From: Michelle Anderson
Sent: 8/6/2021 8:03:03 AM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Please let the EMERGENCY rules Expire whenever they expire. Coronavirus is NOT going away! It will continue to come back every fall and go away every spring! The recovery rate is over 99% and there is no way to totally eliminate it! Please don't make long term problems looking for a short term solution!! Let the emergency rules Expire and everyone get on with their lives!!
You are doing a great job! Keep up the good work and don't be remembered for making things worse!

From: Mike Davisson
Sent: 8/5/2021 3:04:57 PM
To: DOH WSBOH
Cc:
Subject: deteriorating condition of Spokane County BoH

External Email

Hello WSBoH,

As you are most likely aware the continuing sage of the Spokane County BoH is only getting worse. With long term management retiring and then sending pointed letters to the board explaining how the administrator Amelia Clarke has destroyed employee moral and caused an exodus of long term employees. The Board of directors made up of local politicians seem to be stymied by legal and personal political concerns to take any action. This, in my opinion has now created a danger to public health. With all the resources of the DoH and the board going to protecting their potential legal and political liabilities the people of Spokane County will suffer. We have a tenuous hold on Covid in out area let alone the myriad of health issues that the DoH handles for the public. We cannot afford to continue in this manner.

I am asking that the state take over management of the this county department until such time and they can prove that the resources they have are solely focused on public health and not legal or political objectives.

Best Regards,

Mike Davisson

10618 E. Ferret Dr.

Spokane Valley, WA 99206

(509) 768-7789

From: lockshire@comcast.net
Sent: 8/5/2021 8:16:58 PM
To: DOH WSBOH
Cc:
Subject: public comment Aug 11 meeting

External Email

To the attention of the WA State Board of Health for the August 11th meeting:

I see your department following guidelines from the federal level. I am concerned that you are following the guidelines without seeking your own evidence or justification. As a citizen, I exercise my right to seek an opinion, and seek a second opinion. Not because I am searching for what I want to hear, but because I should gather as much evidence as I can to formulate a good decision. I am not seeing evidence-based decisions from your department.

For example, there are a multitude of studies showing that masks provide no statistically significant difference between mask wearers and non-mask wearers. This is logical since a mask cannot block the minuscule size of a Covid particle. Yet, we have had a mask mandate in place for over a year.

I had to remove my children from public school in a brick and mortar building due to the mask mandate. They are removed for this year as well since you are continuing the mask mandate still. It is not healthy for children to be in a mask all day long at school, given that masks are ineffective and there is evidence that they actually can cause physical harm (skin irritations, bacterial growth, decrease in healthy breathing, and increase risk in developing upper respiratory illness, etc.).

The second concern is the interpretation of the mask mandate. Do you realize how your mask mandates are being executed? Every facility (medical, dental, sports, etc.) when asked for accommodation in regard to a mask, says "We provide none," "You must wear a mask," "There is no exception." This is illegal. This is discrimination. The message that our state has given to ALL of our businesses is to force a mask, no exception.

Covid is here to stay, similar to the yearly circulation of the flu. Are we to wear masks for the rest of our lives? And what good with that do? What harm would that do? Vaccination status is not changing this issue. Vaccinated people are spreading the virus; and now they have to wear masks too. You are giving the public a false security, that a mask will protect them from Covid, when it cannot. I implore you to drop the mask mandate. Offer the choice (guidelines) to the public, so they can formulate their own decision based on facts.

I have seen other letters sent from the public to you with links to the scientific mask studies. I expect that as a medical professional, you would have access to the studies. If you do not, I will happily include those references for you in a follow up email.

Thank you,

Kristan Lockshire

From: Michelle Anderson
To: Donahoe, Kaitlyn N (SBOH)
Subject: CR-101 Alert - LBOH Composition
Date: Thursday, August 5, 2021 6:31:08 PM

External Email

Please let the emergency rules EXPIRE when they run out!
We need to get back to real life and Coronavirus is NOT going away! It will continue every fall and go away every spring! We need to move on!!

From:	Michelle Anderson
To:	Donahoe, Kaitlyn N (SBOH)
Subject:	CR-101 Alert - LBOH Composition
Date:	Thursday, August 5, 2021 6:30:57 PM

External Email

Please let the emergency rules EXPIRE when they run out!
We need to get back to real life and Coronavirus is NOT going away! It will continue every fall and go away every spring! We need to move on!!

DOH WSBOH

From: frances zuniga <frances54us@yahoo.com>
Sent: Tuesday, June 15, 2021 8:27 PM
To: DOH WSBOH
Subject: China virus 19

External Email

To Board of Health,

I am pleading that the, corona virus 19 vaccination, NOT be forced on ANY students. University or college students should NOT BE REQUIRED EITHER! This IS STILL A FREE COUNTRY! Please fight for our freedom of choice.

Afraid of losing my freedom,
Frances Zuniga

Sent from my iPhone

From:	Chrys Ostrander
To:	DOH WSBOH
Subject:	It's time to stop spreading sewage sludge on Washington farms!
Date:	Monday, June 21, 2021 10:31:19 AM

External Email

Urgent Action Alert: Comment Opportunity and Public Hearing Information - Statewide General Permit for Biosolids Management

It's time to stop spreading sewage sludge on Washington farms!

The State of Washington Department of Ecology proposes to re-issue a Statewide General Permit for Biosolids Management for the next 5 years. Ecology is accepting comments until 11:59 PM July 5, 2021. Read their public notice: https://ecology.wa.gov/About-us/Get-to-know-us/News/2021/Draft-statewide-biosolids-permit.

