persuade you to vote no on mandating the vaccine for kids in the school system. I'm not opposed to vaccines. My kids have all their other vaccines, and I myself have gotten the covid vaccine. I'm a fairly reasonable person and believe this is an over step. I might one day be comfortable having my kids get the covid vaccine, but there's not enough long term data for me to be comfortable at this time. And children have a very low risk of hospitalization or death from covid. What about those that already had covid. Why should they be required to get vaccinated when they already had covid and have natural immunity. And, if people are concerned, they should get vaccinated, which would help protect themselves. So if they're vaccinated, why does it matter if my child is not?

Another concern is discrimination. I truly believe this is discriminatory. Someone should be allowed to attend school and better their futures whether they are vaccinated or not. It only affects them. Everyone else concerned should be vaccinated.

If your argument about the mandate is that other vaccines are mandated. Well, my counter would be that those other vaccines have been around a little longer. I'm comfortable with giving my children vaccines that have a little longer track record. I'm also comfortable giving my children vaccines for diseases that greatly effect children and their health. If you look at the grand scope of childrens risks of hospitalizations and death of covid that thankfully children are a very low risk demographic. They're allot more likely to die from a car accident on their way to school than die from catching covid at school. Let's make sure we're really understanding risk here. And not letting fear drive this decision.

I believe fear is driving this mandate. And although it comes from an altruistic place, I think the decision to follow through with the mandates do more harm than good. We need to be reasonable at evaluating and understanding risk. I would hate for my children to lose out on a good education due to the actions of the board. Please be reasonable. Please allow people to make a decision that works best for their families. Thank you.

Sincerely,

Charlene Emard

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Robynn Burk
Sent: 1/7/2022 9:56:52 AM
To:
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Good morning,

I am emailing to let you know that I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- Children are at extremely low risk for Covid
- The vaccines are still only EUA (emergency use authorized)
- There are no long-term studies to document any history of safety
- Studies do now document that vaccinated and unvaccinated can both transmit Covid, therefore,
- The vaccine apparently does not stop the spread of the disease

To pass this mandate considering the above reasons is criminal and those kids that die or have major health complications due to the vaccine will be on you. To subject our kids to potential long term health issues for something that is not a major risk to them is beyond wrong. There is plenty of data and statistics proving that kids do not need to be vaccinated. You need to stand up and do what is right. Our kids need to be protected from this vaccine until further studies and longterm history can prove it is safe.

Please do your part in taking a stand against the mandate for our children.

Thank you,

Robynn Langley

From: Joseph Toche
Sent: 1/6/2022 8:08:27 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID 19 Vaccination Requirement for School in Washington State

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>))

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you for your attention on this important matter.

Joe Toche
Seattle, WA

From: Susan
Sent: 1/6/2022 5:51:09 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Concerned Citizen

External Email

To whom it may concern,

As a parent in WA state, I am adamantly opposed to a covid vaccine requirement for school aged kids and daycares. This vaccine has not had any long term (or relatively short term) safety studies done and is only approved for emergency use. The SCIENCE shows that though this virus is becoming more transmissible it is also becoming LESS severe symptom wise (especially in children). No parent wants their child to get sick, not even with the common cold (which is where covid is heading in mutation). However the reality is that if they don't catch it at school they will catch it at the grocery store, the library, from mom or dad who got it from work etc. DESPITE vaccination status!

It is absolute discrimination to refuse children access to public school because their parents don't feel comfortable giving them an experimental vaccine (and it's only considered a 'vaccine' because the definition of a vaccine has recently been amended).

The government has over-reached, this is a parenting issue, not a government issue.

Thank you for your time.

Susan Heid

Christian Mom Blogger

Young Living Essential Oils Educator

www.theconfidentmom.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.theconfidentmom.com%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C078109d4118e482ba87c08d9d1802c>

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From: Violina Pimonenko
Sent: 1/7/2022 8:56:02 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Oppose any mandate on Covid shots for children

External Email

Honorable Board member,

I am asking you to OPPOSE any mandate on Covid shots for children as a requirement to attend K-12 public schools.

Children are at extremely low risk for Covid. There are no long-term studies to document any history of safety. Studies do now document that vaccinated can both transmit Covid, therefore, the vaccine apparently does not stop the spread of the disease.

Thank you,
Violina Pimonenko

Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Eric and Jamie VM
Sent: 1/6/2022 7:37:17 PM
To:
Subject: NO mandatory COVID injections for children

External Email

It is unbelievable that our state is considering mandating COVID injections for children to attend school or childcare when it is still only emergency use authorized. They should absolutely NOT be required as we do NOT have enough information on long term effects. It is NOT the the state's job to make medical decisions for our children. Are you willing to make this decision with so many unknowns?

I'm imploring you to make the right decision,
Jamie Vander Meulen

From: Jacob Smay
Sent: 1/7/2022 7:56:38 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH)
Subject: Dont vaccinate my kids

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

My whole family has already recovered from corona virus and have natural immunity, which according to every study ever done, shows longer immunity than the vaccine by at least 4 months. Everyone world wide is being infected and effected by Corona, no matter their vaccine status. These mandates are not based in any real science.

Sincerely,

Jacob Smay.

From: Ty Rogel
Sent: 1/7/2022 9:41:07 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID MANDATES citizen statement*****



attachments\B541C1E686D048FA_PastedGraphic-1.tiff

External Email

Dear Washington State Board of Health,

As a WA state resident and father of 4 children, I want to register my extreme opposition to any form of forced health intervention using law enforcement EVER.

I want to voice my extreme opposition to any consideration of using law enforcement to remove individuals into quarantine.

I want to voice my extreme opposition to any state health officer considering mandating the forced injection of ANY Washington state student for ANY vaccine including the current iterations of the COVID vaccine.

Please consider the basic facts, that are currently being argued about—so NOT settled.

This current crisis is arguably not very severe.

The CDC has admitted that only 5 to 6% of people are dying directly because of COVID, this amounts to 30 to 60 thousand total dead from COVID in the United States—a normal flu season runs comparable.

The hospitals have been monetarily incentivized to diagnose COVID.

There are readily available over the counter treatments for COVID.

People who actively treat COVID early have a great percentage of NOT being admitted to hospital. (As much as 85% in some studies)

Our school children ARE not in danger of COVID.

The current Vaccines DO HAVE potentially harmful side effects including death. CDC admits as many as 5,000 to 15,000 (this is disputed—numbers according to VAERS reporting) have died directly because of the Vaccine efforts.

Masks are NOT proven to prevent COVID, as the statement on the N95 box declares.

The current COVID vaccines do not prevent COVID nor Prevent the transmission of COVID

There is an excellent alternative protocol developed by Stanford and Harvard trained medical professionals that can be found at www.gbdeclaration.org

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

Please do not continue COVID policy which more aligned with communist Chinese protocols.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only “approved” COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This “smoke and mirrors” approach by the FDA is the subject of numerous

lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely submitted Jan 7th, 2022

Robert T. Rogel

R. Tyler Rogel
PRESIDENT

(p) 253.670.8546
(o) 360.825.2720

Notice: This email (including attachments) is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521

From: Gar Hansen
Sent: 1/7/2022 9:32:56 AM
To:
Cc:
Subject: RE: Vaccine Mandates for Children

External Email

Good Morning,

These vaccines are ineffective and dangerous for our children. There is no upside, no "benefit" to experimenting on our most vulnerable population. However, the costs of this overreach are innumerable. There is no doubt that even a cursory glance at the stacks and stack of data prove these vaccines and all other child-related mitigations are morally wrong, physically and emotionally dangerous and entirely unnecessary. Everyday, there is mounting evidence of fraud, bias and abuse in the process that brought us to this sad point in time. If you choose to mandate these vaccines or continue with ANY other Covid protocols, I will remove my children from school. You do not and will not control MY children.

Further and according to your own criteria, a vaccine must be fully FDA approved in order to make it mandatory for school attendance. The current Pfizer vaccine in use for children in this country is still an Emergency Use Authorization only vaccine, so beyond the logical arguments made above, the vaccine does not meet Board of Health requirements. I demand the vaccine be removed from consideration until and unless it proves immunity to stop transmission like other common vaccines do- which was the requirement under consideration in the 1905 Jacobson vs. Massachusetts SCOTUS case in which it stated mandates could only be considered which "prevent the spread of contagious disease." So far, it is evident that this vaccine does not stop transmission and, therefore, I am certain these mandates are illegal.

Yours in deep sincerity,

Gar Hansen

President

HHJ Inc.

601 St Helens Avenue

Tacoma, WA 98402

T: 253-922-4168

C: 253-380-3801

E: gar@hhjinc.com <mailto:larry@hhandj.com>

www.hhjinc.com

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.hhandj.com%2F&data=04%7>

From: Michelle Heagy
Sent: 1/7/2022 9:11:58 AM
To: DOH WSBOH
Cc:
Subject: Covid 19 vaccination requirement for school

External Email

If you require the Covid 19 Vaccine for my children to be enrolled in school. I will not be enrolling them.

Concerned Parent

Michelle

From: Trish Nilsen
Sent: 1/6/2022 11:46:11 PM
To: DOH WSBOH
Subject: Your meeting next Wednesday January 12th

External Email

I ADAMANTLY OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school and childcare settings. I oppose COVID-19 shot mandates, period! There is overwhelming evidence that these experimental shots are wholly unnecessary in the low-risk pediatric population and are causing documentable harm to kids. If you take this step, you will be responsible for harming innocent children and the public school systems will see an exodus the likes of which the state can ill-afford to deal with as well. Well-informed parents are the best defense against this abomination and assault on the freedom of informed refusal. The UW itself (in their own Covid Town Hall on December 29th), reported 27 cases of myocarditis in their own population of kids who got the shot, and they have absolutely no way to guarantee the harm caused will not be long-term in those kids...this is only the tip of the iceberg. THERE IS SIMPLY NO LONG-TERM DATA ON SAFETY/USE IN THIS POPULATION! Besides, this is not a true vaccine, as evidenced by the tsunami of Omicron currently in those being "fully vaccinated". Our children and grandchildren should not be sacrificed for the old/weak/infirm who can choose the shots as consenting adults and therefore assume their own risk of harm. See references below.

I do SUPPORT Informed Choice Washington's Petition for Rulemaking — the petition is item 11 on the January 12th agenda. It was filed by Xavier Figueroa, PhD, on behalf of ICWA, and asks the Board to establish a new rule that prohibits adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. Where there is risk, there must ALWAYS be informed consent, which includes informed refusal.

I also adamantly oppose any attempts at our government to house individuals against their will in the so-called "Quarantine Camps"/hotels which have been re-purposed for isolation, especially if it is involuntary quarantine. There is absolutely no reason for this to even be a possible public health measure and needs to be removed from state public health powers.

Vaccinating Children Means Unnecessary Risks

1. Deaths by Age U.S. : 0-18, Centers for Disease Control (CDC)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FDeaths-by-Sex-Ages-0-18-years%2Fxa4b-4pzv&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cf77d7bbd92cc4bfaf8ff08d9d1b180e3%7C11>

- ## 2. Why is COVID-19 less severe in children? A review of the proposed mechanisms underlying the age-related difference in severity of SARS-CoV-2 infections

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fadc.bmj.com%2Fcontent%2F106%2F1%2F1>
, Petra Zimmermann, Nigel Curtis

- ### 3. SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2Ffigure/2020/05/11/2020.05.11.20094401v1>, Tracy Beth Høeg, Allison Krug, Josh Stevenson, John Mandrola

- #### 4. Characteristics and Outcomes of Children With Coronavirus Disease 2019 (COVID-19) Infection Admitted to US and Canadian Pediatric Intensive Care Units

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fpsyc%2Farticle%2F79689>, Lara S. Shekerdemian, MD, MHA

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fsearchresul>
; Nabihah R. Mahmood, MD

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fsearchresult.aspx?query=jamanetwork&resultsPerPage=10>
; Katie K. Wolfe, MD

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamanetwork.com%2Fsearchresul>
; et al.

5. State-Level Data on COVID-19 child mortality,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aap.org%2Fen%2Fpages%2Fnovel-coronavirus-covid-19-infections%2Fchildren-and-covid-19-state-level-data-report%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cf77d7bbd92cc4bfaf8ff08d9d1b180e3%7C>
American Academy of Pediatrics

6. Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>
, C. Smith, D. Odd, R Harwood, J. Ward, M. Linney, M. Clark, D. Hargreaves, SN Ladhani,
E. Draper, PJ Davis, SE Kenny, E. Whittaker, K. Luyt, RM Viner, LK Fraser

7. Risk factors for intensive care admission and death amongst children and young people admitted to hospital with COVID-19 and PIMS-TS in England during the first pandemic year

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F10.1101%2F2020.04.29.20094412v1>, JL Ward, R. Harwood, C. Smith, S. Kenny, M. Clark, PJ Davis, ES Draper, D.

Hargreaves, S. Ladhani, M. Linney, K. Luyt, S. Turner, E. Whittaker, LK Fraser, RM Viner

- ## 8. Shedding of Infectious SARS-CoV-2 Despite Vaccination

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>
, Kasen K. Riemersma, Brittany E. Grogan, Amanda Kita-Yarbro, Peter J. Halfmann,

Hannah E. Segaloff, Anna Kocharian, Kelsey R. Florek, Ryan Westergaard, Allen Bateman, Gunnar E. Jeppson, Yoshihiro Kawaoka, David H. O'Connor, Thomas C. Friedrich, Katarina M. Grande

- ## 9. UK Government Recommendations on Vaccinating Children

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fissues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cf77d7bbd92cc4bfaf8ff08d9d1b180e3%7C11d0>
– Ages 12-15

10. Comparison of children and young people admitted with SARS-CoV-2 across the UK in the first and second pandemic waves: prospective multicentre observational cohort study

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2Ffigure/10.1101/2020.05.14.20103111v1>, Semple et al.

11. Distinct antibody responses to SARS-CoV-2 in children and adults across the COVID-19 clinical spectrum

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

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9%3Fcampaign_id%3D154%26emc%3Dedit_cb_20201106%26instance_id%3D23895%26nl%3Dcoronavirus_briefing%26regi_id%3D61609026%26segment_id%3D43815%26te%3D1%26user_id%3D73aefc51739a42

, Stuart P. Weisberg, Thomas J. Connors, Donna L. Farber

12. Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2FPMC6160902>

, Jonas F. Ludvigsson, Lars Engerström, Charlotta Nordenhäll, Emma Larsson

13. Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA Vaccine

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34016261>

, Ori Snapiri, Chen Rosenberg Danziger, Nina Shirman, Avichai Weissbach, Alexander

Lowenthal, Itay Ayalon, Dganit Adam, Havatzelet Yarden-Bilavsky, Efraim Bilavsky

14. Myocarditis following COVID-19 mRNA vaccination

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34016261>

, Saif Abu Mouch, Ariel Rog

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34016261>

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F34016261>

, Elias Hellou, Amorina Ishai, Uri Shoshan, Lamis Mahamid, Marwan Zoabi, Marina

Aisman, Nimrod Goldschmid, Noa Berar Yanay

15. Myocarditis following COVID-19 vaccination

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

, Albert, E., Aurigemma, G., Saucedo, J., Gerson, D. S.

16. Acute Myocardial Infarction and Myocarditis following COVID-19 Vaccination

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

, Aye, Y. N., Mai, A. S., Zhang, A., Lim, O. Z. H., Lin, N., Ng, C. H., . . . Chew, N. W. S.

17. Safety of the BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Setting

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

, Barda, N., Dagan, N., Ben-Shlomo, Y., Kepten, E., Waxman, J., Ohana, R., . . . Balicer,

R. D.

18. COVID19 Vaccine for Adolescents. Concern about Myocarditis and Pericarditis

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

, Calcaterra, G., Mehta, J. L., de Gregorio, C., Butera, G., Neroni, P., Fanos, V., Bassareo,

P.

19. Multisystem inflammatory syndrome in a male adolescent after his second Pfizer-BioNTech COVID-19 vaccine

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Sincerely,

Trish L. Nilsen, Langley WA

From: Carol Croteau
Sent: 1/7/2022 11:44:28 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Involuntary Quarantine and Immunization Criteria for Child Care and School Entry

External Email



Dear Washington State Board of Health (WSBOH) Member,

This is in regards to your upcoming meeting January 12, 2022.

I oppose the proposed WAC's 246-100-070, WAC 246-100-045, WAC 246-100-040, WAC 246-100, WAC 246-105.

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

And, I am completely against COVID-19 injections as part of the school immunization requirements using WAC 246-105, for the following Reasons:

1. Children are at very low risk for catching COVID.
2. The vaccines are still only EUA (emergency use authorized)
3. We have NO long term studies completed to document any history of safety of this vaccine!
4. Studies are now showing that both vaccinated AND unvaccinated can carry and transmit COVID.

This is still America! The Constitution of the United States guarantees citizens the freedoms and rights that you seek to remove!
This is a VAST overreach and misuse of power!

I insist that you oppose these measures!

One of "We the People",

Carolyn J Croteau

Sent from my iPhone

From: Leslie Linderoth
Sent: 1/7/2022 11:40:49 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Time sensitive::: Mandatory Vax and Forced Quarantine - WA State

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

Covid-19 should be treated as the cold and flu are. It is here to stay and there has not been an effective vaccination made.

Please note:

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered.

This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors

(americasfrontlinedoctors.org)
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>

)

Force vaccinating healthy children for this disease, to make adults feel safe is a new low for humanity. Please do the right thing and do NOT require these vaccinations for school age children.

Please protect our freedom of choice.

God Bless America,
Leslie Linderoth

<")))><

What we do for ourselves dies with us,
but what we do for others, remains, and is immortal. Albert Pines

From: Cutzi Jobes
Sent: 1/7/2022 7:01:51 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Jan 12 Meeting Agenda

External Email

To whom it may concern:

I am a mother of 5 and the wife of a firefighter. I teach for a home education program and I have battled autoimmune illness for most of my life, very severely in the last 7 years. All of these experiences give me significant interest in the agenda for the January 12, 2022 meeting.

I am in opposition to the following:

1) Any involuntary isolation/quarantine of people as described in parts of WAC 246.100;

There is NO evidence that those with natural immunity to Covid-19 or those who are unvaccinated are of greater threat to their communities. In fact, both those who are vaccinated and those who are unvaccinated can still transmit the virus, as evidenced in the very high number of vaccinated firefighters who are currently sick with Covid. Any type of mandatory quarantine would not only be unnecessary and illogical, but an egregious affront to citizens' civil liberties.

2) Any mandate on COVID vaccines for children as a requirement to attend K-12 public schools.

There are currently NO vaccines available for use in the United States that are not still under emergency use authorization. Covid-19 poses less than 1% risk of mortality to children and there are no long-term studies done on risks due to the vaccine. Please do not jeopardize our children's health and futures.

Sincerely,
Cutzi Jobes
1710 Kok Rd, Unit B
Lynden, WA 98264

Sent from my iPhone

From: Aim Bailey
Sent: 1/6/2022 8:56:50 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No vaccine

External Email

This is to inform whomever it may concern, that I do NOT agree with adding the covid vaccine to the list of required immunizations for my child. There are many arguments for and against getting this vaccine. And when it comes down to it, we and our children should NOT be required to, or forced to get this vaccine. So NO, this should NOT go on the list of required immunizations.

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State

Thank you

From: Oresta Rzhiskiy
Sent: 1/7/2022 9:53:31 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: No! to mandatory Covid vaccination for school aged children

External Email

Dear members of WA State Board of Health,

As citizen of this country, as a resident of the Washington state and as a member of the community I would like to voice my concern and disagreement with proposed rule of making Covid vaccine mandatory for school aged children.

Even ped CDC statistics children's mortality rate is minimal ☐ states reporting, 0.00%-0.02% of all child COVID-19 cases resulted in death. As well as hospitalizations rate for children: 0.1%-1.6% of all their child COVID-19 cases resulted in hospitalization are insignificant. They rarely contract Covid or have prolonged side effect.

For the BEST INTEREST of OUR CHILDREN the risks of requiring mandatory vaccination against Covid are much higher in a long term than the risk of contracting it or passing it to others. I strongly believe that there has not been enough studies and research done, because there has not been enough time to weigh, on the vaccines that are currently used. It is my firm belief that ONLY the parents and guardians should decide whether their child should be vaccinated, based on their health, moral and religious beliefs, deciding otherwise is overreach of power, discrimination of our choice and deprivation of our autonomy.

Respectfully,

Oresta Rzhiskiy

From: Julie Gasper
Sent: 1/7/2022 9:11:16 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID 19 Vaccine Requirement

External Email

Hello,

You are in an incredibly difficult position where, no matter what decisions you make, there will always be someone upset with you. I hope that you can make the best decisions you can with the information available to you.

As a parent, I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools and childcare in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis

of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors

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Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Genessa Rose

Sent: 1/6/2022 9:28:29 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Mandatory Vaccine

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

--

Genessa Rose

From: Lisa Twining
Sent: 1/7/2022 11:57:25 AM
To: DOH WSBOH
Subject: Re: Please Listen - Do NOT require COVID vaccine for school children

External Email

I would also like to encourage you NOT to allow local health officers to use law enforcement to detain a person (medically/unvaccinated/treatment) and put them in an isolated facility. How can you not see that this extreme force will only cause more violence and anger in our state. I can't not believe, in America, the country of free choice and speech, our medical freedoms are being taken away. We all have a right to our medical freedom. It is also a waste of time for our law enforcement. Law Enforcement should be focusing on violence in the streets, looting, drug trafficking, and sex trafficking within our state.

I can't believe this is even being discussed! I am disappointed in our state's leadership.

Please listen to the WHOLE STATE not just King County or Western Washington! Please do not force people to do something that is not proven to work and could cause long term health issues. This should be our choice!

Lisa Twining
Washington Resident

On Thu, Jan 6, 2022 at 8:55 PM Lisa Twining <vonskirch@gmail.com>
<mailto:vonskirch@gmail.com> > wrote:

To the Washington State Board of Health,

My name is Lisa Twining and I am a mother of 3 wonderful school aged girls. I am writing to you today asking you to NOT include the COVID - 19 shot in the list of requirements for schools.

I am not an anti-vaccine person. We can agree that vaccines are important and effective in preventing many diseases and my children have been vaccinated. I truly hope this vaccine does what it is intended to do, but I am not willing to sign my children up to be test subjects.

As you know, the COVID vaccine is new and is amazing science, but many of us are not willing to risk jabbing our children and creating long term health risks in their future. I feel there is enough evidence showing that this vaccine is evolving and more

information is coming out about the effects both positive and negative. At this time, there is not enough consistent information and time that makes a rational decision for my young children.

As you know the vaccinated and unvaccinated adults and children can contract and pass COVID. I understand the vaccine can give you the tools to help fight the virus, but as we are seeing children's immune systems are strong and have not been as compromised as our elderly. Covid for healthy children is not a large risk and with low hospitalization rate (children checked in for COVID only) of healthy children supports this. Therefore, the risk/reward of getting this shot does not balance when you consider the mild nature of the virus and the possible side effects of the vaccine. Parents should be given the freedom to choose their own level of risk for their family.

As we have seen, COVID and the vaccine has been politicized and we are seeing a great divide. I am fearful if you follow through with this requirement we will see a mass exit from schools and shattering many communities' families and loss of trust in our public health.

Please take the time to consider both views. At this time we have the RIGHT to choose to receive the vaccine and many have done so. Please allow parents to observe and see the data that comes from science

Please know that parents care about their children and the children within their school, county, state and nation. Please allow us to determine when and if our child should receive this vaccine.

Please do not include this in the list of requirements yet.

Lisa Twining

Mother of 3

From: Schreiber, Tracy N (SBOH)
Sent: 1/7/2022 1:36:54 PM
To: Hisaw, Melanie (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Forwarding vm



attachments\4357860F10E449C6_voicemail-21.m4a

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From: Seniorturkey

Sent: 1/6/2022 9:19:45 PM

To: DOH WSBOH, Davis, Michelle (SBOH), malanie.hisaw@sboh.wa.gov, Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlun.donahoe@sboh.wa.gov, Lang, Caitlin M (SBOH), lindsay.herendee@sboh.wa.gov, Herendeen, Lindsay (SBOH), tracy.screiber@sboh.wa.gov, Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Vaccine RequirementPLEASE

External Email

FREEDOM OF CHOICE, please let us keep that right. Please do not force students to get the COVID vaccination. The vaccine does not stop the spread of the virus or prevent you from getting COVID. This should not be a forced vaccine especially not in a free society and democratic country. You are not here to decide what is best for the masses, we can decide that for ourselves. We have the right to choose what goes into our bodies not what you think is good for us. Each one of us has different beliefs so please respect that and don't push your ideas on other people. If the schools require students to get vaccinated, then I will have to remove my children from the public school district.

Wendy Horton
20801 Pilchuck Pl
Granite Falls, WA 98252
425-328-8806

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.openvaers.com%2F covid-data&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C49c330881abf4277afb408d9d1ff6ad5%7C11>

rate of reported adverse events and deaths following the COVID-19 vaccines compared to other vaccines. Some adverse events

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2F coronavirus%2Fncov%2Fvaccines%2Fsafety%2Fadverse-events.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C49c330881abf4277afb408d9d1ff6ad5>

are more common in the young

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Fclinical-considerations%2Fmyocarditis.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C49c330881ab>

10. There are several prophylactic

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faapsonline.org%2FCovidPatientTr>
(preventive) protocols and effective treatments available to children and young people
with comorbidities.

11. Vaccinating children and young people is not necessary for herd immunity. After a
year and a half of the pandemic, most people either have pre-existing

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F370](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F370%2Fbmj-2020-032081)
CvrvoaB1uzLQNRTMeCDkHHD0a6Tsrt0&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C49c3308

immunity from other coronaviruses, have recovered from COVID-19 or have been
vaccinated

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fourworldindata.org%2Fcovid-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fourworldindata.org%2Fcovid-vaccinations&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C49c330881abf4277afb408d9d1ff6ad)
vaccinations&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C49c330881abf4277afb408d9d1ff6ad

THERE IS THUS NO MEDICAL OR PUBLIC HEALTH CASE FOR THE MASS VACCINATION OF
CHILDREN AND YOUNG PEOPLE, OR FOR COERCIVE OR RESTRICTIVE MEASURES
AFFECTING THOSE WHO ARE UNVACCINATED

Will you take upon you the responsibility for the health and well being of innocent
children, whom you will be subjecting to unknown risks, in order to receive education
(paid for by the taxpayer -their parents) which is an ingrained right of every child? Will
you create segregation and discrimination?

Please PROTECT our children by NOT requiring a C19 vaccination to attend child care or
school.

Thank you,

Marianna Kuper

Member of the community

From: PAUL BLAUERT

Sent: 1/6/2022 8:59:48 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WA Board of Health Proposal Public Comment by Friday Jan. 7th, 12 noon.

External Email

subject: Public Comments re: proposal to apply current infectious disease WAC codes to include Covid-19

Body:

Hello WA State Board of Health Members,

I'm sending this note because I am so concerned about our grandchildren being forced to get a vaccine they do not need and is still under Emergency Use Label - please listen to the parents and grandparents of our children:

* DO NOT move forward with the proposal to include Covid-19 as part of WAC codes for infectious diseases!

* DO NOT include Covid-19 shots as part of school immunization requirements!

When this pandemic started, the goal was to try and 'stop the spread' of the virus. Now that we're two full years into the pandemic, the facts are 100% crystal clear:

1. Vaccination does NOT stop anyone from catching or spreading Covid-19; If you disagree with that statement, you are completely disconnected from reality. The shots reduce hospitalization and death, but do absolutely nothing to stop the spread! Vaccination may have stopped the spread of the original strain of the virus, but as we've seen with subsequent variants...Delta to some degree and now with Omicron, these shots do NOTHING to stop the spread!

2. Young people under 18 are at almost ZERO risk of severe disease or death from Covid -> using the CDC's numbers, kids 18 and under have a 99.999% survival rate from catching covid. Kids have a higher risk of death from car accidents, pneumonia, and drowning than they have from dying of Covid-19. Not only that, but for young boys and men the shots are associated with higher cases of myocarditis (heart inflammation) which can have serious long-term health effects so the risks from taking the shots in many cases are outweighed by the theoretical benefits.

3. As Covid variants become more transmissible, they are also becoming less deadly. Omicron is extremely transmissible but infects peoples' upper airways rather than lungs, causing a much less dangerous disease than Delta and previous variants.

These facts, acknowledged by the scientific community from Dr. Fauci on down, point to some simple truths:

1. Everyone is going to get Covid and there is NOTHING anyone can do to stop it (vaxxed or unvaxxed). The disease is becoming endemic - South Africa, where Omicron was first detected has already seen their cases peak and begin to recede.

2. The disease is becoming more mild as it becomes endemic and we will need to deal with it similar to the way we deal with colds and the seasonal flu, and children continue to be the least impacted by the virus. In fact, the logic of forcing children to be vaccinated when they are at extremely low risk from hospitalization and death due to a covid infection only to push off potential initial exposure to the virus till later in life when it would be more life-threatening defies all logic and sanity. This of course assumes that the vaccines actually stopped the spread of the virus, which they DO NOT!

3. Because the vaccines cannot and do not stop the spread and because the disease is becoming milder, the case for VACCINE MANDATES has COMPLETELY FALLEN APART! There is zero justification for the state to have any power to force people of any age to take the Covid-19 vaccines or include Covid-19 as part of the WAC Codes for infectious diseases or make them part of the immunization requirements for school kids. These decisions MUST be a choice between patients and doctors. It is NO business of the state's!

It is beyond our belief that you would be attempting to use the coercive force of the state to enforce these mandates and restrictions on WA state citizens? This is such an outlandish proposal and feels very tyrannical at it's heart. I can hardly believe that these measures are actually being considered for adoption. My family and my husband's families have lived in this state for 4 generations, and have loved this area, but we hardly recognize the bullying and outright frightening at times political tactics being used during this pandemic. Who are these people we ask ourselves, who presume to know best about how others should live their lives and what they should or should not be forced to put into their bodies. Please listen to true science, and represent all of your constituents, not just those who seem to be very radical and who are trying to forcefully coerce us all into something that can be harmful to our precious next generation.

Sincerely concerned grandparents,

Paul & Sandy Blauert King County Residents

From: Testify Online Survey
Sent: 1/6/2022 4:03:52 PM
To: DOH WSBOH
Cc:
Subject: Survey Response: Testify Online *

The following survey response is submitted:

1.

State Board of Health Meeting Date:

Jan 12

2.

Agenda Item or Issue:

Covid 19 proposed policy

3.

Your Name:

Gina Peterson

4.

Do you have a professional title?

2. No

5.

Are you representing an organization?

2. No

6.

Address:

4325 E 24th Ln, Spokane WA 99223

7.

Email:

ginavpeterson@gmail.com

8.

Phone Number (Include Area Code):

5099910659

9.

Do you have any special expertise relevant to this topic?

2. No

10.

Are you testifying on a specific proposal under consideration by the board?

1. Yes

The proposal to mandate Covid injections as a part of school immunizations. And also the forceful quarantining of a person or group of persons for the purpose of isolation due to

COVID-19.

11.

Are you Pro or Con on the proposal?

2. Con

Children are not at risk as a demographic group, and studies show that IQ levels have dropped, depression levels have risen and it is time to unmask our children and get back to the job of educating them. As a state, Washington has always allowed medical and religious exemptions, allowing parents to be the deciding factor in their child's healthcare. I am vehemently opposed to changing this law likewise, forced quarantining is unwise and illegal, and must not be ratified. Please stand against these unconstitutional ideas, and be a voice for freedom for all of Washington.

From: Jane Valencia
Sent: 1/6/2022 9:00:52 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH)
Subject: Mandatory Vax and Forced Quarantine

External Email

Dear Members of the Washington State Board of Health,
I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

If parents choose to have their children vaccinated against COVID 19, that is their choice. It is not for any of us to mandate this experimental vaccine on anyone, especially the children.

Thank you for you for carefully considering these words and checking in deeply with your heart. Now is the time to use our common sense and our most profound humanity to think for ourselves and allow parents to make their own choices for their children in regard to the COVID 19 Vaccine. The children are blessed to have no risk from COVID. Let's protect them further by not forcing them to be vaccinated.

Sincerely,
Jane Valencia

From: Kayla DeWaard
Sent: 1/7/2022 10:42:41 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Comments regarding Jan 12th discussion of vaccines and forced quarantine

External Email

To the WA State Board of Health,
to whom it may concern,

I am writing to voice my opposition to the proposed policies regarding the use of law enforcement to forcibly quarantine people refusing to comply with medical testing, exams, procedures, vaccinations and more, and also to the proposal to make the covid shot mandatory for school and day care children.

The 4th Amendment of the U.S. Constitution states :
The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

Both of your proposals violate this right.
You do not have the right as health officials to remove people from their homes, you do not have the authority to do this. You are proposing kidnapping people and holding them hostage. That is evil and wrong.
Our children are not under your authority either, and you do not have the right to violate their rights and our parental rights to force this experimental shot into them either. And there is proof that they are more likely to experience harm from this shot.

Do not proceed with either of these proposals. If you do, you are participating in criminal acts.

Sincerely, Kayla DeWaard

From: Elisha Lane
Sent: 1/6/2022 6:40:34 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Time sensitive, vote NO

External Email

To the Washington State Board of Health members,

I'm a registered voter here in Washington and would like you to vote NO for the mandate of children to have to have the Covid vaccine to go to school. I believe that medical decisions and treatment should be between the person/family and their medical providers only.

Thank you for your time,

Elisha Lane

From: Ryan Frank

Sent: 1/7/2022 7:10:43 AM

To: Thai, Nathaniel J (SBOH), Lang, Caitlin M (SBOH), Hoff, Christy Curwick (SBOH), Haag, Hannah R (SBOH), Donahoe, Kaitlyn N (SBOH), Kahler, Kelie (SBOH), Herendeen, Lindsay (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Schreiber, Tracy N (SBOH), DOH WSBOH

Cc:

Subject: Fwd: Comments for the Immunizations Technical Advisory Group

External Email

WSBOH,

Please see the questions/comments below pertaining to the subject:

1. I am an engineer by profession and am not a doctor so am unable to provide any professional comments regarding changes to WAC 246-105. Dr. Robert Malone on the other hand, is an internationally recognized scientist/physician, a pioneer of the original mRNA technology used in the COVID-19 vaccine, who has always believed in the development of vaccines to preserve human life. Dr. Malone has serious specific concerns regarding vaccines, particularly for children.

2. Have you consulted with Dr. Malone to properly understand his (and other doctors like him) concerns to be absolutely certain about the overall safety of the children of this great State of Washington?

3. What are the results of consulting Dr. Malone?

4. Dr. Robert Malone website; <https://www.rwmalonemd.com>

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

5. If you have not consulted with experts like Dr. Malone, why not? And then, what evidence do you have that would support the benefit vs the risk of requiring children to receive the COVID-19 shot?

6. If the SBOH were to require a COVID-19 shot to allow admittance, who assumes all the risk from medical complications from creating this requirement? Is it the director? Is it the board?

7. Has the SBOH considered that the COVID-19 shot is evidently not effective?

8. Has the SBOH looked at the low risk of death to children due to infection specifically by Covid-19?

9. When the SBOH looks at the data pertaining to school age children and the risk of death due specifically to infection by COVID-19, how much quantified risk is there to those children? Also, how does that risk of death compare to other childhood death risks?

10. I believe that the parents of the children of this great state deserve the SBOH to do their due diligence to understand the risk versus reward prior to considering requiring a COVID-19 shot for children because number 1, we're talking about protecting the innocent, and number 2 because the long term liability for the SBOH and its actors if this immunization does not stand the test of time would be devastating. This is why I (along with countless other Washington State parents) urge you to consult with Dr. Malone to understand his concerns.

Very Respectfully,

Ryan Frank
Mechanical Engineer

Puget Sound Naval Shipyard

ryan.frank247@gmail.com <mailto:ryan.frank247@gmail.com>

From: Moriah Waldenberg
Sent: 1/6/2022 7:14:36 PM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),kelie.kahler@sboh.wa.go,Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Mandate

External Email

To Whom it may concern,

I am a parent to three children in the Monroe School District.

I implore you to do whatever you can to reject the Covid vaccine compulsory for school attendance. One of my three children is severely vaccine injured and I will not be getting him or my others vaccinated against COVID. This is a virus that has little to no affect on children. In fact, my children have all had Covid and recovered without any ill affects.

Preventing children from attending school is discriminatory. Children whose families choose not to have this -still experimental- treatment have the right to an education.

We have the right to body autonomy and the right to choose our medical treatment. I encourage you to do all in your power to uphold our rights to our own medieval choices for ourselves and our children.

Thank you for your consideration.

Moriah Waldenberg
425-308-4812

Sent from my iPhone

From: Liliia Strusevych

Sent: 1/6/2022 5:12:03 PM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH),DOH WSBOH

Cc:

Subject: No covid vaccination mandatory

External Email

Hello, my name is Liliia Strusevych and

I am against making COVID-19 vaccination mandatory for school admission or childcare in our State .

As a parent, and a member of the community, I implore you to please stop the push to require Covid 19 vaccinations for ANY child in child care or school. Covid vaccines should absolutely NOT be a requirement for our children! Children are at an extremely low risk of getting Covid 19. The Covid 19 vaccines have no long-term testing on adults and they have even less testing on children. Covid 19 vaccines are not stopping the virus as many with the vaccine are contracting and spreading virus. The vaccine has not been tested enough to ensure its efficiency and safety for children. Requiring this vaccine does not protect our children!

As for the criteria of Implementation, the vaccine is NOT acceptable to the medical community and the public. There is an extremely large amount of both the medical and the general public who do NOT accept this vaccine as safe.

And finally in regard to vaccines effectiveness, this vaccine does not work. It is not on the Recommended Childhood & Adolescent Immunization Schedule. It is not preventing COVID nor is it preventing the spread of Virus. This is not a safe vaccine for all people. Please PROTECT our children by NOT requiring a vaccination to attend child care or school.

Thank you

From: Nichole Hurley

Sent: 1/7/2022 9:08:47 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I OPPOSE VAX MANDATE - Pierce County

External Email

Good Evening -

I OPPOSE the vaccine mandate for school children ages 5-18. If a mandate is imposed I will be pulling my 3 elementary aged children from the public school setting and initiating a homeschool curriculum immediately.

I would like to share some brief facts with you surrounding Covid-19.

* It should be noted that children have a nearly 100% survival rate from Covid-19.

* Dr. Eric Rubin, physician at Boston's Brigham and Women's Hospital, Adjunct Professor of Immunology and Infectious Diseases at Harvard University, Editor-in-Chief of the New England Journal of Medicine:

* On October 26, 2021, as a voting member of the FDA advisory panel on the Pfizer vaccine for kids ages 5-11, Dr. Eric Rubin stated, "It's really going to be a question of what the prevailing conditions are but we're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes. That's how we found out about rare complications of other vaccines like the rotavirus vaccine."

* Harvey A Risch, MD, PHD, Professor of Epidemiology at Yale School of Public Health:

* Dr. Risch stated during an interview that he would homeschool his children if public schools mandated the vaccine. Additionally, he would only recommend the vaccine to children if they have some kind of chronic illness.

* Per CDC statistics, during the 12-month period October 2, 2020 through October 3, 2021, there were 66 COVID-19 associated deaths in children 5-11, making COVID the eighth leading cause of death for this age group, behind accidents (969 deaths); malignant neoplasms (525); Congenital malformations, deformations and chromosomal abnormalities (274); assault/homicide (207); heart disease (115); chronic lower respiratory diseases (107); influenza and pneumonia (84); intentional self-harm/suicide

(also 66 deaths).

* Children are almost seven times more likely to die in a car accident than from COVID-19. They are almost eight times more likely to drown.

* Per John Hopkins University, a typical vaccine development timeline is 5-10 years versus the accelerated Covid-19 track of 1-2 years.

Again, if this vaccine is mandated we will be forced to pull our children from our school district. Homeschooling is less than ideal given that two of our children have IEP's. However, we believe the unknown long-term risks of the vaccination far outweigh any damage I may do to their education. Our children are role models to their peers and their absence would be a loss to their district.

Thank you -

Nichole Hurley

Sent from my iPhone

From: Mindy Choate
Sent: 1/7/2022 10:33:06 AM
To: DOH WSBOH
Cc:
Subject: January 12th Public Meeting

External Email

January 7, 2022

To the members of the Washington State Board of Health,

I'm writing to express my concerns regarding the topic of Covid vaccination requirements for minors in school. This includes both the requirement of the vaccine and the requirement to release the information regarding such.

There are many reasons I do not feel this should be up for consideration at this point, but will share just a couple of those. As a mother of two daughters, there have not been sufficient studies regarding the impact on the reproductive system. A young lady connected to my family received her vaccine and has for months now no longer had her period. My daughter's 12 year old best friend went to the hospital with heart problems connected to her vaccination. These are real stories, and we have more in our family's small circle, but these are just two standouts that correlate very closely to the lives and age of my own daughters. These risks make me understand why families feel the need to make a choice that is right for them. This choice should not affect their child's public tax funded education.

Though I am for body autonomy in general, I especially feel that the nationwide numbers of how Covid affects school age children does not justify these potential requirements. And additionally the information regarding vaccination status should not be required as both vaccinated and unvaccinated can contract and spread the virus. This would only create an imbalance in treatment and the receipt of educational opportunities. If decisions in a school are to be made regarding an outbreak, the same choices should be made across the entire school body.

Furthermore these concepts and conversations should be presented clearly and the information should flow in abundance. Tell me why there is a meeting regarding the student body, but at minimum, the families of those affected did not receive an email informing them of this meeting. Why do schools email blast information for vaccination availability and promotion, but not the details to be part of the conversation? Why do you not want to hear from as many families as possible? Why do you not want as many families as possible to hear you?

Thank you for your time,

Mindy Choate

Very concerned community member.

From: tandij@comcast.net

Sent: 1/7/2022 8:30:45 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Please oppose the mandatory COVIC shot for children

External Email

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State for the following Reasons:

- * This should be a parent decision, not the state
- * Children are at much lower risk
- * This is too far and would be taking too much control

Thank you for doing what is right and not making the COVID shot mandatory. I pray you make the right decision before God.

Tandi McAlister

Renton WA

From: Greg Morris

Sent: 1/6/2022 10:46:47 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: COVID 19 vaccine requirement for schools in Washington State

External Email

Good Morning,

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Greg Morris

Bonney Lake, WA

From: Robert Weisberg
Sent: 1/6/2022 9:24:24 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine requirement

External Email

Nathaniel Thai,

Please do not require mandatory vaccination of school age children in order to attend public school. The vaccines that are available are authorized under the emergency use authorization act. The vaccine that is approved is not available. Therefore, requiring students to be vaccinated forces them to participate by definition in a medical experiment. Furthermore, the CDC admits that the vaccines neither prevent one from catching Covid nor prevent one from passing it on to others.

VR

Robert Weisberg

Sent from my iPhone

Subject: Fw: No School COVID Vaccine Mandate

Furthermore, a vaccine mandate is even likely to increase racial inequity by disproportionately removing Black and minority students from school (<https://wtop.com/dc/2021/12/report-warns-covid-19-vaccine-mandate-for-dc-students-could-increase-racial-inequity/>)

inequity%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C2ea181861f564c96cdd108d9d1fd414
) . The same will be true in the more rural areas of the state which have increased poverty and rates of vaccine hesitancy, further increase educational inequity across social economic lines.

We should not force a vaccine for a population that is not threatened by the disease. These vaccine doses could be used all over the world by elderly people that need them. Children that have rare medical situations which leave them vulnerable to COVID can still get the vaccine. There is no reason to push this on every child in the state.

Further it is wrong to consider any form of physical detainment, relocation or counseling, for those children or adults or parents who refuse the vaccine. Please remember we are a nation based upon freedom not tyranny!

Please make a logical, data based decision. We can't keep making decisions based on fear. We're better than that.

Thank you for your time.

Dan Bedient
Spokane, Wa

From: Laura Dentone

Sent: 1/7/2022 8:54:32 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Childhood vaccine schedule and other WAC codes



attachments\6972E65F7A52478A_image.png

External Email

Hello WA State Board of Health,

I am writing to you today because I am sincerely concerned you are considering adding the covid 19 vaccine to the childhood immunization schedule. I cannot fathom adults willing to sacrifice children for the sake of the elderly. That is entirely unnatural in the whole of the animal world. Children are not at risk for serious disease and requiring them to take the risk of this experimental shot which does not prevent disease or stop transmission is UNCONSONABLE!

When my husband and I had Covid, it was rough but we treated it and recovered. Our children were with us the entire time and never had a single cough, sniffle or anything. This has been the same story I have heard over and over from everyone I speak with. Children have such a dramatically low impact from covid that it is 100% clear that the vaccine risks of adverse events and unknown long term side effects present a FAR GREATER DANGER!

If you are interested in finding resources that will be helpful to you, please check out this website - <https://unityprojectonline.com/>

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2F&data=who's goal is to bring people together to protect children from covid 19 mandatory vaccination](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Funityprojectonline.com%2F&data=who's+goal+is+to+bring+people+together+to+protect+children+from+covid+19+mandatory+vaccination)

And check out this article representing 13,000 physicians and scientists concerned about covid policies. <https://flccc.substack.com/p/flccc-joins-13000-concerned-physicians>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fflccc.substack.com%2Fp%2Fflccc-joins-13000-concerned-physicians&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C252c15b40b4c472a9eae08d9d1fe39e0>

We all know that any parent who wants the vaccine for their children has more than enough options to get it, but putting it on the childhood schedule in any form for attendance to school is nothing but coercion.

I pray that you all take this off the table because it will do nothing for public health and only put children at risk.

Thank you for your attention!

Sincerely,
Laura Dentone
509-993-8600

From: chelsea chappell

Sent: 1/7/2022 9:28:35 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccine mandate

External Email

To whom it may concern,

I would like to share my personal thoughts on mandating the Covid vaccine for schools.

The vaccine mandate for adults has caused many problems in our normal function of society. Businesses are scarcely hanging on because of lack of staffing. They are closing early or having to change business hours. The hospitals are cancelling surgeries (not Covid related) due to lack of staffing. Shipments, grocery stores being fully stocked, health care, personal care, entertainment, physical health facilities, etc are all feeling the negative impact of the vaccine mandate and other policies related to covid.

If people want to take their own risk at not being vaccinated, then let them. Technically, that should have no impact on those who are vaccinated. But we need a strong economy to survive this.

By mandating the vaccine for children you will see people leaving the state of WA. I personally know 5 families who have decided to move. More and more families will opt to homeschool, which will dramatically impact the public school system. I'm afraid it will cause more contention between parents and segregation amongst student peers. Children and youth have already suffered so much, let's not add this to their list of struggles in our community.

Please do not let the mandate pass! WA state can't afford it.

Chelsea Chappell

From: Comcast
Sent: 1/6/2022 5:47:02 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Oppose covid vaccine requirement

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

- Carrie Swanson

Sent from my iPhone

From: Kimberly Brooks

Sent: 1/7/2022 9:31:20 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Response to Covid-19 vaccine mandate for school age children

External Email

Good Morning-

I want to send my thoughts on the Covid-19 vaccine mandate being considered for school age kids.

This mandate is not backed by science. In light of the omicron variant, this is not necessarily protecting our kids. I'm a fully vaccinated adult. I currently have COVID-19. My kids are not vaccinated and did not contract it in close contact with me for several days and several others that contracted the virus.

Covid and the vaccine are going to a direction of being endemic like the flu. The vaccines are not as effective at prevention similar to the flu shot. They are not like MMR, Polio or Chicken Pox vaccines. Without more data on this vaccine over time or proof of protecting spread of disease, it's requirement in schools has no place. We are also vaccinating against something that is not circulating. 35% protection is not protection.

Sincerely,

Kim Brooks

Parent in the Northshore School District

From: Megan M
Sent: 1/6/2022 6:54:13 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Childhood Covid-19 Vaccine Mandates

External Email

Dear Washington State Board of Health Member,

I am writing as a concerned citizen and a parent of school-age children to ask you to consider soberly and conscientiously the known facts about Covid-19 vaccination for young people and say NO to Covid vaccine mandates for kids in Washington State.

Consider the following well- established realities (some sources included below):

1. Children are at the lowest risk of severe outcomes from Covid-19 of any age group, with risk factors a thousandfold lower than those in the oldest age groups. Nearly every child with a severe or fatal outcome from Covid has had correspondingly severe preexisting health issues. Parents of these children are likely to keep them at home for the duration of the pandemic, vaccine mandates or not.
2. Covid-19 vaccines DO NOT stop the spread of Covid-19. Breakthrough cases are exceedingly common and increasingly so as the omicron variant expands through our country. Vaccine mandates will NOT effectively stop in-school spread; thus, they serve no public health purpose. At this point, vaccines seem at best to decrease the risk of a severe case of Covid-19; but children are the group in LEAST need of this decrease (see above), and even if they were to benefit from them, weighing and choosing such benefit against the risks should be entirely between the child, the parents, and the physician. It is emphatically not the government's appropriate role to intervene in a person's private medical decisions, especially when those decisions do not have an appreciable impact on public health.
3. Children, particularly young and teenage boys, are the age group MOST at risk of severe injury from Covid-19 vaccines, including myocarditis and pericarditis. If you mandate vaccines for school-age children in Washington State, children will be severely injured who did not need to be. Children will die who should not have died. For no appreciable impact on public health.

Just given these facts, Covid-19 mandates for school-age children would be a travesty and an abdication of your responsibility as public health authorities, as well as an affront to the Hippocratic Oath that underlies the practice of medicine. However, I also invite you to consider the following:

- 4) Washington State children have undergone an extreme and prolonged disruption of their education over the last two years. As a parent and a friend of many parents, I have a front-row seat to witness the increases in depression, despair, hopelessness, and educational damage that has been inflicted upon them. Requiring vaccination for school attendance WILL result in more disruption, especially for the lowest-income families in our state, who tend both to be the most vaccine-hesitant and to have the fewest resources to educate their children outside of the school system.

In addition, you would have a mass exodus of students from the school systems into private schools, or, if that's not possible, effective homeschooling. Parents outside of Seattle and Olympia are NOT comfortable with injecting their children with a still-experimental medication, without any long-term safety information, for a disease that

poses an overall low risk to them. That is why vaccine uptake among the youngest age groups has fallen so far short of expectations. If you think the school system is hurting now, imagine when all those parents have pulled their children out.

Covid-19 vaccine mandates for school-age children violate all available scientific evidence and common sense, overstep the bounds of appropriate government intervention, and would result in incredible harm done to families and schools. I urge you not to consider such a step and, if you have considered it, to reconsider.

Thank you,

Megan Minnick

Arlington, WA

Childbirth educator, patient advocate, and parent of school-age children

Sources:

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fncov%2Fcovid-data%2Finvestigations-discovery%2Fhospitalization-death-by-age.html&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cf7640003a7ee4f2504a408d9d188fabe%2F>
(Regarding risk stratification by age)

https://www.realclearpolitics.com/video/2021/08/06/cdc_director_vaccines_no_longer_prevent_you_from

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.realclearpolitics.com%2Fvideo%2Fchicago-police-union-president-says-he-would-not-vaccinate-his-officer-employees-unless-they-get-their-families-vaccinated-too%2F&cid=79168000>
(Quoting CDC Director Rochelle Walensky regarding the ineffectiveness of vaccines at stopping spread)

<https://aapsonline.org/facts-regarding-covid-vaccination-of-children-reviewed-in-the-journal-of-american-physicians-and-surgeons/>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faapsonline.org%2Ffacts-regarding-covid-vaccination-of-children-reviewed-in-the-journal-of-american-physicians-and-surgeons%2F&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cf7640003a7ee4f2504a408d9d188fa>
(Regarding the inappropriateness of vaccine mandates for children, given their low risk from Covid and the unknown rate of vaccine side effects and long-term effects)

<https://www.medrxiv.org/content/10.1101/2021.12.23.21268276v1.full.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medrxiv.org%2Fcontent%2F>
(Regarding highest risk of myocarditis being in boys)

From: Heather Binns

Sent: 1/7/2022 11:50:04 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Please regain our trust before moving on these disturbing policies.

External Email

Dear Wa State Board of Health,

As an American, wife, mother, and grandmother I am deeply disturbed by to proposed policies. I understand the policies to be discussed are allowing local health officers to use law enforcement to force and emergency order to involuntarily detain a person or group of persons to be isolated in a quarantine facility following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination and include the Covid-19 injections as part of school immunization requirements.

Here are some concerns I have Covid mRNA shots are still experimental and have no completed their trial periods. These are experimental, mRNA gene therapies that have never been used before and we do not know what the long-term effects could possibly be. It is completely unethical to coerce or mandate someone to take this shot or be forced to be tested. The PCR tests are not reliable for determining illness and the whole pandemic has been determined from these unreliable tests. The Comirnaty shot is not available and is not interchangeable with the others. Too add an unavailable FDA approved shot , that has yet to be properly safety tested for children and has not gone through the complete safety trials for children to attend school, is unethical. Coercion of the children and the parents to be forced into partaking in the experimental mRNA gene therapy goes against the Nuremburg code, from the Nuremburg trials, spurred on by the atrocities of what happened to the Jewish people in Nazi Germany - the conversation of not being allowed to attend schools and also being forced to be subjected to medical testing and experimental shot or be arrested and detained for an indefinite amount of time in an encampment, sounds a lot like what happened to the Jews in Nazi Germany, as well as the precursor details leading up to. Being that the risks by far do outweigh the benefits for children, it is questionable why this is being done and this time, it appears it is being done right now to give the companies who created these shots complete immunity from being sued by those injured by the shot-- is that why the "FDA Approved Comirnaty" is not available, per the CDC? Because they wouldn't have and immunity from liability? We know that once the shot is added to the childhood schedule it will have complete immunity from liability to the companies. The federal courts also recently ruled in the 35 Navy seals vs Joee Biden, , that the Covid virus does not null our 1st Amendment rights. Therefore, forcing someone who does not want the shot abased upon their beliefs is unconstitutional. VEARS has recorded more than 21,00 deaths and more that 1,000,000 adverse reactions to the Covid shots. Studies are demonstrating that risks of the shots are 4 and 5-fold above the benefits. Issues of Myocarditis id beyond alarming. The push back through the Freedom of information Action filings recently and the unavailability of the safety studies from the FDA demonstrates that we are not being provided the opportunity for informed consent and the facts are not being provided. Conversations of arresting and detaining for indefinite amount of time, those who do not wish to be tested nor want the shot for themselves or their children is draconian, and tyrannical and goes against are constitutional right to legal due process.

There is so much more to say but I encourage the Health Board to look at the actual science and not just the narrative of the same pharmaceutical companies that are

refusing to be transparent with their safety studies.

Thanks for your time,

Heather

From: Logan Boydell

Sent: 1/7/2022 10:29:30 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Proposed Policies - Jan 12th Agenda

External Email

Members of the Board of Health,

I am expressing grave concern, along with countless others across the state, regarding the proposed use of force to quarantine individuals and groups due to Covid 19. This is absolutely insane! Especially given the dominance of Omicron, it's mild symptoms and lack of hospitalizations and deaths attributed to it. I must insist that each and every one of you reject this proposal as well as the one to require Covid 19 immunization in schools. While other developed countries around the world are questioning the vaccines cost/benefit in youth it's immoral and irresponsible for us to make this a requirement to access resources already funded by our own money.

Do not adopt these proposals. Thank you.

From: Kathryn Byer

Sent: 1/7/2022 10:16:39 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),caitlyn.lang@sboh.wa.gov,lindsey.herendeen@sboh.wa.gov,Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: required vaccine for children

External Email

I am writing as a resident of Washington state to let you know my feelings on this unconstitutional and tyrannical overreach of power you think you have. Gov Inslee has obviously led you to believe you're more powerful than you actually are.

You have no right deciding what is best for our children. You are not the parent, grand parent or guardian. You are a public servant, hired and paid for by the people. and guess what, you're doing a very poor job and really pissing the people of Washington off.

Children have a 99.9% chance of surviving covid. They do NOT need an experimental drug injected into their innocent bodies due to your crazy beliefs that you are protecting them. AGAIN, not your job! Covid is being spread by both the vaxxed and unvaxxed, so what's the point? You're falling into the tyrannical beliefs of our government, leading you to false thinking that you're doing the best for everyone, when time and time again, it's proven to be not the case.

Over the years, many experimental drugs have been pulled off the market due to lack of study, illness or even death. But we don't like to talk about that because it might upset someone and cause them to think on their own. Nope, definitely don't want the people to do that!

Give this shot 10-20 years of long term effect studies and bring this idea back to the table. Our children are not guinea pigs and I refuse to allow you to act as if they are.

To date, 55000 children have been pulled out of public schools here. If this ridiculous idea is pushed through, I believe you will see a mass exodus from public schools and Washington state. At \$17000.00 dollars per enrolled child, do you really want to push it and see how many more will leave the public system?

We the people have the power to bankrupt your school system and I'm really not sure you want to see how far we will go to protect our children.

Please reconsider and drop this ridiculous notion of protecting our children. You're doing just the opposite.

Sincerely,

A concerned parent and tax payer.

From: caralycalnikmom@yahoo.com

Sent: 1/7/2022 9:49:40 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments for January 12th BOH meeting

External Email

Hello, my name is Liz Thompson. I am a public school teacher, parent, and grandparent to be. I am EXTREMELY concerned about the potential for the Covid -19 "vaccines" to be mandated for Washington's school children.

Data shows that Covid 19 is very mild in the overwhelming majority of children. The students in my primary aged classroom who have had Covid have had mild symptoms. In contrast, when RSV went through, every child affected missed a minimum of 4 days of school, with a maximum of 12 days missed. Symptoms were much more severe, with fevers, deep coughs, sore throats, headaches and lethargy. Every child recovered well in time, but all parents indicated that it was much worse than covid.

Additionally, it is well documented that children are NOT drivers of this pandemic, that schools are NOT hotbeds of outbreaks, and that child to adult transmission is extremely rare.

NONE of the available shots has been studied long enough to have any data on long term side effects in children. NONE have been fully FDA approved (Licensure approval for Pfizer's "Comirnaty", which is not even available, is NOT the same as FDA approval.). The well documented rise in myocarditis and pericarditis in children, especially boys, after injections is enough in itself to put a pause on any type of mandates. It is reckless to force vaccines with known and unknown side effects on all children in our state (or anywhere).

I ask you to please put politics aside and consider the long term health of our state's children before making any decision.

Respectfully,

Elizabeth M. Thompson.

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Kira

Sent: 1/6/2022 9:54:02 PM

To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Haag, Hannah R (SBOH), Schreiber, Tracy N (SBOH), Lang, Caitlin M (SBOH), Donahoe, Kaitlyn N (SBOH), Pskowski, Samantha L (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), DOH WSB OH, Davis, Michelle (SBOH)

Cc:

Subject: Opposed to V requirements

External Email

Dear Washington State Board of health,

As a mother of four, ages 9, 7, 3, and 6 months, I am completely against requiring a Covid-19 vaccine for school attendance. It should be each families choice to make. If someone feels better and safer being vaccinated and/or vaccinating their children they have the right to make that choice. But forcing people out of jobs, and forcing children out of schools, and forcing people from recreational activities due to not wanting to make a medical decision is just wrong. We all have the right to sovereignty; one of the great principles our country was founded on. CV19 has gone through my house more than once, and the second time only one of us got sick with symptoms so mild I was shocked when the test came back positive. We've already built up a natural immunity, and I don't think forcing the vaccine on everyone is the way. It should remain a case by case scenario where each family makes the decision that they feel most confident in. Please don't force this on everyone.

Thank you for your time,
Kira Hesseltine

From: scott usborne

Sent: 1/7/2022 8:56:59 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Vaccines for Children

External Email

I would like to express my extreme opposition to the implementation of a COVID 19 vaccine requirement for schools in Washington State.

I do NOT want vaccines for my children. In fact, we have visited the children's pediatrician who even has recommended the children DO NOT get the vaccine and who also suggested that getting the vaccine is more dangerous than getting Covid. The following statements are being declared by many and are statements I fully support.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Scott Osborne
sdusborne@yahoo.com

From: Alice and Russ Dorr

Sent: 1/7/2022 11:53:56 AM

To: DOH WSOH,DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: Comments for Jan. 12 discussion on Immunization Criteria for Child Care and School Entry

External Email

To The Washington State Board of Health members:

As Washington state residents, we join you in having a care for the health of the community. We are writing to share our perspective on immunization requirements for school-aged children.

On behalf of our broader community and our children, we respectfully disagree with mandates of Covid vaccines. We are not an anti-vaccination family. However, with regards to the current Covid vaccines for children, there are key reasons for our opposition to mandating them:

- * Covid vaccines for children in the United States remain under Emergency Use Authorization and have not received full FDA approval
- * Serious health risks exist with the currently available mRNA Covid vaccines
- * Children have an extremely high survival rate from Covid infection

The understanding of the efficacy, and most importantly, the safety and side effects of the vaccines currently available to children in the United States, is limited. During the FDA's October 26, 2021 Advisory Committee Meeting to discuss the EUA of the Pfizer mRNA vaccine in children, there was acknowledgment of the valid and serious risks of myocarditis and pericarditis after receiving the mRNA vaccines, with additional acknowledgment of the highest risk being in young males. Although many of the individuals have survived, over half of the children with confirmed myocarditis or pericarditis (studied in the CDC's Vaccine Safety Datalink) required hospitalization. It is far too early to know of any additional or longer-term effects in individuals having had these instances of heart inflammation after vaccination.

By requiring the current Covid vaccines, the Washington State Board of Health will immediately be putting children, particularly male adolescents, at risk for myocarditis and pericarditis, as well as any unknown longer-term effects from it.

At this point in time, many families have chosen to vaccinate their children against Covid. We support their choice. But we also support families choosing not to put their children at other risks, if that is the best decision for their family.

Respectfully,
Alice and Russell Dorr

From: Ann Perko

Sent: 1/7/2022 9:34:57 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Strong objection to applying WAC codes to C-19

External Email

Hello,

I would like to express my extreme opposition to applying current infectious disease WAC codes to include C-19 for all WA residents and to the implementation of a COVID 19 vaccine requirement for schools in Washington State. I believe both actions are very premature in this process and would severely impinge on our freedoms. Giving the state that much power to coerce us to damage our bodies and potentially deny us our freedom of movement is an extreme course of action at this time that is in no way justified.

Thank you,

Ann Perko

From: Heather Doerge
Sent: 1/6/2022 8:29:55 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,
Heather D

From: sarah leyde

Sent: 1/6/2022 9:46:57 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Hanna.haag@sboh.wa.gov, Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

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Sincerely,
Sarah Herrera

From: John Santamaria
Sent: 1/7/2022 8:23:38 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: COVID 19 schools

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thanks,
John

From: Margi Brown

Sent: 1/7/2022 10:09:15 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Petition #11

External Email

To Board of Health Forum:

Thank you for having this forum. I am writing in support of Petition #11 which requests that BOH establish a new rule that prohibits requiring anyone to take a EUA product or licensed product that has not yet completed Phase 3 clinical trials. I oppose BOH formation of a Technical Advisory Group to review information about Covid-19 shots for consideration of mandating the shots for schools. I oppose any Covid-19 shot mandates because each person needs to weigh their medical condition with their medical provider and make an informed, personal decision. This is especially true since the infection fatality rate for Covid-19 is low. For ages 0-17 it is at 0.00002 which is statistically a zero percent death rate. Beyond that, when you consider that most hospitalizations for the young are with Covid-19 and not for Covid 19. They are not in mortal danger from Covid-19 nor is there a great risk of it spreading Covid-19 to staff and teachers. The young have a greater risk of Covid-19 vaccine adverse reactions. We must protect our young before we consider self-protection.

Sincerely,

Margi Brown

111 S. Bell St.

Spokane, Valley, WA 99016

m2ch2017@gmail.com <<mailto:m2ch2017@gmail.com>>

Thank you,

Brandy Jackson

--

Thank you,

Brandy L Jackson

503-784-0085

brandy@graja.biz <mailto:brandy@graja.biz>

Play hard, Train hard, WIN BIG. In all things have a Champion Mindset.

From: Megan Larsen

Sent: 1/6/2022 7:42:17 PM

To: wsboh@sboh.wa.gove, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: CHILD Vaccine Mandate

External Email

To Whom It May Concern,

I am writing this email to URGE you NOT to move forward with this ludicrous vaccine mandate for our children. These are MY children and it is MY decision what to put in their bodies to keep them healthy!! You are going to lose thousands more children, than the already 50,000 you have lost already, from the public school system! Me and numerous more parents will PULL OUR kids out school!!!

There are numerous statistics, research, and evidence that children are not a threat when it comes to COVID! They are not a threat to each other OR the adults they are around. They are not getting sick OR dying!! IN FACT its better for them to get it now and stop this virus from spreading to protect the adults in our community and gain immunity!! The risk of receiving the vaccine is so much higher than the benefit. Risks include myocarditis, harm to the brain, reproductive system and arteries! Most other states have not mandated vaccines for kids, kept schools open, and everyone is fine and living their life in freedom!!

I beg of you, DO NOT follow through with this vaccine mandate for our kids!!

Sincerely,

Megan Larsen

From: Skye Bloomquist
Sent: 1/7/2022 9:26:21 AM
To: DOH WSBOH
Cc:
Subject: School Vaccine Mandate

External Email

Good Morning,

It has been brought to my attention you are meeting today to determine if a Covid vaccine requirement is to be made for school age children.

I am writing to let you know I OPPOSE this idea entirely. Children are extremely low risk for Covid. We know this. We also know kids are not big spreaders. And if they do happen to get sick, their symptoms are mild and they recover quickly without issues.

It is also well documented that these "vaccines" do not stop the spread of Covid. What is the point of giving an experimental jab to our kids when they experience mild symptoms (if any at all!) and it does not stop the spread of this virus?

It is absolutely insane to even consider making the Covid vaccine a requirement for children to attend school when the vaccine itself is still being issued under an EUA. And what about the long term side effects of this vaccine? We do not know those either. The risk of blanket administration of this vaccine to kids far outweighs any benefit. And where there is risk there must choice.

Adults have been forced to get this vaccine as a condition of employment and many had no choice but to comply. When it comes to our children, I can guarantee you there will not be mass compliance. Parents who want their kids to get vaccinated have already done so. Our public school system is a strained disaster. And this will likely cause an implosion if you force the rest.

Please DO NOT make this a condition in which kids must meet to attend school.

Thank you,
Skye

From: Park Cover
Sent: 1/6/2022 9:27:08 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Fwd: Opposition to COVID 19 vaccine requirement for schools in Washington State



attachments\7E8B5FC7B769439B_image.png

External Email

Dear health official,
I am writing to express my vehement opposition to any vaccine requirements for students in our state. Being a father of 2 school age boys, I am sincerely pleading for their safety. Please put your preconceived notions and politics aside and look at the facts.

The scientific evidence does not support the risk / benefit of COVID vaccine for males in this age group.

1. Risk of Myocarditis in young males is higher for vaccinated than for those who got COVID.

Ref. <https://www.nejm.org/doi/full/10.1056/NEJMc2115045>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMc2115045>

2. Vaccination does not prevent the spread of COVID to people in their household. In fact it barely reduces transmission relative to unvaccinated.

"We found that the secondary attack rate in fully vaccinated household contacts was high at 25%, but this value was lower than that of unvaccinated contacts (38%)."

Ref. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2Flaninf%2Farticle%2FPIIS1473-3099\(21\)00648-4%2Ffulltext&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3cc6e12a5c384e75300408d9d19e57](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2Flaninf%2Farticle%2FPIIS1473-3099(21)00648-4%2Ffulltext&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C3cc6e12a5c384e75300408d9d19e57)

3. Risk of severe illness in children is basically non-existent.

"A total of 815 articles were identified. Eighteen studies with 1065 participants (444 patients were younger than 10 years, and 553 were aged 10 to 19 years) with confirmed SARS-CoV-2 infection were included in the final analysis. All articles reflected research performed in China, except for 1 clinical case in Singapore. Children at any age were mostly reported to have mild respiratory symptoms, namely fever, dry cough, and fatigue, or were asymptomatic. Bronchial thickening and ground-glass opacities were the main radiologic features, and these findings were also reported in asymptomatic patients. Among the included articles, there was only 1 case of severe COVID-19 infection, which occurred in a 13-month-old infant. No deaths were reported in children aged 0 to 9 years."

Ref. <https://pubmed.ncbi.nlm.nih.gov/33262177/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33262177/>

4. All available vaccines are for emergency use authorization. For goodness sake please recognize the rules of law!

"WHAT IF I DECIDE NOT TO HAVE MY CHILD GET THE PFIZER-BIONTECH COVID19 VACCINE?

Under the EUA, there is an option to accept or refuse receiving the vaccine. Should you decide for your child not to receive it, it will not change your child's standard medical care."

Ref. <https://www.fda.gov/media/153717/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>

I implore that you look at the facts objectively here and end this doom spiral of vaccine requirements. Eventually the courts will agree as well, and YOU will be held accountable. In conclusion, humans are not cell phones or windows software that need to be upgraded every 2 weeks to deal with the latest virus threat.

Thank you.

Park Cover

Sr Engineering Director (my employer likely won't appreciate being listed here)

Orting, WA

From: molly 234000

Sent: 1/7/2022 9:24:24 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO Vaccine Mandate for Children

External Email

Dear Washington State Board of Health members,

I am writing you today to express my opposition and concerns regarding potential vaccine mandates for school children.

I plead to your sense of morality and justness and ask you to oppose any and all vaccine requirements for school children in Washington state, particularly the Covid vaccine(s) which are still under Emergency Use Authorization (EUA) and have not been adequately researched, tested and truly proven safe for use. It would be a travesty to force WA state children to receive these vaccines in order to attend school.

DO NOT MAKE COVID VACCINES MANDATORY FOR WASHINGTON STATE CHILDREN !!!

Sincerely
Elizabeth Molitor

Sent from my iPhone

From: diana-selin@tut.by
Sent: 1/7/2022 10:24:02 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), linsey.herendeen@sboh.wa.gov, Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: The Vaccination .

External Email

Hi, my name is Alena McNeill and I recently found out that you working on recommending the COVID vaccine for school-aged children on January 12. Here is open data which everybody can see.

<https://openvaers.com/covid-data>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopenvaers.com%2F%2Fcovid-data&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C4edf4774cba141ecfb6008d9d20ac420%7C11>>
?

This vaccination has no logic at all and purpose to force it so sketchy. We, the people, do not agree to it and do not give you our authorization for any recommendation or mandate regarding the COVID vaccination. Doing so you still the future not just our children but yours as well.

Sincerely.

From: Wendy Middleton

Sent: 1/7/2022 10:29:29 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public Comment: C19 Vaccination Requirement for k-12 Children

External Email

Washington Board of Health Members,

As a parent of multiple public school students in King County, I would like to go on record that I vehemently oppose any sort of Covid 19 vaccination mandates on our youth. Science simply does not support enforcing a vaccine that as yet has only been granted emergency authorization. A number of years of rigorous trials/studies are still required to determine whether the asserted benefits merit the actual risks. According to the statistics, the healthy are at minimal danger for long term viral consequences from Covid 19 & its variants. The current experimental injections are increasingly being shown to have little efficacy in preventing the contraction or spread of the newer strains. Furthermore, children are known to be at minuscule risk of significant harm from this virus, & they are certainly not major spreaders. For those who feel vulnerable & are confident in its safety, the vaccines are already an option - therefore, the willing are protected.

It would seem that this push to bully parents to act against their conscience when it comes to their own precious children, is nothing more than yet another baseless, obscene, unjustified abuse of power. I, and many others, will most assuredly be withdrawing our children from the public school system rather than potentially endanger their health by forcing them to become unwilling test subjects in the largest, most rushed medical experiment in human history..

This is America. Please remember that!

Sincerely,

Wendy Middleton

From: Dana Gottfried
Sent: 1/6/2022 9:24:20 PM
To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: Please read immediately

External Email

Hello,

Please read the reasons I absolutely do not approve of any mandate or law requiring children to receive any covid vaccination to go to school or any other reason for that matter.

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

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

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

If this becomes a law and or mandate I will be pulling my 3 kids out of school permanently. This is absolutely disgusting and so wrong.

Thank you,
Dana Gottfried

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FAAb9ysg&data=04%7>

From: Jeff Pratt
Sent: 1/6/2022 8:55:31 PM
To: DOH WSOH
Subject: Comments for the Immunizations Technical Advisory Group

External Email

Dear Ladies and Gentlemen of the board,

I would like to express my extreme opposition to the implementation of a COVID-19 vaccine requirement for schools in Washington State. The proposed Covid policies are over reaching and immoral!

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Rubin, Editor in Chief NEJM. The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Forced vaccination of healthy children, for a disease that does not affect them, to make adults feel safe, is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Respectfully,

Jeffrey L. Pratt

From: Amy Arnold
Sent: 1/7/2022 4:54:01 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: public comment WAC 246-105

External Email

Regarding WAC 246-105:

As a mother of 4 children and a practicing pharmacist in Washington state, I respectfully request that you do not add COVID-19 shots to the list of required vaccinations for school entry. I do not feel that the current data supports requirement of what remains experimental medical treatment (despite claims otherwise). If they are added to the list, we will follow suit with many other families in leaving the state's education system permanently.

Thank you,

Amy Arnold, PharmD, CACP

From: wildtoot@frontier.com

Sent: 1/7/2022 7:21:11 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlyn.donahow@sboh.wa.gov, Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: School Vaccine mandates

External Email

January 7, 2022

Good Morning,

I am writing to urge you to NOT support vaccine mandate for children to attend in person school. I currently have three children of school age and do not support a mandate for a Covid MNRA injection. Multiple international studies have proven that our children are at little to no risk if they contract this virus. If they do contract it, having a natural immunity is proving to be equal if not more effective than the current experimental injections being provided. If you refer to the VAERs report our children are at greater risk of potential complications and side effects from taking the experimental mRNA injection. As parents and guardians this decision should be ours alone on which risk we wish to embrace. I urge you to read all the data that supports this position with an open mind and choose to leave this decision in the hands of parents and guardians.

Once again, I urge you to NOT support a mandate for children to attend in person school.

Sincerely,
Stephanie Loff
concerned Mother

From: Sydney H
Sent: 1/6/2022 11:32:35 PM
To: DOH WSBOH,Thai, Nathaniel J (SBOH),Kahler, Kelie (SBOH),Haag, Hannah R (SBOH),Schreiber, Tracy N (SBOH),Herendeen, Lindsay (SBOH),Lang, Caitlin M (SBOH),Donahoe, Kaitlyn N (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Hoff, Christy Curwick (SBOH),Davis, Michelle (SBOH),Hisaw, Melanie (SBOH)
Cc:
Subject: Comment on Washington State Board of Health meeting January 12, 2022

External Email

Honorable Board members,

Keep in mind the constitution of this state and country when making decisions about the health freedom of taxpayers and residents and their families. These COVID virus shots do not work as intended, are causing undue harm to some people, and are wrongly being used to keep working people out of jobs.

I hope that you will OPPOSE the following specifically:

1) any involuntary isolation/quarantine of people as described in parts of WAC 246.100; and 2) any mandate on COVID shots for children as a requirement to attend K-12 public schools.

These are morally and fundamentally wrong, and not done in a free democratic republic.

Sydney Hennessy

From: Gwenn Quinn
Sent: 1/7/2022 7:35:08 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Please face facts. COVID vaccines are not vaccines and have horrific side effects. Don't force them on children.

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

I would also like to denounce involuntary detainment of people at quarantine sites, a completely draconian measure, and completely unnecessary.

Asking individuals to quarantine at home with COVID is perfectly understandable, and just as effective as putting people behind fences. We all know that there is something far more diabolical behind this measure than simply keeping others from COVID. I adjure you in the strong name of Jesus Christ to NOT follow through with this, because each one

of you will be answering for this to the King of Kings and Lord of Lords, both in this life and the life to come.

Thank you for your kind attention to this email.

Gwenn Quinn

From: Heather Pancho

Sent: 1/6/2022 5:02:01 PM

To: Thai, Nathaniel J (SBOH),Lang, Caitlin M (SBOH),Hoff, Christy Curwick (SBOH),Haag, Hannah R (SBOH),Donahoe, Kaitlyn N (SBOH),Kahler, Kelie (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Pskowski, Samantha L (SBOH),Glasoe, Stuart D (SBOH),Schreiber, Tracy N (SBOH)

Cc:

Subject: Oppose

External Email

I'm sure you know this is all unconstitutional and unwarranted. Praying you use your life to do the right thing.

Please OPPOSE adding Covid-19 to the current infectious disease WACs, and OPPOSE adding COVID to school immunization requirements.

--

Heather Pancho

<http://panchoblessings.blogspot.com/>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fpanchoblessings.blogspot.com%2F>

" For I am not ashamed of the gospel of Christ: for it is the power of God unto salvation to every one that believeth: to the Jew first, and also the Greek." Romans 1:16

From: jenni Kaloger

Sent: 1/6/2022 5:08:14 PM

To: DOH WSBOH,Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Hisaw, Melanie (SBOH),Davis, Michelle (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Candy Linda Kelly,Thai, Nathaniel J (SBOH)

Cc:

Subject: K-12 Covid 19 vaccine mandates for public schools

External Email

To Whom It May Concern:

I'm writing to ask that the board not recommend a Covid-19 vaccine mandate for K-12 public schools. I am a mother of 3 children currently enrolled in public education. We have enjoyed the community and education my children have received. However, if such a vaccine mandate were to be imposed I would pull my children from public education.

Please note I am not anti-vaccine. My children are up to date on all their major childhood illness vaccines. I am concerned specifically about the Covid-19 vaccines in children, especially regarding young males and the myocarditis potential side effect . Also, before I would give my child a vaccine against a disease that they have a virtually 100% chance of surviving I would like to see a 4-5 year long term study done. There simply hasn't been enough time to determine long term side effects in growing children.

Thank-you for your time in reading my letter,

Jennifer Kaloger
Snohomish, WA

From: Steve Kasemeier

Sent: 1/6/2022 8:56:45 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Put the children first

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children. It's time to do the right thing.

Thank you for listening,
Steve Kasemeier
Parent and registered voter

From: Michael Saenger

Sent: 1/7/2022 11:41:02 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

External Email

I am completely against covid-19 injections as part of the school immunization requirements using WAC 246-105.

-Michael Saenger

From: mdiazfamily@gmail.com

Sent: 1/7/2022 8:06:21 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO REQUIRED COVID SHOTS FOR CHILDREN

External Email

Thank you for reading this email. I want to express my opposition to adding the Covid vaccine to the vaccine requirement list for school age children. Children have a statistical 0% chance of dying from Covid-19 and its variants. The Covid-19 vaccines have not undergone long term testing and we have zero long-term (3-5 year) data on how these treatments will affect our growing children. Please do not make this a school requirement until more data is collected over the next 5 years.

-Michelle Diaz

Parent, Speech and Debate Coach

Sent from my iPhone

From: Travis K

Sent: 1/7/2022 9:44:28 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: PLEASE READ!!! This is so important for my kids!

External Email

Dear WA Board of Health,

I'm writing to you with major concern regarding the upcoming vote to mandate COVID vaccinations for children to attend public school. I am a proud father of 2 boys (11 & 13) who are my legacy and deserve every opportunity to have a healthy long life. Let me be crystal clear that I am not against vaccines that have gone through the proper trials/testing and have been fully approved. I am a believer in medicine, science and facts. I am however strongly opposed to mandating the COVID vaccine for my children when it has not gone through the appropriate trials to be "fully approved". Despite the narrative being pushed to the general public, the factual truth is the COVID vaccines are "only approved for Emergency Use" because they have not gone through the proper trials like all fully approved vaccines have (it states this clear as day on the FDA EUA documents as well as www.doh.wa.gov

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7>).

Children have a 99.9% survival rate of this virus. This has been the case since the beginning. There are zero long term studies on the effects of the vaccine simply because it's not possible. Not enough time has passed. This is the first mRNA vaccine ever given to humans. It will take 4-5 years for this new mRNA technology to be properly tested.

I support the right for parents to decide what is best for their child. With this potential mandate you would be stealing our parental rights and backing us into a corner. This is a misguided abuse of power by completely ignoring the factual truth. My family, including my children have recently all been infected with COVID and recovered just as we do from the seasonal flu. Currently we have antibodies providing natural immunity (which nobody is talking about due to the media narrative). There's 140+ studies showing the protection of natural immunity from further infection.

Adverse reactions to the vaccine, especially heart issues like myocarditis are being swept under the rug. In 2021 there were 22,256 cases of Myo/pericarditis, with the most vulnerable to this reaction being in young/healthy males between 12-20.

Those 22,256 hearts are damaged forever. The writing is on the wall that this vaccine does not stop people from contracting or spreading the virus. I personally know dozens of people who are vaccinated and recently contracted COVID. Some had mild cases and others were hit a little harder. Where is the logic behind pushing more experimental

vaccines that aren't working? The potential damage it can cause is irreversible.

What you should be mandating in our public schools is healthy food choices, more physical activity and actual real world financial education to prepare our youth for the future.

As I stated, I'm not anti-vaccine. I am pro parental choice.

Do the right thing!

Travis Kalamakis
"Father of two healthy boys"

From: Alex Noller
Sent: 1/6/2022 6:57:25 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: No to Covid Shots for Children!!

External Email

Dear Nathaniel,

Please say NO to this terrible idea. Please add my name to the list of those pleading against this travesty. Please do NOT require Covid vaccines for children to attend school. Children are at extremely low risk for Covid. The risks hugely outweigh the benefits. Vaccines are STILL only authorized for EMERGENCY USE ONLY. They are not verified. We have absolutely NO long-term studies to demonstrate safety. Studies DO show that both vaccinated and unvaccinated can both transmit Covid. Therefore, the vaccine apparently does NOT stop the spread of the virus. There is a HUGE risk and no benefit. Please, consider the needs of the children. They do NOT need the vaccine! Please vote NO! No Covid shots for children!!!

Respectfully,
Alex

Spokane, WA

From: larsetom1

Sent: 1/6/2022 6:39:44 PM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: RE: Oppose Covid Vaccine requirements for school children

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable'. Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long or even medium term risks of these vaccines.

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you,

Tom Larsen

Seattle, WA 98117

From: Kelly Segel
Sent: 1/6/2022 4:10:22 PM
To: DOH WSBOH
Subject: Please dont mandate the covid vaccine for school kids!

External Email

Hello WA State Health Board Members,

We are writing this email to plead and ask for the Covid Vaccine to not be mandated in public or private schools. We strongly urge for this not to be passed. There will be many teachers and staff and students leaving the public school systems and private as well due to this terrible possible mandate.

Thank you,
Kelly & Jeff Segel

From: Kim Pham
Sent: 1/7/2022 8:04:36 AM
To:
Cc:
Subject: No to mandatory vax and forced quarantine

External Email

☐ Dear Board member,
☐

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors ([americasfrontlinedoctors.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sincerely,

Kim Pham

From: Kailyn Harmon
Sent: 1/7/2022 10:42:32 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Proposed policy concerns

External Email

To whom it may concern,

Today I was informed by a fellow mother and friend that the Washington State Board of Health was meeting to discuss policies dealing with the current covid situation. These policies seem to basically amount to the government forcing people to give up their right to bodily autonomy.

Therefore, I have to express my deep concerns for the agenda and state that I DO NOT agree with the proposed policies. They infringe on the rights of a person and the rights of a parent to make the best decisions for THEIR children. Again, I'd like to state I am in full disagreement with the proposed policies. I can not support the agenda regarding COVID vaccinations requirements in school when there is no long term study on the effects of the vaccine especially on young children.

I feel the way I do for many reasons but the strongest reason, as a person and as a mother, is that the numbers and the studies do not support the decision of these policies. I implore you to think about what these policies would really look like if passed because, I for one, do not see a bright future for the state of Washington if the board of health passes this agenda during the meeting.

Respectfully,

K. Harmon

From: Marie McFadden

Sent: 1/7/2022 9:38:01 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Stop this insanity!!

External Email

Attention public SERVANTS!

Vote NO on this proposed vaccine mandate for our school children. Data is showing people with the vaccine are catching the virus just as easily as those who have not been vaccinated. There is absolutely no justification for forced injections on free citizens. This outrageous government overreach needs to end NOW!! You are all in violation of the Nuremberg Code! Vote NO!!! Thousands of students will be removed from the public school system by their parents acrossed the state if this ridiculous use of force is installed. You should all be ashamed of yourselves! It's time to start listening to the people you work for, WE THE PEOPLE. You have forgotten your place, you are employees, not our dictators. End this outrageous overreach NOW and VOTE NO!!!

M. McFadden

Tax Payer, Registered Voter, Parent and ONE OF THE MILLIONS OF YOUR BOSSES.

From: Angela Krpata
Sent: 1/7/2022 8:04:47 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Stop Covid for WA Schools

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Here is the link to sign up to watch the WADOH webinar -

https://us02web.zoom.us/webinar/register/WN_DjusY10WTj-EyQyDTdyxsw

We are working on the next Free2Choose meetings; dates and details coming soon! The tides are changing and so must our strategies.

Be Free,

Free to Choose Team

From: Megan Heuer

Sent: 1/7/2022 6:09:40 AM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Hanna.haag@sboh.wa.gov,Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom It May Concern,

I OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. You oppose COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,
Megan Heuer

Sent from my iPhone

Sincerely,

Janet M. Young

January 6, 2022

From: John Sinclair
Sent: 1/6/2022 8:21:42 PM
To: John Sinclair
Cc:
Subject: Mandatory Vax and Forced Quarantine - WA State

External Email

My childhood mentor just died in reaction to the vaccine.

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense ([childrenshealthdefense.org](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

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Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school

From: Terry Hauck
Sent: 1/6/2022 10:36:34 PM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: children Covid-19 vaccine

External Email

Dear Washington State Board of Health members,

I write this email with a very heavy heart. I beg you to reconsider trying to mandate the Covid-19 vaccine for children in schools for many reasons.

The first reason is that this vaccine has not been tested and tried for years like others have. We do not have any idea what LONG term affects this vaccine may have. We have no idea what putting this vaccine into a growing body will do years from now. It is one thing to inject a fast tracked vaccine into an adult body, it is a completely different idea to try to force families to inject their child with a vaccine that has not fully been FDA approved, nor tested for years and years.

The second reason is that Covid vaccines in general are a controversial subject right now and being a teacher, I fear that many families will pull their children out of school, thus my job may be in jeopardy and I may not be able to teach and do what I love. This could have a trickle down effect and could put many jobs at risk, as well as funding for schools with lower enrollment rates. I personally know of 5 teachers at my school who are all Covid vaccinated themselves as adults, but refuse to vaccinate their child and have been looking at moving to other states if this mandate goes through. One teacher already has left our school. My husband and I would also be in the same boat and would be moving states, as we would not be vaccinating our own children and would need to find a different school system to enroll them into. This would be a huge adjustment for our family, but a necessary one to not inject them with an experimental drug.

The third reason is that Covid-19 vaccines reduce symptoms and give you partial resistance (not immunity), whereas a typical vaccine gives someone immunity to the disease they are vaccinating against. We know that people who are vaccinated can still pass Covid to each other. Our school has been very effective in NOT spreading Covid to each other and most all of our cases are due to exposures from adults in their household, not other students. Our mask protocols and social distancing are working just fine. There is no need to divide our parents against the school (because that is who always feels the pressure at the end of the day) when they are safe how we are running things right now.

The fourth reason is that some parents are not comfortable with the potential side affects of the shot. I personally know of one parent who vaccinated her student and now her child is paralyzed and cannot walk. After some families heard of this, they refuse to vaccinate their children. Some parents do not want to risk dealing with side affects and they should have the option to choose if they want to vaccinate their child or not with an experimental drug. EVERY child should have the right and access to go to school without having to worry about not being able to go because they did not get this new, not fully FDA approved, and not long term tested vaccine.

The last reason is that Washington state is starting to feel more like a dictatorship than a democracy. Mandating this vaccine in the current state that it is in goes against our rights as being an American living in the United States. It is has been very frustrating trying to teach through all of the up's and down's these last few years (as I am sure everyone feels this way with their job). However, in my opinion sending your child to school should not have to be a choice for families based on if they vaccinated their child or not with this, specific Covid-19 vaccine. This is also NOT what is best for kids and will make school an unequitable place because some will be able to attend and some will not. We know the social-emotional welfare of students have been greatly affected these past couple of years and suicide rates alone were 4 times greater during the shut-down. We need ALL students in school, regardless of their Covid-19 status. Remember, mask wearing and social distancing is working!!! We can continue to do this and not transmit Covid. We have already proven this can be done. Please do not make families be forced with yet another hard decision. Parents have enough on their plates already.

I am "speaking" to you in hopes that you will consider what this will mean for Washington state and it's schools and families, mine included. It is not medically or consciously okay to use our children as test subjects and to force families to vaccinate their child with a Covid-19 vaccine. The science on Covid is still changing. For example, now they say you only need to quarantine for 5 days, not 10-14. Again, there are still so many unknowns, and we are talking about young, still developing bodies, not fully grown adults. They are the future of the United States and there has just not been enough time or evidence that this specific vaccine is fully safe. I sincerely ask you to not mandate this vaccine for school aged children.

Thank you for reading this.

Sabrina

From: Rachel Alleman

Sent: 1/7/2022 11:56:08 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Please OPPOSE involuntary isolation/quarantine in parts of WAC 246.100 and COVID mandates for children in K-12 schools

External Email

Hello,

As a concerned citizen of WA state, I respectfully write to ask that you OPPOSE these two items below. Can you please site in the constitution where these items are even allowed? You are employees of the people of this state and not the other way around.

- 1) any involuntary isolation/quarantine of people as described in parts of WAC 246.100 AND
- 2) any mandate on COVID shots for children as a requirement to attend K-12 public schools.

I want to see a time for public comment on these topics as well.

Thank you in advance.

Rachel Alleman

From: Teresa Nielsen
Sent: 1/10/2022 12:38:51 PM
To: DOH WSBOH
Cc:
Subject: WAC proposals covid 19

External Email

Dear Board of Health Members,

I've recently become aware of the Washington Administrative Code (WAC) proposals regarding Covid-19 requirements for school age children. I am in complete OPPOSITION to this proposal, and disappointed in our state leadership for allowing this infringement of our rights to even be considered. Science proves that Covid-19 is as much a threat to our children as the common cold, and yet you've allowed fear and mob mentality to dictate your legislation. The possible side effects of this vaccine, which science shows to be ineffective at eradicating Covid-19 and has not received adequate long-term testing, outweigh the risks of the disease, but you are seeking to overturn the rightful responsibility and judgment of parents. This is NOT a childhood disease, and does not compare to the other diseases that we've largely eliminated through vaccines. While I am thankful for access to a vaccine, I fully support the CHOICE to vaccinate against Covid-19 or not. As we have equal access to a vaccine, allow each individual to assess their own assumed risks and make the necessary decisions for their own family.

The WAC proposals regarding quarantine and forced exams, testing, treatment and vaccines are unnecessary and over-reaching. The death rate for Washington state has been steadily declining for the past four months. While the cases have increased, the number of asymptomatic and low sickness vs. extreme cases have not been provided. The only data is deaths and cases, and based on these numbers, while many people have contracted the illness, not many are dying; certainly not in numbers that require you to force people to be quarantined, examined, tested, treated or vaccinated. I am OPPOSED to any forced actions and extremely disappointed that it is being considered.

Washington state residents should be able to make the choice for themselves. We have all had or seen extreme illness in our lives, this is not being taken lightly. Trust your citizens to make the decision that is right for them and their family.

I appreciate your consideration.

Teresa Nielsen

From: Lynda Heimbigner

Sent: 1/7/2022 11:45:39 AM

To: Hoff, Christy Curwick (SBOH),DOH WSOH,Hisaw, Melanie (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Regarding Jan. 12, 2022 meeting to discuss requiring all children be given Covid-19 injections

External Email

To Whom It May Concern:

Regarding discussions to change WAC codes to allow citizens of Washington State to be involuntarily detained if they have not received Covid-19 injections: I register my disagreement. The FDA has approved certain injections for emergency use, and none of them have been scientifically tested to the point of stating they are safe and effective. All citizens have a constitutional right to choose whether or not they wish to take an injection. To force anyone is unconstitutional and against the laws of the land, both state and federal.

Regarding mandating that all children of school age receive injections: There is no solid evidence at this time that any child in Washington has died merely from contracting a covid-19 virus. These children are safer from this virus than any other citizens. Parents are the ones to make this decision, not the State of Washington.

What you are proposing is egregious and I humbly submit my protest and request you do not change any WAC codes. It's illegal.

Lynda Heimbigner

From: Charlie
Sent: 1/7/2022 1:48:27 AM
To: DOH WSBOH
Subject: BOH Meeting January 12th Comments:

External Email

1. I oppose adding a C-19 vaccine to the WAC 246-105 schedule of required vaccines for children to attend schools. The risk/benefit analysis isn't even close.

2. I support the petition agenda item #11 completed by Xavier Figueroa, PhD, which asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

The science and analysis by experienced M.D.'s is clear: These vaccines are designed to produce toxic spike proteins that as a side effect cause permanent damage to critical organs including the brain and nervous system, heart and blood vessels, reproductive system and can cause fundamental changes to the immune system. Once these damages have occurred they are irreparable. Lesions in the brain, scarring of the heart tissue, genetically reset immune system cannot be fixed. The reproductive damage could affect future generations of our families.

This is new technology that has not been adequately tested. We need at least 5 years of testing/research before we can really understand the risks. Harms and risks from new medicines often become revealed many years later.

The reason the pharma corporations are using to sell these products to our state for our children is fraudulent. Our children represent no danger to their parents or grandparents. It's actually the opposite. Their immunity, after getting COVID, is critical to save our family if not the world from this disease.

There is no benefit for our children and families to be vaccinating our children against the small risks of the virus, given the known health risks of the vaccine that as parents, us and your children may have to live with for the rest of their lives.

The risk/benefit analysis isn't even close.

Thank you,

Charles Mencke

Edmonds, WA

From: Stephanie Lofquist
Sent: 1/7/2022 9:59:21 AM
To: Hisaw, Melanie (SBOH)
Cc:
Subject: Public Comment - JAN 12 WABOH Meeting - Immunization Criteria for Childcare and School Entry

External Email

January 7, 2022

To the Washington State Board of Health Members:

I would like to comment on any action you are considering to take regarding immunization criteria for school entry and childcare. It is apparent that medicine is not a "one-size-fits-all" application. My two children have received immunizations with no apparent reactions, while my niece has received some of the same immunizations and has experienced sickness, seizures and allergic reactions. This is why it is important for exemptions for vaccine requirements to remain in place for school entry (and daycare). It is also fundamentally necessary to keep religious and philosophical exemptions in place because there are many families who practice holistic and natural medicinal care – we live in a free country where we can practice a religion of choice and make decisions that we believe are best for our bodies (or for our children).

I also implore you not to require COVID19 injections for ANY child in childcare or school. It is evident the COVID19 injections being administered are not stopping the spread of SARS-COV-2 (as we are seeing a surge in cases). Not to mention, no COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States with no anticipated date for its availability. Also, the FDA has not been transparent on the data they have collected thus far (and we will not see full data until 2076)/there is not enough long-term testing data available for people to make an educated medical decision. The safety of the injections currently being administered should be in question as well - the number of hospital cases of myocarditis and pericarditis, at Seattle Children's alone, should shut down any further issuance of these experimental injections in children. Requiring this injection does not protect our children!

Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% which statistically speaking they have zero risk of dying. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

Additionally, this injection is not meeting the criteria the WA BOH has set forth because it

is not reducing the risk of person-to-person transmission. The survival rate is well over 97% in the general population. Not to mention that even long-term effects of SARS-COV-2 do not represent a significant amount. There is an extremely large number of both the medical and the general public who do NOT accept the COVID injections as an effective or safe means to combat SARS-COV-2.

Please PROTECT our children by NOT requiring a COVID19 injections to attend childcare or school.

Thank you,

Stephanie Lofquist – Washington citizen

From: (null) hendrix98
Sent: 1/7/2022 9:56:00 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: BOH Considerations

External Email

Dear Mr. Thai,

It has come to my attention that WA Board of Health will be discussing Covid-19 shot mandates for schools and recommendations for forcible quarantine and/or detention of those that disagree with policies. As a parent to 6 children in this State, I request that you abandon the plan of forming a technical advisory group to explore COVID19 mandates and adopt a new rule of requiring products to have completed Phase 3 clinical trials before they can be added to list of school requirements.

One definition of insanity is to repeat the same mistake over and over again and expect different results. For almost 2 years we have attempted to follow the health recommendations of washing, masking, distancing, testing, isolating and vaccinating. By now it is apparent that the virus is "gonna virus" regardless of measures attempted. Thankfully, SARS CoV2 is acting in similar manner as all other viral pandemics and becoming more "virulent" (spreads easier) but less deadly. Real immunity is achieved with exposure and recovery as is evidenced by fact that those infected with SARS in 2002/3 cannot become infected with SARS CoV2 today! In contrast, Covid19 has managed to find a way to escape the vaccine as is evidenced by the incredibly high numbers of vaccinated and even boosted individuals getting sick and testing positive. Surely this fact has not escaped your knowledge!

As Health Board members, you are obligated to provide us with facts that support any and all recommendations or requirements.

- 1) what is the current rate of mortality for COVID19 infection and stratified according to age groups?
- 2) point to ANY measures that have reduced the numbers of fatalities (cases are not fatalities).
- 3) what is rate of all cause mortality in WA in 2020 and 2021?.....did the measures imposed reduce the number of deaths from prior year?
- 4) provide evidence of asymptomatic spread of SARS CoV2.
- 5) provide safety studies for masking children and randomized clinical trials for masks preventing spread of lab-confirmed upper respiratory viruses (not modeling of masks on mannequins).
- 6) make public the accuracy of testing - what is the rate of false positives and false negatives of tests and were results determined by manufacturers of the tests or unbiased 3rd party investigators?
- 7) provide evidence that the vaccines prevent infection and transmission and that they improve health of individuals who receive them compared to those who do not.
- 8) explain why so much focus on eliminating this 1 virus when human immune systems have successfully protected our growing population since the beginning of time? Are you aware that some viruses are beneficial for humans and can protect against various forms of cancers and heart issues? Did you know that your human virome contains over 380 TRILLION viruses?

I do not doubt that as members of WA State Health Board that you truly desire to improve the health of Washingtonians. However, I do not trust that you have carefully investigated and logically determined adequate and measurable health remedies for which you are able to provide evidence. Before doubling down on measures that seem to

HARM more than they HELP the overall health of citizens, please determine and make public the evidence to justify any policies.

Regarding mandating shots, know that the clinical trials will not be completed until 2023. Know that WA State has a legal definition of a vaccine that the C19 shots do not fulfill as they were never part of a living microorganism nor do they prevent transmission or infection of disease.

"Vaccine" means a preparation of killed or attenuated living microorganisms, or fraction thereof, that upon administration stimulates immunity that protects against disease and is approved by the federal food and drug administration as safe and effective

<https://app.leg.wa.gov/RCW/default.aspx?cite=70.290.010>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx?cite=70.290.010>>

Finally, do no harm! You cannot possibly know or care more about the health of children than do the parents of Washington children! My college son's roommate suffered myocarditis shortly after his Pfizer booster and is now unable to resume an active lifestyle for the next 6 months and possibly longer! Heart muscle doesn't regenerate and unnecessary injury to a healthy 19 yo is a travesty he will suffer with for the rest of his life. How many others are now injured? What is the real rate of adverse effects following these EUA products and how can you determine if the safety studies have yet to be completed and there is no transparency of adverse event reporting?

Furthermore, how necessary or even safe is it to give a vaccine to a person who already has immunity to the pathogen? Most children by now have been exposed to the virus and have developed immunity without difficulty. Why consider a mandate for those not at high risk for adverse outcome should they become infected but who carry unknown risks of adverse reaction with getting the shot?

I look forward to hearing these concerns addressed and evidence for any and all recommendations to be presented when I tune into your meeting on January 12. <x-apple-data-detectors://2>

Thank you,
Therese Hendrix

*I am able to provide evidence of any claims made in this letter, just let me know what you need substantiated.

Sent from my iPhone

From: Brittney Holmes

Sent: 1/6/2022 7:42:16 PM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: Vaccine Mandate Opposition

External Email

Dear Board of Health,

I would like to express my EXTREME opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

First of all, everyone right now that I know that had covid- is vaccinated. The vaccine does not prevent covid infection or transmission of infection. So these state mandates make absolutely no sense.

The vaccine does not come without side effects. Kids are more at risk from the covid vaccine side effects than they are of covid.

I had covid back in October, my kids were never affected. There is absolutely NO reason for kids to get this new "vaccine". It's basically a flu shot. More kids die each year from the Flu- than they have of covid.

MANY parents will withdraw their kids from public schools if this vaccine is mandated for kids. There will be a huge impact on our educational infrastructure if it happens.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis

of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Thank you for taking the time to listen to all of us parents who just want what is best for our kids.

Brittney Holmes
Concerned and loving parent

From: Charity Bauder
Sent: 1/7/2022 8:18:51 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO! to new COVID policies

External Email

To whom it may concern:

As a constituent of Washington state I wanted my opinion to be clearly presented to those making unconstitutional policies in our state. I am completely against all the new proposed Covid policies including but not limited to: allowing local health officers to use law enforcement to force an emergency order to involuntarily detain a person or group of persons to be isolated in a quarantine facility following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination. I also am against requiring COVID-19 injections as part of school immunization.

The government was never created to be able to tell us what to do and decide the course of our life for us; rather it is the people (which is me) that have the right to tell the government (you) what I want done, and the government is to carry those deeds out. There has been enough overstep, cheating, lying, and deceit from our government in Washington state. Stand for right, truth, and freedom!

Charity Bauder

From: Лена Смирнова

Sent: 1/6/2022 8:28:46 PM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: NO COVID-19 shots for kids

External Email

Hello,

I am opposed to making COVID-19 shots mandatory for school admission or childcare in our State .

As a parent, and a member of the community, I implore you to please stop the push to require Covid 19 vaccinations for ANY child in child care or school. Covid vaccines should absolutely NOT be a requirement for our children! Children are at an extremely low risk for Covid 19. The Covid 19 vaccines have no long-term testing on adults and they have even less testing on children. Covid 19 vaccines are not stopping the virus as many with the vaccine are contracting and spreading C19. The vaccine has not been tested enough to ensure its efficacy and safety in children. Requiring this vaccine does not protect our children!

The disease burden in this case does not meet your criteria. There is NOT a significant morbidity and/or mortality in at least some sub-set of the population. The survival rate is well over 90% and even the long term effects of C19 do not represent a significant amount. Additionally, this vaccine is not meeting your criteria because it is not reducing the risk of person-to-person transmission.

As for the criteria of Implementation, the vaccine is NOT acceptable to the medical community and the public. There is an extremely large amount of both the medical and the general public who do NOT accept this vaccine as safe.

And finally in regard to vaccine effectiveness, this vaccine does not work. It is not on the Recommended Childhood & Adolescent Immunization Schedule. It is not preventing C19 nor is it preventing the spread of C19. The vaccine is not cost effective for our nation.

Perhaps it is cost effective or free or maybe even puts some money into the local schools, but as a nation, it is destroying our financial position at an alarming rate.

"Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects." Yeah. Not even close. Tell that to the parents of the kids who are having heart attacks. Tell that to my friends who have had massive autoimmune flare ups and other medical issues arise immediately after their second dose. This is not a safe vaccine for all people. Even the FDA board that was approving those vaccines to their young kids did it with the impression that it would be absolutely voluntary and will never be mandated which CDC guaranteed. Will you take upon you the responsibility for the health and well being of innocent children who you will be subjecting to unknown risks in order to receive education which is an ingrained right of every child? Will you create segregation and discrimination based on the medical choices made?

Please PROTECT our children by NOT requiring a C19 vaccination to attend child care or school.

Best,
Olena Smirnova.

From: Sarah Rigby
Sent: 1/7/2022 7:21:32 AM
To: DOH WSBOH
Cc:
Subject: HALT Immunization Criteria for Children of Washington State

External Email

To Whom it may concern,

I STRONGLY OPPOSE Agenda Item #8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for school. I OPPOSE COVID-19 shot mandates, period!

I SUPPORT Agenda Item #11 Informed Choice Washington's Petition for Rulemaking. This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,

Sarah Rigby

From: Sharay Tirado
Sent: 1/7/2022 9:28:57 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: NO VACCINE MANDATE Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Dear Nathaniel Thai,

I am a parent of a third grader and a fifth grader in the Peninsula School District in Vaughn Washington. Last year we homeschooled with book curriculum to keep normalcy and structure as we did not know what to expect during the school year due to the pandemic. My children although flourished academically, we grew as a family and enjoyed our time together; it did not replace the childhood experience of going to school with peers and teachers.

My children are doing amazing being back at school socially, academically and developmentally. Children need children for healthy mental and social emotional development, it is crucial.

I am desperately asking you to please not mandate the EUA Covid-19 Vaccine product for children to attend school in Washington State. We believe in keeping the community healthy and support keeping others safe, but in our core as parents we cannot ignore many unknowns of the Covid-19 vaccine for children.

It is parents jobs to keep their kids safe, our number one priority and we do this with informed decisions. It is difficult to make a decision to give a young child a vaccine when the FDA will not release their report for the \product for 50 years. The risk of myocarditis is very concerning, it is permanant scarring of the heart muscle, possibly predisposing children to premature cardiovascular disease. The testing for this product was done on a very small group of less than 2,000 participants and even at the FDA stated that "we wouldn't know the true risk of serious side effects until it is rolled out onto a larger population". There are noted vaccine injuries such as the 12 year old female who has a feeding tube and cannot walk, numerous reports of young athletes collapsing due to heart issues that led to death. We do not know or test what biomarkers for future disease the vaccine may cause for our younger precious popluation. The benefit versus risk for this population is not proven.

This is the information us concerened parents have to process as we make the best decisions for our children. We have also been living the last 2 years in a pandemic, trying to keep life going normal, balance jobs, health and our family's well being. It is life changing and terrifying to think that we may have to choose to provide our children with an education that meets their mental health needs, social emotional and academic needs, or give them an inoculation that we feel may be unsafe. It literally breaks my heart privately, when I see their happy faces and know it may all be gone, due to a mandate.

Whether you agree with parents like me or not, we are out here. Our feelings are very strong and we will not comply with a Covid-19 Vaccine mandate for our children to attend school. Some will be ok, some may have lasting mental heath and academic consequences that could lead to other health crisis such as depression, substance abuse, suicide and future unemployment. WE MUST FACTOR THE RISK VERSUS BENEFIT.

Please hear my Prayer.

Sincreley,

Sharay A, Nickles, MA, LMHC
Licensed Mental Health Counsleor
Mother
Wife
Citizen

From: Korri Oosting

Sent: 1/7/2022 9:01:10 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Fwd: mandates covid vaccine for kids

External Email

>

> I have been a parent for 17 years. I have a high school and elementary age child. my response to you adding the covid shot to mandatory vaccines is HELL NO!!!! Please do not force parents to pull their kids from school. we will. we will not think twice. This should be an individual choice for each family NOT the state. The state should NOT be in the business of making blanket medical decisions for our children.

>

> thank you

> korri oosting

> 5097014490

>

> Sent from my iPhone

From: Chris Hupf
Sent: 1/6/2022 10:29:20 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Opposition to vaccine mandates



attachments\C0E89499D23C4106_image.png

External Email

Dear health official,

I am writing to express my vehement opposition to any vaccine requirements for students in our state. Being a father of 2 school age boys, I am sincerely pleading for their safety. Please put your preconceived notions and politics aside and look at the facts.

The scientific evidence does not support the risk / benefit of COVID vaccine for males in this age group.

1. Risk of Myocarditis in young males is higher for vaccinated than for those who got COVID.

Ref. <https://www.nejm.org/doi/full/10.1056/NEJMc2115045>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nejm.org%2Fdoi%2Ffull%2F10.1056%2FNEJMc2115045>

2. Vaccination does not prevent the spread of COVID to people in their household. In fact it barely reduces transmission relative to unvaccinated.

"We found that the secondary attack rate in fully vaccinated household contacts was high at 25%, but this value was lower than that of unvaccinated contacts (38%)."

Ref. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2Flaninf%2Farticle%2FPIIS1473-3099\(21\)00648-4%2Ffulltext&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cfdcca55e754b41631ae208d9d1a708](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%2Flaninf%2Farticle%2FPIIS1473-3099(21)00648-4%2Ffulltext&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cfdcca55e754b41631ae208d9d1a708)

3. Risk of severe illness in children is basically non-existent.

"A total of 815 articles were identified. Eighteen studies with 1065 participants (444 patients were younger than 10 years, and 553 were aged 10 to 19 years) with confirmed SARS-CoV-2 infection were included in the final analysis. All articles reflected research performed in China, except for 1 clinical case in Singapore. Children at any age were mostly reported to have mild respiratory symptoms, namely fever, dry cough, and fatigue, or were asymptomatic. Bronchial thickening and ground-glass opacities were the main radiologic features, and these findings were also reported in asymptomatic patients. Among the included articles, there was only 1 case of severe COVID-19 infection, which occurred in a 13-month-old infant. No deaths were reported in children aged 0 to 9 years."

Ref. <https://pubmed.ncbi.nlm.nih.gov/33262177/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F33262177/>

4. All available vaccines are for emergency use authorization. For goodness sake please

recognize the rules of law!

"WHAT IF I DECIDE NOT TO HAVE MY CHILD GET THE PFIZER-BIONTECH COVID19 VACCINE?

Under the EUA, there is an option to accept or refuse receiving the vaccine. Should you decide for your child not to receive it, it will not change your child's standard medical care."

Ref. <https://www.fda.gov/media/153717/download>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F153717/download>

I implore that you look at the facts objectively here and end this doom spiral of vaccine requirements. Eventually the courts will agree as well, and YOU will be held accountable. In conclusion, humans are not cell phones or windows software that need to be upgraded every 2 weeks to deal with the latest virus threat.

Thank you.

Christopher P Hupf

Engineering Director (my employer likely won't appreciate being listed here)

Maple Valley, WA

Sent from my iPhone

From: Alice Bossart
Sent: 1/6/2022 11:27:30 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: reg the upcoming health care board meeting

External Email

Hi Nathan,

I want to express my opinion for your upcoming board meeting...

I think the most important thing is for people to have a choice about their own body and health. I think children should not be forced to be vaccinated .. their bodies are healthy with a great immune system that with proper food and care will protect them.

I had my boss die last year after taking the second shot of the Pfizer vaccine, my friend in the office got Bell's Palsy after her first vaccine shot and my other friend's son wife who was pregnant got a miscarriage right after the shot ... so I think with so many people having side effect and dying ... you as the health care department should absolutely not force people to get this vaccine and give people a choice of what each person wants to do.. the risk and consequences of this experimental drug are way too big to enforce it on people.

Why does being healthy not mean anything anymore.. having a healthy body with a good immune system should be the greatest thing. I'm from Switzerland originally and over there people who have had Covid and have anti-body .. that is good enough to live life and not have to get the vaccine. Why can we not do this hear. The healthy people should not be forced to be vaccinated.

So I would like that you

1. OPPOSE Agenda # 8, the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for children of ANY age
2. SUPPORT AGENDA # 11, Informed Choice Washington's Petition for Rulemaking -- this is item 11 on the agenda! This petition (filed by Xavier Figueroa, PhD, on behalf of ICWA), asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

Sincerely,

Alice Bossart

Alice Bossart, CRS CDPE

Managing Broker

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alice@alicebossart.com <<mailto:alice@alicebossart.com>>

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From: Jeff Wyman

Sent: 1/7/2022 8:50:24 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: NO to Vaccine Mandates in Washington Public Schools

External Email

Dear members of the Washington State Board of Health,

It has come to our attention that the BoH is discussing the possibility of vaccine mandates for Washington State Public Schools. As parents of two young children in the Peninsula School District, we are steadfastly against this.

My wife and I both received the Covid-19 vaccine due to employer requirements. It was essentially not our choice – get vaccinated or lose a career. This requirement came despite working for over a year and a half in the covid environment with no ill effects. Despite the overwhelming evidence that the Covid-19 vaccines will do little to stop the spread of the virus in public and private settings. We have multiple family members who have contracted Covid despite being fully vaccinated and boosted.

Now you want to foist this requirement onto our young children, despite the complete lack of knowledge of the long term impact of these vaccines? You want to hold our childrens' education hostage to this same requirement?

For any of you to say that our children are at serious risk from this virus goes against all known evidence, which says otherwise.

In 2018, there were 186 pediatric deaths from the influenza virus(es) in the US. A recent high point of pediatric influenza deaths was the 2009 flu season, in which 358 pediatric deaths were recorded. (Source: <https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm>)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fabout%2Fseason-2017-2018.htm&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C51cddc65d29a4018a2bd08d9d1fdbfd89>

)

Compare that to the total number of pediatric deaths from Covid-19, of which 578 deaths in the age range of 5-18 have occurred as of 1/6/2022. (Source: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.cdc.gov%2FNCHS%2FProvisiCOVID-19-Deaths-Focus-on-Ages-0-18-Yea%2Fnr4s-juj3&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C51cddc65d29a4018a2bd08d9d1fdbfd8%7C11>
)

Is the number higher than the total number of influenza deaths in 2018? Yes.. However is it sufficient cause to mandate the Covid-19 vaccine for all students in Washington Public Schools, especially given the lack of long term data regarding the possible side effects of the vaccines in children – especially the possibility of myocarditis cases in young males? Is it sufficient to warrant what is being deemed an emergency response in lieu of the Omicron variant, which is very explicitly less deadly than the initial variants of Covid, despite being more readily transmissible?

You stand the chance of shutting out public education to millions of families in Washington who will refuse to administer the Covid-19 vaccine to their children, for a virus that is marginally more deadly to children than the seasonal flu.

We have dealt with masking, social distancing, remote learning, and our children have already been asked to do too much. My wife and I, who frequently enjoyed volunteering in our children's school, have been shut out of such activities. Our children have remained remarkably resilient and upbeat, but frankly we are tired of our children being constantly cajoled into a state of perpetual fear of this virus. This is the last straw for us. If vaccine mandates enter our public schools, we will either be removing our children from Washington Public Schools until a time when sanity in leadership has returned, or we will simply leave Washington – a state that both of our families have made a home in for generations - and take our ample tax dollars with us to a state where these requirements will not ever be in place.

At this point, Covid-19 is beyond your control. It is time that we come to terms with this and begin moving back to normalcy, not enacting more emergency mandates and requirements in an attempt to curb a virus that, frankly, is here to stay forever.

Thank you for your time,

Jeff and Jessica Wyman

Gig Harbor / Peninsula School District

From: Nikkole Anderson

Sent: 1/6/2022 9:42:02 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Vaccine Mandate

External Email

Hi All,

Thank you for taking the time to read this...I will keep it short and to the point.

I would ask that you NOT mandate the vaccine for school age children.

2 points to consider:

1. The fact is, there is little data on the long term effects the vaccine will have on our childrens bodies/health.
2. Respecting personal choice when it comes to our bodies, is crucial. This is a slippery slope.

Thank you for your time.

Sincerely,
Nikki Anderson

Sent from my iPhone

From: Carlee Shelton

Sent: 1/6/2022 8:53:36 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Hisaw, Melanie (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: Vaccine mandate for children in schools

External Email

To Whom it May Concern,

I am a Mom of 3 school aged children, the young ages of 9, 6, and 4. This might be long, but I beg you to please hear me out. The discussion of the Covid vaccine being mandated for school attendance absolutely makes me sick, and I've never felt so terrified in my life. We are not anti-vaccine. My kids are all up-to-date on every other recommended vaccine, but this vaccine is very different, and not one person can argue that with any good argument.

I am a healthcare provider in Olympia, and I am fully vaccinated against Covid. We have a huge concern with vaccinating our kids with something that is being used for emergency use. Yes it's FDA approved now, but so are a lot of terrible things that are put on the shelves at the grocery store that are harmful to us- like everything that leads to obesity, diabetes, and heart disease... and eventually death. And all the drugs that have been FDA approved that have since been recalled due to safety concerns. How do we know that something won't come out in a few years about this once it's further studied? This is very scary.

In my line of work, every patient that I have in my chair, gets their health history reviewed thoroughly, prior to proceeding with any care that is scheduled for that day, as it may affect how we proceed. It really bothers me that this vaccine is being recommended for everyone, and not on a case by case... I treat my patients on an individual basis. Every single person that sits in my chair is different, and I cater to their needs differently. Why should we be telling everyone they need this vaccine, without knowing anything about their medical history whatsoever? And what about the kids who have natural Immunity because they have had the virus? Is that taken into consideration at all? For some it's just absolutely not worth the risks. If my child was immune compromised, diabetic, or obese, you better believe I'd vaccinate, because then the benefit would outweigh the potential risks. But I don't see any benefit from this vaccine for my kids. My kids are all very healthy, and we take precautions if any symptoms arise.

Also, there have been mandates placed already, with many wonderful people/employees losing their jobs, and for what? At this point, it's very clear that this vaccine doesn't stop the spread of the virus, and it's also been shown to affect kids very mildly. My 3 kids have had Covid recently, and one of them had zero symptoms, and the other two had nasal congestion... that's it. I'm begging whoever I can beg to, to please understand parents concerns about this. We should have the right to choose for our kids. These poor kids don't have a say, and that's not fair. We as parents, are here to advocate for our kids best interest. It will make no difference if my kids are vaccinated or not as far as getting or spreading it, therefor, I am 1000% against this vaccine for kids and my

husband and I are fully prepared to homeschool our kids if it comes to that.

We are good people, and we just want to be able to make this decision for our kids, and we want our kids in school where they should be, thriving and happy! My kids aren't their normal happy selves doing school at home, (in fact, my oldest gets very depressed) without their peers. I just feel like parents are being put in such a hard spot and it's heartbreaking.

Thank you for taking the time to read my rambling. I could go on and on, but I won't. I truly and genuinely pray this doesn't actually go through ☐☐

Sincerely,

Carlee Shelton

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From: Shellie Neer
Sent: 1/7/2022 10:49:24 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Children Mantatory V

External Email

I have many family members with children in Washington schools who will pull their children out of school if the covid vaccine becomes mandatory for public schools. This is a choice that will protect their children from side effects and death from the covid vaccine that has numerous accounts listed in the VEARS data.

Please hear us and do not vote for a mandatory injection that is still in trial phases.

Thank you
Rochelle Neer

Sent from Yahoo Mail on Android

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.onelink.me%2F107872968%3F>

From: Chelsey Richardson
Sent: 1/7/2022 9:33:03 AM
To: DOH WSBOH
Subject: WAC 246-105

External Email

Good morning,

Washington State Board of Health officials - Thank you for your service in strenuous time in public health. I understand these have been trying times, and you have pressure from many sources, yet you have a heavy moral and ethical obligation to uphold what is best for the health of Washingtonians, including our very precious future, our children.

As a mother, and highly educated health care professional, the health of my children and those in the community is of utmost importance to me:

1) I would like to express my Opposition to the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating shots for school.

- * We know, the risk of severe complications or death from Covid-19 is extremely low for children.
- * We now know there are very concerning adverse events being reported for the Covid-19 vaccines in children, and VAERS is extremely underreported (shown by Harvard Study). This should concern you.
- * Are you going to require a child to place themselves at unnecessary risk of an adverse event and unknown long term sequelae, when they likely would have beat Covid-19 with their own immune system, and developed a form of durable immunity that may help end the pandemic?
- * Prove that the benefit outweighs the risk -- without using data from pharmaceutical companies that have a major conflict of interest with their financial incentive.

2) I Support Informed Choice Washington's Petition for Rulemaking - To request you establish a new rule that prohibits adding any Emergency Use Authorized (EAU) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list.

- * It is Unethical to require an experimental product with lack of long term safety studies, for attendance in society - including public school. The main clinical trial in children and young adults will not be completed until the estimated date, May 5, 2026.
- * Even moreso, we know children, due to their low viral loads and lack of ACE2 receptors, are the least likely to transmit Covid-19
- * The entire premise for vaccinating children in school is to reduce the transmission of the virus yet,

Chief Medical Officer of Moderna Dr. Tal Zaks,

"There's no hard evidence that it stops [the Covid-19 vaccinated] from carrying the virus transiently and potentially infecting others who haven't been vaccinated."

WHO Chief Scientist Dr. Soumya Swaminathan,

"At the moment, I don't believe we have the evidence of any of the vaccines to be confident that it's going to prevent people from actually getting the infections and therefore being able to pass it on"

3) we need more solutions to help the general public, how about starting a public health campaign and offering courses in immune resilience! I would love to help with this. If any of you would like to improve your immune resiliency I will offer my services to each of you, for free.

4) Make very accessible to the public, nutrients that are known to be very effective in helping an individual's combat this virus. Let's work on getting people early treatment and prevention packs. We need more tools to fight this. Perhaps incentivize movement.

Wouldn't it be great to make Washington State the healthiest state in the union!

Thank you,

Dr. Chelsey Richardson, DNP, FNP-BC, ARNP
Institute of Functional Medicine Candidate

From: Karen Barr

Sent: 1/6/2022 7:29:47 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: WA state children & students concerns for Jan 12, 2022 meeting

External Email

Three Points I want to share with you regarding your meeting on January 12, 2022 discussing the fate of our children and residents of Washington state.

Point one -

Leave our children alone, DO NOT push through mandatory covid vaccines or boosters for school children immunization requirements or workers in our Washington state

- it is an experimental vaccine, and it is under emergency use authorization

- children recover from covid and are not at risk of fatalities from the illness

- the recovery rate is over 99% for children. Please don't risk the unknown long term side effects from forcing an experimental shot on them. Some kids that have got the shot have experienced heart issues, some strokes, or other adverse effects. This is not worth the risk.

- if you push this through many families will pull their kids from school and the schools will lose funding

- Natural immunity needs to be taken into consideration. It has always been the best defense for illnesses, this virus should be the same. It is against common sense to force someone a shot when they have already had the illness and have natural immunity.

If you push this through it is an abuse of your position. There are proven side effects and more health concerns by administering the non-FDA approved vaccine that is still under clinical trials for both children and adults. It should be up to parents to decide for their children, not the health department, schools; or employers for adults.

Please reference this article on the extremely low risks children have on society for covid:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovidmythbuster.substack.com%2Fsevere-covid-patient-can-produce&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7Cd23c87c9414b4bf4cf0f08d9d18dd8>

Point two -

Let Washingtonians be - DO NOT authorize local health officers to use law enforcement to force an emergency order to involuntarily detain (quarantine) a person or group of persons or for testing or vaccination. This is an overreach of Americans personal liberties. This is against the constitution.

Point three -

Stop the mandates - let Washington residents be free to choose. Last I checked, we live in America, our constitution is written to give us the right to choose and have freedom. The mandates are causing more harm in our community: financially, physically, and mentally. There would not be staffing shortages across all professions if the mandates were lifted. Children are experiencing stress and are becoming suicidal from all the restrictions. Stop the mandates.

Sincerely,
K.Barr

From: Joy Whipp
Sent: 1/6/2022 6:29:28 PM
To: Davis, Michelle (SBOH),Thai, Nathaniel J (SBOH),Glasoe, Stuart D (SBOH),Herendeen, Lindsay (SBOH)
Cc:
Subject: Children Vax

External Email

Thanks for your service on the School Board

A very very important issue has forced me to reach out to you and comment with the sincere purpose of influencing you to understand the Covid-19 vaccination issue is gigantic for the health of our children and represents so much more than how it is portrayed in most of the media.

I am a para-health person with 40 year work life in the world of labs, cancer diagnostics, working with doctors, patient specimens and Pathologists.

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

A. Joy Whipp, B.A., CT(ASCP)

31740 W Commercial St

Carnation WA 98014

From: Nicole Kuro

Sent: 1/7/2022 10:41:59 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: regarding Decision to require vaccine for children

External Email

To whom it may concern,

Please help us to be the voice of our children. Please hear the voices of the parents and allow us to make these life altering medical decisions on our own free will! We know what's best for our children and our families. This is America! The thought of requiring vaccines for adults alone is absolutely outrageous let alone our CHILDREN! This is an abuse of power and the majority will not stand for it! If you require the vaccine for our children to attend public schools or for any reason at all this will cause an uproar within our state!

Our state has already lost a lot of great people who have moved because of this government abuse. These mandates HAVE GOT TO STOP! Long term studies have not even been done and our children WILL NOT be the experiment!

Shame on anyone who can not see the evil behind this.

Please put a stop to this insanity! WE THE PEOPLE DEMAND IT!

Sincerely,

a concerned parent. Someone who was born and raised in WA and will absolutely take my family and leave this state at the rate it is going. THIS IS NOT OKAY!

Nicole Kuro

From: Jessica Hammond

Sent: 1/6/2022 11:15:07 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Re: Jan 12 meeting Agenda 11- vaccination for school entry

External Email

Hello Board Members,

I am writing in response to agenda item "#11. Rulemaking Petition – Chapter 246-105 WAC, Immunization Criteria, Child Care and School Entry" for January 12th meeting.

My perspective is that of a healthcare provider (Nurse Anesthesiologist), mother of young children, and local citizen. It is one thing to encourage and make vaccination available. It is entirely another thing to require it in minors and as a condition for an essential service (education). I oppose such a mandate.

A Covid vaccine mandate in children is unnecessary. The goal of vaccination is to decrease severity of disease; fortunately, children are at low risk for severe disease with Covid perhaps due to their good health, age, & robust immune response. The AAP states "At this time, it appears that severe illness due to COVID-19 is uncommon among children", with hospitalizations and deaths not increasing despite the increased number of cases. The morbidity & mortality data presented in the hearing from the CDC (fall 2021) for covid in the age group of 5-11 quoted the following data: Of 1.9 Million covid cases in this age group there were 8300 related hospitalizations (0.44%) and 146 deaths (0.008%). These statistics seem contrary to an emergent need for vaccination.

A requirement for Covid vaccination in children is premature. Clinical trials and a drug safety profile takes YEARS to develop. Covid pediatric vaccination (let alone a mandate for it) is not "following the science" because the data is lacking. The risks for Covid disease in children is equivocal (or possibly unfavorable) with the risk of adverse reactions from the vaccine (ex: myocarditis). It is unknown if vaccination prevents long-covid or MISc. Thanks to Omicron, it IS currently known that while covid vaccination decreases severity of disease, it does NOT prevent infection (& transmission) in that individual.

Abandonment of autonomy and parental decision-making should only be determined by extremely compelling evidence with all other measures exhausted. Absolutism fails children-- a mandate of the Covid vaccine for school prevents parents from the freedom to make individualized medical choices that are best for their children.

A Covid vaccine mandate for children to attend school is most detrimental to the least privileged in our community. Persons with means can afford private tutoring, homeschool education, or even relocation out of state. Those parents without will be forced to choose between access of education for their children or their conscience. Restricting education in this way fosters distrust of the medical community and local governing bodies (state & school). We know the detriment to children from school absence and our goal should be to remove barriers to education, not to create them.

Last, the existing mandates for school attendance is not comparable to a novel Covid vaccine mandate. Some differences are obvious: such as the rapid pace of the Covid

vaccine roll-out process and that Covid is not the childhood illness that Polio & Measles are. Some differences are more nuanced: such as the difficulty in obtaining an exemption for Covid vaccination, as well as the political and financial influences tainting this public health issue.

Please do not misunderstand me. I am not "anti-vax" or "anti-science". On the contrary, I am grateful for vaccination against Covid and have personally volunteered in mass vaccination clinics. I believe science guides us to make the best decisions we can with what we know at the time. As leaders and as parents, it is imperative for us to be thoughtful about how our rules affect all and consider the unintended consequences.

Children have suffered the most from our rash decisions over the last 2 years in this pandemic. We can afford to be thoughtful and evidence-based. I appeal to you to please advocate in the best interest for children-- resist the Covid vaccination mandate in Washington for school attendance.

Thank you,
Jessica Hammond CRNA, DNAP

Jess Hammond CRNA, MSNA, DNAP

drjesshammond@gmail.com <mailto:drjesshammond@gmail.com>

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From: missalibi@reagan.com

Sent: 1/7/2022 7:27:59 AM

To: Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Subject: Vaccine Mandates for school children

External Email

Dear Washington State Board of Health Board Members,

I am writing in follow up with a question related to the first Technical Advisory Group (TAG) meeting held on December 29th, 2021 and considering Covid-19 for inclusion in WAC 246-105.

During that meeting, as staff was briefing the participants using a PowerPoint presentation, they indicated that the group was at the point of the fourth box in the process as shown on the below included slide. My question for Board of Health members is how is it that the TAG has progressed to step four when step one of the processes has not yet been met. Step one states that the Advisory Committee on Immunization Practice recommends a fully FDA approved immunization against a specific antigen for the school aged population.

The only fully FDA approved Covid 19 vaccine at this time is the Pfizer-BioNTech vaccine, marketed as Comirnaty, for individuals 16 years of age and older. There are currently no fully FDA approved immunizations for the majority of school aged children.

How is it that the Board of Health has ignored its own process to move this forward to the point of convening a technical advisory group? How can the public trust a process established by the Board of Health that is not followed by the Board of Health? How can the citizens of Washington, in particular parents of school aged children, have confidence that the Board of Health and the TAG are fairly assessing and judging the information and criteria? I believe that in ignoring step one of this process and moving forward at a brisk pace, the Board has already "showed its hand" related to this critical decision.

There are many who believe as I do that it is far too early and there is not enough data and scientific evidence to ensure safety of the Covid 19 immunizations for children. A decision to require a Covid-19 immunization for school entry will be catastrophic and both inhumane and unethical. I implore you to not include the Covid-19 vaccine among those required for school attendance.

Children are not having significant issues with covid 19. Based on the most recent VAERS report, there are far more health risks associated with the covid 19 experimental shots without significant results in any actual immunization to covid 19. It is unclear why any person can, at this point in time, decide to mandate a shot that only has emergency use authorization AND a proven track record for causing more harm than good.

There is so much 'talk', and only talk, about following the science. However, just because those words are spoken, doesn't make them fact. The swine flu vaccine was withdrawn after 25 deaths were reported. The latest VAERS report shows over 20,000 deaths reported plus thousands of side effects and disabilities caused by the covid shots. That

would be science worth looking into before deciding on mandating this experimental shot, especially to children.

I implore you as a grandparent and great-grandparent to think about the future of our children that have already lived through the last 2 years of inaccurate, ever-changing information that has impacted their lives already. Suicide is a very real health issue that needs to be dealt with by adults that actually look into all sides before making this decision. The medical community itself does not agree with each other and maybe it's time to find out why.

A decision to require a covid 19 experimental shot labeled as a vaccine for school entry will be catastrophic, inhumane, unethical, and downright wrong.

You might ask yourself why Pfizer has asked the FDA for nearly 50 years before they are required to release their data about these experimental covid 19 shots.

Sincerely,

Anne Lennon

January 07, 2022

Additional info:

48,465 Americans in total have died within 14 days of getting the vaccine shared the Medicare Tracking System.

the FDA works with CMS to collect reports on C-19 side effects

28-Year-Old Brazilian Singer Cantor Maurílio Dies 6 Weeks After Receiving COVID-19 BioWeapon

Columbia University: 400,000 DEAD, 20 Million Americans Sick From COVID Vax

Dimitri Ndina: Healthy 57-Year-Old Doctor Falls ill With Blood Clots Shortly After Receiving Pfizer Vaccine, But Dies Of "COVID-19"

Shocking New Video By Canadian Doctors Shows Massive Fraud In Pfizer's Clinical Trials For Its Vaccine: More Harm Than Good

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

Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH

https://jessicar.substack.com/p/a-report-on-myocarditis-adverse-events
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjessicar.substack.com%2Fp%2Fa-report-on-myocarditis-adverse-events&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3b8ce579d3c1442827fb08d9d1f2080f%7C

Nuremberg Code Article 6 Section 3

No Government can mandate or force medical treatment without individual consent

"Los Angeles Public Schools Cancelled Their Vaccine Mandate After 30,000 Kids Were Not Complying"

https://www.thegatewaypundit.com/2022/01/los-angeles-public-schools-cancelled-vaccine-mandate-30000-kids-not-complying/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thegatewaypundit.com%2F2022/01/los-angeles-public-schools-cancelled-vaccine-mandate-30000-kids-not-complying%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3b8ce579d3c1442827fb08d9d1f20

Triple & Double Vaccinated accounted for 4 in every 5 Covid-19 Deaths in England over the past month

https://dailyexpose.uk/2021/12/18/triple-vaccinated-account-4-in-5-covid-deaths/
 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdailyexpose.uk%2F2021%2F12%
 vaccinated-account-4-in-5-covid-
 deaths%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3b8ce579d3c1442827fb08d9d1f2080f

The 'Covid-19 Vaccine Surveillance Report – Week 50'
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fassets.publishing.service.gov.uk/_week_45.pdf&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7C3b8ce579d3c1442827fb08d9d1f208>
was published by the UK Health Security Agency (formerly Public Health England) on
Thursday, 16th December 2021, and it shows that the vast majority of Covid-19 cases
between November 15th and December 12th were among the fully vaccinated
population.

From: Valerie Berg

Sent: 1/6/2022 4:22:08 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: PROPOSED POLICIES

External Email

Action: We the constituents and community members of this great State of Washington, DEMAND the Washington State Board of Health (WSBOH) REFUSE to make COVID vaccinations/shots mandatory for children of Washington State for childcare and school admission. Due to the following reasons:

1. COVID vaccines remain under Emergency Use Authorization
2. Children under the age of 18 have a 99.995% survival rate from COVID infection
3. Children have a higher chance of death or adverse reaction to COVID vaccines than COVID-19

From: Israel Dehnert
Sent: 1/7/2022 11:46:48 AM
To:
Cc:
Subject: The upcoming discussion about COVID related updates for our state.

External Email

Hello,
I am VERY STRONGLY OPPOSED to making the COVID-19 vaccine a required immunization for kids to attend school or daycare. I am very much opposed to it being required for anybody at all. It is still a very new "vaccine" and hasn't had time to be fully tested to see what any long-term effects it might have. Also it can affect different people differently and not always for good. Plus, unlike the older vaccines, the Covid one doesn't actually keep people from getting Covid or spreading it to others. Please, please do not allow this to become a requirement! I know for me, and many others I know, if it does become required we will be pulling our kids out of school altogether, rather than go against what we believe is best for our kids and inject them with the Covid vaccine.
Most sincerely,
Israel Dehnert

From: JAMES DEADY
Sent: 1/6/2022 8:46:37 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: STOP Vaccine Mandates for Washington School Children!

External Email

Dear Nathaniel,

Today I am writing to you to express my express my concerns on hearing that the Department of Health is considering mandating COVID Vaccines for children to attend school. I am completely AGAINST such a mandate.

The COVID Vaccines in the USA are NOT FDA approved and are being administer under and Emergency Use Authorization. According to the Nuremberg Code EUA products can not be mandated.

The risk of children dying from COVID are statistically at zero risk. The survival rate is from 99.997 – 99.998%. There can not be a benefit to mandating children to be vaccinated as there is no risk. No one knows what the long term risks of the vaccines are. We should not react out of fear.

Do not allow this mandate to move forward, Please.

Mr. James Deady

Enumclaw, WA

From: Ashley Cantu

Sent: 1/7/2022 10:43:58 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Concern for Covid Vaccine to be added to required list for school enrollment.

External Email

Dear Washington State Board of Health,

I am writing with sincere concern regarding the direction of conversation around making the Covid vaccine a requirement for school enrollment. Understanding the severity and length of time that we have been dealing with this virus, I can understand that people want to do what is right to protect themselves and others. I too want to protect myself, my loved ones, and my community. That is why I take precautions wearing a mask, handwashing, limiting social interactions, etc. However, I cannot understand mandating that people who have a reasonable right to question the long term effects of the vaccine and make a personal choice to not vaccinate would be held to the fire to make a decision that we are not comfortable with or choose to pull our child out of the school system. I absolutely oppose any Covid vaccine requirements for school age children. Mandating the vaccine for school enrollment is a gross over-reach at this time, while at first glance the vaccine may be presenting as safe, there has not been enough years to determine long term effects. People have a right to make an informed decision, many people have felt that the information we have so far is enough for them to take a vaccine. Others, like myself, wish to have a bigger picture, especially considering vaccinated individuals can still spread and catch this virus. Please afford people the right to make this delicate medical and personal family decision on their own and not be put to the fire to take the shot.

Sincerely,

Ashley Cantu

From: Tina Berry

Sent: 1/7/2022 9:37:24 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Pskowski, Samantha L (SBOH), Hoff, Christy Curwick (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: comments regarding detainment emergency and school vaccination requirements

External Email

This is a respectful reminder that we are living in the United States of America. As citizens, and that includes you, we are ALL protected by the Constitution of our country from overreaching governments that try to strip our freedoms. Freedoms, including but not limited to, making our own thoughtful decisions regarding our health and the health of our children; living out our lives as we so choose, in our own homes and communities. Do not be that overreaching government these founding Documents had in mind. Please respect the American rights that protect you and I; respect every freedom for every citizen.

From: NADIA CHUPRIK

Sent: 1/7/2022 1:56:31 AM

To: Thai, Nathaniel J (SBOH), Kahler, Kelie (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Herendeen, Lindsay (SBOH), Lang, Caitlin M (SBOH), Glasoe, Stuart D (SBOH), Hoff, Christy Curwick (SBOH), Hisaw, Melanie (SBOH), Davis, Michelle (SBOH), DOH WSOH

Cc:

Subject: I am against!!!

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: elizabeth howard

Sent: 1/6/2022 9:39:59 PM

To: DOH WSBOH, Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), kaitlyn.donahue@sboh.wa.gov, Lang, Caitlin M (SBOH), tracy.screiber@sboh.wa.gov, Davis, Michelle (SBOH), Herendeen, Lindsay (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Do not make vaccines or boosters mandatory for children

External Email

Dear Washington State Board of health,

I'm writing to you today and requesting that you do not recommend or require any vaccines or boosters to be mandatory for any child. Whether anyone gets a vaccination for themselves or their child should be their choice. We live in a free country where we are free to choose what we do with our own health. This is no one's concern or business but our own. Our country was founded and based in freedom, liberty and the pursuit of happiness. Forcing someone or forcing someone's child to be vaccinated when it is not the parents choice is going against the very foundation of our country. At the founding of our country many fought to the death so that we could have this constitutional rights and freedoms and that is what we enjoy in America today. We will not stand for our freedoms to be taken away so I ask for you to stand with us so that you may also enjoy these freedoms in the future. I do understand that we are going through a pandemic of a highly transmissible virus that is sometimes deadly but in very low percentages among adults and rarely in children. Therefore there is no reason to be mandating a vaccine that hasn't had a proper trials. There is so much information still to come out but in general we do not need to fear the virus just take precautions when one has a comorbidity or some thing that might cause them to not be able to overcome it with their own immune system. I would never send my child to a school that would force a vaccine upon them. I will never be forced to take a vaccine. That is my choice and I use my own sound mind to make health decisions for myself and for my child. It is not the governments or the schools choice to decide what to feed my child, teach my child or give any medicine to my child against my will. This is the right of the American people under a free government. I ask you to keep America free to do the right thing. It might be confusing to some because they might think they are doing the right thing vaccinating everyone but the bigger picture is it strips our freedoms away. Each person gets to choose how they want to go about taking care of their own health. Please do the right thing keep America free by not recommending or requiring any vaccines or boosters to be mandatory for any child.

I love my country and want to enjoy of freedoms.

May God bless America!

Sincerely, Elizabeth Howard

Get Outlook for iOS

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From: Danielle Taft
Sent: 1/7/2022 8:14:13 AM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Stop the mandate

External Email

To whom it may concern,
I am a parent of two bright boys that love school! Unfortunately for them I don't allow them in public school with the mandates and have homeschooled the last two years. With the new vaccine mandate going to vote they may never get the chance to go to public school.
It is a parents choice what goes into their childrens bodies and no one else's.
Because of a flu you want to jeopardize so many young kids. Listen to the parents! Let it be a choice!!

Danielle Taft

Sent from Yahoo Mail for iPhone

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foverview.mail.yahoo.com%2F%3F>

From: rk_Kristine Childs

Sent: 1/7/2022 11:58:04 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: STRONGLY OPPOSED TO PROPOSED POLICY (JAB, MASK, CONCENTRATION CAMPS)

External Email

REGARDING PROPOSED POLICIES:

- Allow local health officers to use law enforcement (WAC 246-100-070) to force an emergency order to involuntarily detain a person or group of persons (families) to be isolated in a quarantine facility (WAC 246-100-045) following refusal to voluntarily comply with requests for medical examination, testing, treatment, counseling, vaccination (WAC 246-100-040). These specifics come from WAC 246-100.
- Include the Covid-19 injections as part of school immunization requirements using WAC 246-105.

DETAILS HERE:

<https://sboh.wa.gov/Meetings/MeetingInformation/2022/January12Online>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2FMeetings%2FMeetingInformation%2F2022%2FJanuary12Online>>

Please let me start by letting you know that I understand the immense pressure with which you are all acting under. It cannot be easy to impose rules from under mandates (not law) under the threat of extortion, coercion and further impacted by the pressures of people buying into an orchestrated fear. I imagine that you get passionate letters of many persuasions either in favor of or against mandating medical interventions on employees, vendors and customers. I appreciate the position you've all been led into.

Understand that the pharmaceutical industry and US Government has ZERO liability for injuries of this experimental vaccine. They have an unrealistically cumbersome program for compensation that has not paid out [PREP Act / NVICP]. The only version of this jab that has FDA approval, and subject to liability has not yet been put into production; Comirnaty, by Pfizer. FDA and Pfizer have been playing a shell game on making BioNTech and Comirnaty interchangeable. The courts have been pushing back, since there are two different liability structures for FDA Approved products vs. Emergency Use Authorization products. Now ask yourself how Comirnaty has been approved when it hasn't yet been produced. The waivers that vaccine recipients are supposed to sign, if they are even given anymore, state that the vaccination must be voluntarily accepted, and without coercion. The threat of having to be subjected to an alternative medical procedure or lose income, be incarcerated, be treated differently than vaccinated, be subject to higher insurance premiums, or even be told they have no choice... is indeed coercion. This is the very intention of the Nuremberg code, a universal law. The vaccine manufacturers all ensured that they would be immune from liability before they agreed to make and distribute these products. In the end, the blame and lawsuits for harm caused by your unlawful actions of coercing people and persons into an experimental gene-therapy, not

meant to, nor effective at stopping spread or infection and not even formulated against the latest Omicron variant will fall squarely on you, as the very men and woman I addressed this letter to. It would be far cheaper, ethically sound and humane for you, the people of perceived leadership with illusionary penalties politicking your will on the people living on the states you are supposed to serve, to stop, and stand with the people. How do YOU compensate for lives lost, disabilities, orphaned children, created, at YOUR discretion or blind faith in government and industry captured agencies? "I was just following orders!" has been demonstrated as an insufficient defense in tribunals.

I spoke with several of the local Washington county health agencies as well as Washington state health agency to ask them a few questions. I wanted to understand the science they were leveraging to make their key decisions. I think it's fair to want references to the policies being imposed on the masses. After some very lazy and strange responses, such as, "just google [insert claim here], and you will find a vast amount of information" or, "go to the CDC site." Each of the county agencies ended up admitting that they take orders from the state agencies. The state agencies gave me the same ridiculous replies and then eventually admitted that they get their direction from the governor's office. Jay Inslee claims to have collaborated with state health agency scientists and doctors to make these decisions, but the agencies admitted, to me, that is untrue. Why are we paying health agencies, scientists and doctors to take orders from the governor? Why aren't these agencies doing the science or reviewing the science that led to this very unscientific general consensus. Why aren't they looking to protect us from agency capture, industry intrusion and bought politicians? I always thought that was their charter mission. I challenge all of you, as liable people to look into the directives being placed on you as to their lawfulness, or even just their origin. Don't blindly trust and believe that an agency has your back. Think of all the lobbying efforts that go into industry. Think of all the agency capture that has happened. Think about the \$35 Billion dollars that pharmaceutical companies have paid out over a recent 10 year span for fraudulent behavior leading to death and damage on all products EXCEPT vaccines which are exempt from liability. Think about our government atrocities in the Tuskegee Syphilis studies from 1932 – 1972 where OUR United States government, CDC, and Public Health departments infected black Americans for their own sick experimental satisfaction. It took the efforts of people like YOU and ME to stop that. The government will run amok for as long as WE allow for it. YOU have to stop where YOU have control. YOU are all positioned in well-respected roles at your place of employ. YOU are the power to stop atrocities.

2021 has been the year of the lowest population growth (i.e. death increase, birth decrease, still birth and miscarriages, suicides...), highest number of covid cases, and all in lock-step with the highest vaccination rate in history. Actuaries are stating a 40% increase in working class American deaths, since the release of these vaccines. Vaccine data has been captured by the CDC through a self-reporting system called VAERS. When you enter this website, a disclaimer notifies medical professionals that they have a legal obligation to report ANY SUSPECTED vaccine injuries to this system, and they are not to withhold possible damage at their discretion. However, most doctors don't even know it exists and don't even have training on what a vaccine injury looks like. In many cases, they simply repeat the mantra, "vaccines are safe and effective." *Supreme court ruled that vaccines are unavoidably unsafe, long before this experimental technology came into play. Harvard Pilgrim medical was given by the CDC \$1Mil to research the VAERS system for known shortcomings. Over the 3-year study they concluded that less than 1% of vaccine injuries are even reported. With these new products, we are nearing reports of over ONE MILLION injuries including OVER 21,000 deaths reported to VAERS for these covid shots, in the United States alone. That far outnumbers the amount of reports of all vaccines since the databases inception in 1986, COMBINED. Draw whatever conclusions you may. It is reasonable to consider that we've administered a high number of vaccines in a short period, but please also consider, these are experimental technologies where a vast number of physicians still don't know the VAERS system exists. It is reasonable to assume the number of reports are greater than 1%, but if you've not heard of VAERS

either, there is a good chance, the numbers are still generously below 10% reported.

Thousands if not tens of thousands of well credentialed, well respected, and many conventional medical and medical science professionals are screaming at the top of their lungs, being kicked off of social media, fired from their government funded institutions and having their government funding stripped for speaking their scientifically arguable truths about the very possible dangers that mass vaccination imposes. These are not "anti-vax" professionals by any stretch of the imagination. They are being censored even when they speak at senate hearings. Ignorance and willful ignorance are no excuse for harming another person. Your actions of imposing these mandates onto people, will be seen as "practicing medicine without a license." The fine print and intentional convolution of laws, acts, legislation, orders... are meant to confuse you into taking the fall. The governments are pushing propaganda rhetoric. As people, paid to be leaders, you have the duty laid squarely on you to ensure that you do not cause harm to those you serve. Pay attention to the deceitful messaging that does NOT make a clear case for what you are making of these "mandates." They are only giving you a "feeling" about what you believe you are "supposed to follow" as an "order." You are responsible 100% for your actions, despite your beliefs. The constituents that follow orders are doing so at your discretion. Those are order followers and many do not think critically. They are our culture of minimum/minimal wage earners, preparing for their further enslavement. They believe they must act at your mercy. They are not lesser human beings, but they will faithfully follow you off of a cliff. You must give them their power back, allow them to make their own medical decisions, between them and their trusted medical doctors. The smart empowered will refuse and hold you accountable for their loss of income, to prevent their own debilitation or loss of life that would certainly cost them more than they can earn from their employment with your easily persuaded corporations.

If you still watch the news, I beg that you listen with a critical ear. Those allowed to speak as authorities are actually telling us all of this. "Omicron isn't deadly, rather it is super infectious" (i.e. common cold), "the vaccine does not prevent spread or transmission, but may reduce symptoms." A critical mind asks, "why do I need to allegedly reduce symptoms of a common cold and increase my chances of a vaccine injury, such as blood clots or heart problems, or even death?" Ask yourself why the media and health agencies are advertising (i.e. normalizing) heart conditions in children? Ask yourself why dialysis centers are popping up like Starbucks in the 90s. Ask yourself why there are so many drug commercials for the same diseases listed as possible side effects of vaccines. Critical minds do ask all kinds of questions.

I can highly recommend, in order to understand how this happened that each of you read the current best seller, a book written by RFKJr, 'The Real Anthony Fauci.' His law firm and non-profit, Children's Health Defense will be using the contents of this book, chalk full of citations, for a Crimes Against Humanity trial against Dr. Fauci. It gives a ton of insight into how one man, with billions of dollars of unchecked spending, at taxpayer expense has infiltrated the worlds' research, education, esteemed journal publications, media and medical industries. It is ripe with testimony from people who dared step outside of Fauci's persuasion and suffered consequences of his reign of worldwide terror. Also, follow the lawsuits against medical tyranny of agency-capture, led by Aaron Siri, Esq and the non-profit I-CAN. He won a lawsuit yesterday where the FDA is not granted 70 years to release the data from the vaccine manufacturers and must produce within 8 months. That means, the push to vaccinate more, before the atrocities are uncovered is going to be relentless. Stop now, before you have no further ability to.

Many ethical medical and science thought leaders are only now, realizing how powerful this system is at keeping them compliant. It's history repeating itself over and over, and until it impacts some of us personally, we choose not to see it or care. You each, have a special role, as being perceived as an authority, by your followers. That makes you accountable. I for one, am doing my part, by ensuring that the I share messages of how to treat people with the dignity and respect they deserve, including but not limited to

making their own medical decisions.

I trust and hope that at least one of you will be reached.

Kind Regards
in Love and Truth

Rita Kristine Childs©
All Rights Reserved
notice to agent is notice to principal, notice to principal is notice to agent

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Curtis McCarty

Sent: 1/7/2022 1:14:26 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Forced quarantine and vaccination

External Email

□

□ would like to express my extreme opposition to implementation of a forced quarantine and COVID 19 vaccine requirement for schools in Washington State. This goes beyond what is ok or morally acceptable. Our very rights are being taken away. This goes against our God given rights, our constitutional rights and our state rights. This is exactly why the Nuremberg code was created. The truth is available, this disease is no worse than the flu virus and the vaccination have not only been proven to not work but to actually cause harm. This isn't about public safety, it's about control and cannot be tolerated. There are safe treatments that successfully treat covid patients that don't cause the health concern these vaccines are already causing. Forcing them upon people is abominable. Please do what is right. We are a free country and this takes away the very principle of what America was founded on.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Rubin, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults

feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.

From: Rick Krotzer

Sent: 1/6/2022 8:28:19 PM

To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: It's already gone too far... Stop all mandates and pretending.. All politics aside...

External Email

Our founding fathers and the folks that wrote our Washington State constitution would be infuriated with how things are going in our nation and more specifically in our state... Please put politics aside and do the right thing.. Individuals need to make the choice for themselves as to whether or not they want to wear masks, vax, or require these things in their businesses.. Our rights are being ignored and violated.

Please, please, do not force parents to pull their kids out of school... Please, please, do not push people out of Washington.

Rick Krotzer

From: Cheryl Wang

Sent: 1/6/2022 7:02:30 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid 19 vaccine requirement for schools in Washington State

External Email

Dear Washington State Board of Health,

Please DO NOT make the Covid 19 vaccine a requirement for Washington State schools.

Please wait at least until Comirnaty is approved. To my knowledge, the Pfizer-BioNTech vaccine is still under the Emergency Use Authorization. Comirnaty is NOT available in the United States.

Because the Covid 19 vaccine was developed in such a hurry, we don't know the long term side effects. Children are still developing, please DO NOT ruin their chances of growing up. Unfortunately the colleges are mandating these vaccines in order for the kids to register for classes which could leave my own children childless because the long term cannot be studied in a few years. DO NOT push this vaccine on underdeveloped humans.

Young and healthy children are not affected by Covid 19.

The promise of the Covid 19 vaccine was that it would "stop the spread". I personally know a dozen people who are fully vaccinated and got Covid over the holiday. So, "stop the spread" is a lie.

Sincerely,
Concerned

From: Shannan Jones

Sent: 1/6/2022 11:02:55 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No to Covid-19 Vaccine Mandates for Children

External Email

Hello,

My name is Shannan Jones, and I am writing today to express my concern with a potential Covid-19 vaccine mandate for children to be able to attend a public school in Washington State. As a parent of two children, I firmly stand by parent choice and allowing parents to make health decisions for their own children. Please know that I am pro-vaccine and understand the importance of vaccinations to public health. After a great deal of research, and after considering the risks versus benefits, I have also personally chosen the Covid-19 vaccine for myself. However, I am opposed to vaccine mandates, and vehemently opposed to a Covid-19 vaccine mandate for children, particularly to attend school or play sports. Particularly for this vaccine, that is so new and does not have a long term safety profile, parents must be able to choose. It is well known from scientific data in this country, and around the world, from hospitals in this state and all over the country and from WA's own board of health that children are the least at-risk from serious complications from Covid-19. It is also now well known that the Covid-19 vaccine does not prevent spread so mandating this vaccine for a child to attend school or play sports, and to remove a parent's ability to make this important medical decision for their child, is absolutely unacceptable. Quite frankly, I am appalled that this is even on the table for our children to be able to attend school or play sports. There are millions of families across this state that simply want the ability to choose whether the Covid-19 vaccine is right for their child(ren). We are one of those families. If WA State mandates the Covid-19 vaccine for our children to attend school, our children will be pulled from the public school system and there are many, many families who will choose to do the same.

I'm respectfully asking you to consider the many families you would harm by instituting such a mandate for our children, including the many families who will feel no other option but to pull their children from school and the education they deserve. Please do the right thing and allow parents the ability to choose what is best for their children. Please do not mandate the Covid-19 vaccine for our kids.

Respectfully,
Shannan Jones
Shannan219@comcast.net

Sent from my iPhone

From: Darren Britsch

Sent: 1/7/2022 10:47:01 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No Vaccinations for School Children



attachments\EE2926DEFA0A4A7E_image001.jpg

External Email

I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fchildrenshealthdefense.org%2F&da>>) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org) <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&da>>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these

vaccinations for school age children.

Darren Britsch

Office: 425.513.9367 ext: 101

Fax: 425.493.8515

<http://www.methodworks.com>

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

From: Beau Crisp

Sent: 1/6/2022 5:43:16 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), stuart.glascoe@sboh.wa.gov, Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: January 12th Washington State Board of Health Meeting

External Email

Hello, my name is Beau Crisp and I am writing to voice my concern regarding your upcoming board meeting. I gathered as much detail as possible but in general I believe that there are proposed rule changes regarding vaccination requirements for school age children and the authority of health officers to detain any resident that has not chosen to receive the Covid-19 vaccine. WAC Chapter 246-105.

I oppose required Covid 19 vaccination requirements for school age children as this vaccine does not prevent the virus nor the transmission of the virus as evidenced by the record number of daily cases . In addition the vaccine has caused injuries and even death in some circumstances. Not to mention the potential long term side effects have not had time to emerge. There are medical experts such as Dr. Malone, who holds the patent on MRNA vaccines, that do not feel that the Covid 19 Vaccine is necessary for children. Therefore, I hope to see that the board refrains from adding the Covid 19 vaccine to the current list of required vaccines, that the board considers the right for parents to choose and that medical and religious exemptions are made available if the vaccine is added to the list.

Furthermore, I also oppose detaining any individual that has chosen not to receive the Covid 19 vaccine. Again, cases continue to skyrocket; breakthrough cases included despite the fact that roughly 70% of Washingtonians are currently fully vaccinated.

On another note, I do not believe any of the proposals are constitutional. Our nation is a free nation and said proposals would infringe on the rights of our citizens.

Thank you for allowing me to be heard.

Sincerely,

Beau Crisp

From: Bryan Cox

Sent: 1/6/2022 9:02:05 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: No mandatory vax

External Email

Hello there, I am writing to you, the members of the wa state health board to ask that you really way this up coming decision about making it mandatory for children to be vaccinated with the covid 19 vaccine. We have all seen the actual data and yes casing are up but nothing serious is happening to kids under 18, who have been positive with covid. At this point we are seeing more complications with kids who have rec the vaccine. There are countless cases of you g kids developing heart conditions and or having strokes.

These issues, I feel, are to much to just rubber stamp this decision without weighing it all out.

Besides the health risks, you are talking about forcing parents to have something done to their children they do not wish to do. I'm not sure if you all have seen the news about the group of parents filing a suit against their school board down in California about the mandatory vaccine being unconstitutional, and they won.

So, if the decision comes to where you decide to press this issue for our kids in our schools, I'm sure you can count on these lawsuits coming.

With all this said I don't mean to threaten anyone I would just like you to step back a second and look at it. Forcing parents to do something like this to their children, what is that. Surely not the American way.

I employ you all to not push this mandatory vaccine at all. It's unconstitutional and against everything I personally stand for.

Look at the data everywhere. You have tons of vaccinated people who are still getting sick. It doesn't work as well as everyone thought.

At the end of the day this is a parents choice to do what they think is best for their children, and that falls on them. You do not get to make that choice for them.

I hope you make the right decision.

Hoping you all actually read this, thanks for your time that I do appreciate, Bryan Cox

From: Anne Asher
Sent: 1/6/2022 8:01:37 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Vaccine Mandate

External Email

Vaccine Mandate Opposition Letter

To The Washington State Board of Health,

This letter is to inform you that I strongly oppose the proposed vaccine mandate in Pierce County. I would like to express my extreme opposition to implementation of a COVID 19 vaccine requirement for schools in Washington State.

1. There is absolutely NO COVID vaccine available in the United States has received FDA approval. ALL available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. This fear monger approach by the State of Washington and the Federal Government to force American citizens to inject an experimental drug AGAINST THE LAW and is the subject of numerous lawsuits! A Federal Judge recently rejected Pfizer's claim that the two products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable'

• Children's Health Defense (childrenshealthdefense.org)

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

) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Targeting our children is simply another tactic to accomplish the goal of 100% of vaccination. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID! I challenge the Washington State Board of Health to show medical records for even one child who has died of COVID without co-morbidities.

3. NO ONE knows the long term risks of these vaccines. One of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe the vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM. The studies Pfizer

conducted were woefully underpowered. This is an analysis of the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors. (americasfrontlinedoctors.org <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>>) It concludes the risks DO NOT outweigh the benefits, therefore more research MUST be done before being administered to children or anyone else!

Forced vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity.

Our hospitals have more vaccinated COVID positive patients than unvaccinated, THE VACCINES ARE NOT WORKING!

If the Washington State Board of Health rules in favor of this mandate you can be absolutely certain to face legal action immediately, as this is constitutional, against the law and will be stopped!

Thank you for your careful consideration of this matter,

Anne Asher

From: K V
Sent: 1/7/2022 8:14:36 AM
To: DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)
Cc:
Subject: Opposition to covid 19 vax

External Email

To whom it may concern on the
Washington State Board of Health,

I would like to voice my extreme opposition to ALL Covid 19 vaxx requirements, including the implementation of a requirement for school children. Force or coercion has NO PLACE IN A FREE SOCIETY. Furthermore, not a single covid vaccine available to the US has received FDA approval and are still being used under Emergency Use Authorization. These drugs are experimental at best. Emergency Use Authorization products cannot be legally mandated!

The survival rate for covid is over 99% for most age groups. Never in the history of mankind have we been afraid of coronaviruses (colds) and there has never been a vaccine for the common cold. Dying WITH covid is not dying FROM covid. I, and many like me, are not blindly believing these skewed statistics and blatant lies from our government.

No one knows the long term effects of these vaccines. Short term effects already have claimed the health and lives of previously healthy adults. The Australian government is already offering compensation for those who are now suffering from side effects of the vaccine - including death.

https://www.servicesaustralia.gov.au/deceased-covid-19-vaccine-recipient-payments-and-funeral-costs-you-can-claim-through-covid-19?context=55953&fbclid=IwAR1gGNXoX_URamp4S52CiCC29JOxGQMLnnA8ZaJI4A9Bvls3xplqynmPtbc

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.servicesaustralia.gov.au%2Fdeceased-covid-19-vaccine-recipient-payments-and-funeral-costs-you-can-claim-through-covid-19%3Fcontext%3D55953%26fbclid%3DIwAR1gGNXoX_URamp4S52CiCC29JOxGQMLnnA8ZaJI4A9Bvls3xplqynmPtbc>

Please do not implement forced vaccination. Countries around the globe are seeing mass protests, food shortages, labor shortages, and this seriously threatens our way of life here in America. I appreciate you taking the time to read this email and feel free to respond! Thank you for your public service, I trust you will do the right thing.

--

Kristina Vandersnick

Those who would give up essential liberty, to purchase a little temporary safety, deserve neither liberty nor safety. Benjamin Franklin (1706-1790) Click to tweet

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

From: Ashley Yorba

Sent: 1/6/2022 7:08:34 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Child vaccines

External Email

Hello!

I am writing today to encourage you to fight for the rights of our children. I know the agenda is to mandate vaccines for children. I am writing to stop this from happening.

1. This vaccine isn't even fully FDA approved, just emergency use still.
2. We don't know the long term affects of these vaccines.
3. There is a survival rate of 99.995% for children 18 and under.
4. There is more of a chance of adverse reaction to the Covid vaccine than actual Covid infection.
5. The state will have MANY students pulled from public school, therefore the state will be losing out on so much money.
6. Dr. Robert Malone (the creator of the mRNA) himself is urging parents to hear facts before injecting their child(ren); such as:
 - *a viral gene will be injected into their parent cells. Meaning this forces their body to make toxic spike protein. These proteins often cause permanent damage in important organs (brain, nervous system, heart, and blood vessels including blood clots, reproductive system, can change their immune system.
 - *Once these have been done to their body, they can not be reversed.
 - *Can affect reproduction in our children.
 - *This needs at least 5 years to study.
 - *He even said it was all an experiment!
 - *Children are not risking their parents and grandparents. It's actually beneficial for immunity.
 - *He's even urging us to fight this fight for our children.

Thank You,
A Concerned Parent
Ashley Y.
Sent from my iPhone

From: Christina Rivera

Sent: 1/7/2022 8:29:42 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To the board members of this special committee meeting;

I OPPOSE the Board's formation of a Technical Advisory Group (TAG) to review information about COVID-19 shots for consideration of mandating the shots for schools.

I SUPPORT Item #11 for Informed Choice Washington's Petition for Rulemaking. Filed by Xavier Figueroa, PhD, on behalf of Informed Choice WA, and asks the Board to establish a new rule that prohibits them from adding any Emergency Use Authorized (EUA) product, or any licensed product that lacks completed Phase 3 trial studies, to the school required list. I agree with that petition and I think it should be adopted.

Sincerely,
Christina Rivera

From: Tamara McStay
Sent: 1/7/2022 8:26:12 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: With this information, how can we ethically and morally give this vaccine to our kids>>

External Email

No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee infamously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Famericasfrontlinedoctors.org%2F&>
>)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.
<<http://strategy3degrees.com/wp-content/tamara-emailsig/tamara-emailsig.jpg>>

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FBrokerBrooke&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C937f3976daed46269abc0>>

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

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

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.zillow.com%2Fprofile%2FBrooke%2F%23reviews&data=04%7C01%7CNathaniel.Thai%40sboh.wa.gov%7C937f3976daed46269abc0>>

From: Mandy Simacek
Sent: 1/7/2022 8:05:52 AM
To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)
Cc:
Subject: January 12

External Email

Good Morning,

As a citizen, a parent, and an educator in the state of Washington, I am writing to you to urge you NOT to go forward with requiring the Covid19 vaccine for Washington state students. It is an abuse of power and will only cause more division and loss of jobs in our great state.

We all know by now that Covid19 has a survival rate of 99.8%. It is not necessary to force this on families and children. Dr. Fauci has stated numerous times that the vaccine only works to lessen the severity of Covid. It does not stop someone from catching it or spreading it.

Please do the right thing and do not require the vaccine. If you must know, I am someone who is vaccinated but I also believe in the rights of others to make that decision for themselves and not be forced to do it. We will see a mass exodus of families from our public school system if this goes into effect.

Thank you for your time.

Mandy Simacek

A concerned citizen in the state of Washington

From: Sarah Nale

Sent: 1/7/2022 7:20:09 AM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Vaccination requirements for school children

External Email

To whom it may concern:

I have reviewed the agenda to be discussed regarding changing the rules regarding Department of Health codes in relation to "communicable disease". This is my attempt to dissuade you from considering such changes in enforcement related to citizens' health. There will be no end to forcing citizens to make health choices that they do not want if rules like this are put in place. I implore you to continue to support citizen's rights over their own bodies and medical choices by NOT considering detention for non-compliance with health codes related to COVID-19. Please do NOT consider refusal to provide equal education services to those abstaining from COVID-19 vaccination for school aged individuals.

PLEASE DO NOT APPROVE THESE CHANGES TO THE HEALTH CODE ENFORCEMENT.

Thank you, Concerned Voting & Tax Paying Citizen

Sent from my iPhone

From: Jessica Dietsch

Sent: 1/7/2022 9:39:21 AM

To: DOH WSBOH,DOH WSBOH,Davis, Michelle (SBOH),Hisaw, Melanie (SBOH),Hoff, Christy Curwick (SBOH),Glasoe, Stuart D (SBOH),Pskowski, Samantha L (SBOH),Donahoe, Kaitlyn N (SBOH),Lang, Caitlin M (SBOH),Herendeen, Lindsay (SBOH),Schreiber, Tracy N (SBOH),Haag, Hannah R (SBOH),Kahler, Kelie (SBOH),Thai, Nathaniel J (SBOH)

Cc:

Subject: Comments for Jan. 12, 2022 meeting

External Email

Dear BOH,

I am writing this comment for the January 12, 2022 meeting.

Ref item #8: I strongly oppose forming a tech advisory group. This is taking steps to consider adding the covid shot to the vaccine schedule for school age kids. This is still under EUA and at this point the risks far outweigh the benefits.

Ref item #11: I absolutely support this item. It is a petition filed by Informed Choice WA.

Please take the time to review this link:

<https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canadiancovidcarealliance.org/media-resources%2Fthe-pfizer-inoculations-for-covid-19-more-harm-than-good-2%2F&data=04%7C01%7Cnathaniel.thai%40sboh.wa.gov%7Cd660c5ad51fe4e7a731708d9d204738e%7C>

Sincerely,

Jessica Dietsch

From: Sandy Barber

Sent: 1/7/2022 12:22:15 PM

To: DOH WSBOH, Davis, Michelle (SBOH), Hisaw, Melanie (SBOH), Hoff, Christy Curwick (SBOH), Glasoe, Stuart D (SBOH), Pskowski, Samantha L (SBOH), Donahoe, Kaitlyn N (SBOH), Lang, Caitlin M (SBOH), Herendeen, Lindsay (SBOH), Schreiber, Tracy N (SBOH), Haag, Hannah R (SBOH), Kahler, Kelie (SBOH), Thai, Nathaniel J (SBOH)

Cc:

Subject: Covid 19

External Email

To Whom It May Concern:

I am completely against giving local health officers use of law enforcement and the use of an emergency order to involuntarily detain a person or family into a quarantine facility if they refuse the requests of medical examination, testing, treatment, counseling, or vaccination.

I am completely against Covid-19 injections as part of the school immunization requirements using WAC 246-105.

Sincerely,
Sandy Barber

From: Kayla Scott
Sent: 1/6/2022 11:00:54 PM
To: Thai, Nathaniel J (SBOH)
Cc:
Subject: Proposition for COVID 19 vaccinations and WAC enforcement

External Email

Dear WA Department of Health Board,

It has come to the attention of parents in Washington state, like myself, that there is a proposal to mandate the COVID-19 vaccination, currently approved under emergency use authorization only for children, in order to attend school, or to add it to the required vaccinations to attend school. This is greatly concerning to myself, and thousands of parents in this state.

The COVID-19 vaccination has not been fully FDA approved for children, nor has it provided long-term immunity for any consumer of this treatment, requiring boosters frequently, for which there is little to no data on the compounding risks of vaccine boosters. It has also been made abundantly clear that adverse reactions (via VAERS or otherwise) are greatly under-reported. We also know that the risk of severe infection, hospitalization, or death due to COVID-19, especially for children, is minuscule. There is no logical reason, with variants becoming less and less severe, to make this treatment a requirement in order to attend schools.

We also need to consider the number of children and individuals who have also previously contracted COVID and have recovered fully, like myself and my children.

While I believe that COVID-19 vaccinations should be accessible to those who want or need them after consulting with their personal physicians, mandating them for children, including adding them as a school entry requirement, is unethical and unnecessary. Doing so will inevitably result in an exodus from public education much like what occurred in Los Angeles public schools. Even as a healthcare provider, I would quit my job to homeschool my children rather than subject my children to an unnecessary and unproven vaccine for them. I will consider this vaccine for them after full safety and efficacy data is available in approximately 5 years. I say this as a fully vaccinated adult who experienced adverse reactions following vaccination, and was dismissed when I tried to seek treatment.

I ask that you consider the absolute necessity of recommending COVID-19 vaccinations for children. There is sufficient evidence to indicate that not all children need this vaccine, children may experience severe adverse reactions from this vaccine - greater than what may be experienced by contracting COVID-19 itself in this age group, that the vaccine does not adequately reduce or stop transmission, and requiring a vaccine under emergency use authorization only is unethical. Doing so risks thousands, if not tens of thousands of families fleeing the public school system.

Thank you for your time and consideration.

Best,

K. Scott

From: BeachyKing

Sent: 1/6/2022 5:41:45 PM

To: DOH WSOH,Davis, Michelle (SOH),Hisaw, Melanie (SOH),Hoff, Christy Curwick (SOH),Glasoe, Stuart D (SOH),Pskowski, Samantha L (SOH),Donahoe, Kaitlyn N (SOH),Lang, Caitlin M (SOH),Herendeen, Lindsay (SOH),Schreiber, Tracy N (SOH),Haag, Hannah R (SOH),Kahler, Kelie (SOH),Thai, Nathaniel J (SOH)

Cc:

Subject: Please read

External Email

1. No COVID vaccine available in the United States has received FDA approval. All available vaccines, including the Pfizer-BioNTech vaccine, are being administered under an Emergency Use Authorization. The only "approved" COVID 19 vaccine is Comirnaty, and it is not available in the United States and there is no anticipated date for its availability. (This "smoke and mirrors" approach by the FDA is the subject of numerous lawsuits and a Federal Judge recently rejected Pfizer's claim that the 2 products are interchangeable: Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable' • Children's Health Defense (childrenshealthdefense.org) Since EUA products cannot be mandated per the Nuremberg Code, this alone should be enough to stop consideration of making vaccines mandatory.

2. Children are statistically at zero risk of dying from COVID. Their survival rate is in the range of 99.997-99.998% or, put another way, their risk of dying with COVID is less than 2 in every 1,000,000 children. The very few children who are listed as COVID deaths did not die OF COVID, but rather WITH COVID as anyone being admitted to a hospital nowadays is tested. I challenge the Washington State Board of Health to show medical records for even one child who has died OF COVID. Where there's no risk, there can be no benefit.

3. No one knows the long term risks of these vaccines. You may remember that one of the members of the FDA Advisory Committee famously said, "We are never going to learn about how safe this vaccine is until we start giving it" Dr. Eric Ruben, Editor in Chief NEJM The studies Pfizer conducted were woefully underpowered. This is an analysis of 10 Red Flags associated with Pfizer's studies: Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product – Commentary – America's Frontline Doctors (americasfrontlinedoctors.org)

Force vaccinating healthy children for a disease that doesn't affect them to make adults feel safe is a new low for humanity. Please do the right thing and do not require these vaccinations for school age children.