SEND YOUR COMMENT TO ECOLOGY BEFORE JULY 5:
https://swm.ecology.commentinput.com/?id=SpmPs

Ecology will also host two public hearings on the proposed Statewide General Permit for Biosolids Management on June 22nd (10:00 AM) and 24th (7:00 PM). To attend, follow hese links:
June 22- https://ecology.wa.gov/Events/SWM/Biosolids-general-biosolids-permit/Biosolids-general-permit-(1)

June 24- https://ecology.wa.gov/Events/SWM/Biosolids-general-biosolids-permit/Public-hearing-for-biosolids-general-permit

Tell them: The State of Washington must cease issuing any permit that allows the disposal of sewage sludge in any form on homes, farmland, forestland or parkland.

Background:
The 1987 Federal Clean Water Act reacted to pollution of waterways by promoting development of municipal sewage treatment plants.

In 1992, the Washington State legislature deemed "biosolids" (the non-liquid filth byproduct of those treatment plants before their effluent discharges into rivers) to be a beneficial resource and mandated that the Department of Ecology promote its use on soil. (Garbage out of the effluent, and garbage back in to our crops). This foolish mandate from the state, based on very outmoded science, if any at all, has made the Department of Ecology into an active promoter of pollution, rather than an independent regulator in the public interest.

A 2009 U.S. Environmental Protection Agency study concluded that all sewage sludge contains toxic and hazardous elements.

In 2018, the EPA's Office of Inspector General concluded that they haven't the means to prove "biosolids" safe.

Our main concern with a five-year re-authorization of how the Department of Ecology manages the program of land application of sewage sludge is that the material is host to an unknown amount of contaminants which constantly go down the drain in municipalities. They only test for nine heavy metals, nitrogen and selected pathogens. Unexamined are the many chemicals, micro-plastics, pharmaceuticals, and the infamous alphabet soup of ubiquitous super toxins now headed by PFAS (Per- and PolyFluoroAlkyl Substances).

Of course none of this matters to the Department of Ecology, which is in the grip of the waste and other polluting industries. Ecology staff is very aggressive in pursuit of their "partnership" (Ecology caseworker's term) with one of the state's main wholesalers of sludge, Fire Mountain Farms. FMF has been repeatedly slapped on the wrist by its

partner, Ecology, for code violations like storing chemical wastes in the same piles of "biosolids" that it land spreads around the state. FMF intentionally created a "mixed" product to spread on agricultural fields that sometimes was comprised of as much as 15% of listed hazardous waste. A search of Ecology documents by Yelm-based Preserve the Commons found that much of it was flammable with large quantities of paint thinner.

In the case of the permit issued for the farmland neighboring Mill Canyon in Lincoln County, home to commercial organic food producers and a natural spring supplying many neighbors drinking water (directly downhill from one of the targeted wheat fields), the concern was about migration of toxins through flooding, wind storms and the fact (established by USDA soil maps) that most of the farmer's land is classified as HEL, Highly Erodible Land. Fortunately, local citizens organized through Protect Mill Canyon Watershed to block that land application.

In many other such battles around Washington, "Biosolids" (the marketing name for the sewage sludge) is heavily pushed by Ecology as free fertilizer for farmers, and compost for gardeners. Read the labels of what you buy in the gardening stores. Ecology says "the draft permit streamlines some requirements, reducing the regulatory burden for the [biosolids industry] in the state." This matches the complaint expressed (at a public meeting) by one of the officers of FMF that "there is too much paper work" while submitting blatantly inadequate and incorrect boiler plate for the required environmental analysis of the proposed Lincoln County site that was to be sludged.

Almost weekly, new studies come out around the world criticizing the practice of conditioning soil with sewage sludge as dangerous folly. Of course, it might seem futile to generate comments to the Department itself, rather than to a higher independent regulatory authority. Unfortunately, this is the system we are stuck in.

The Sierra Club has been helping organic farmers and small communities across Washington to resist contamination from nearby land applications or storage piles of sludge. We'd like to see Ecology replace "best management practice" with "independent current science" as a guideline. We call on the state to seriously research alternative methods of disposal such as pyrolysis, gasification or extraction of useful materials.

For more background go to http://protectmillcanyon.org/.

To view the critics' side, please view a recent Sewage Waste Webinar on the Northwest Toxics Communities Coalition website: https://nwtoxiccommunities. Stories of 3 local Washington State battles against contamination of farmland begin around the "25 minute" mark in the linked webinar above.

Please comment on the renewal of Ecology's dirty business before the July 5 deadline. Go here and say "The State of Washington must cease issuing any permit that allows the disposal of sewage sludge in any form on homes, farmland, forestland or parkland."
https://swm.ecology.commentinput.com/?id=SpmPs

For more information or to comment by email or postal mail, please contact Emily Kijowski, Biosolids Technical Specialist, Department of Ecology, P.O. Box 47600, Olympia, WA 98504-7600, email emily.kijowski@ecy.wa.gov, phone 360-789-6592. Remember to identify the title of the document you are providing comments on: Statewide General Permit for Biosolids Management.

Chrys Ostrander
7034-C Hwy 291
Tumtum, WA 99034
Voice message and Text: (914) 246-0309

From: Erin MacDougall
To: DOH WSBOH
Subject: comment on COVID-19 vaccine employee requirement
Date: Friday, June 18, 2021 9:30:22 PM

External Email

Hello,
I would like to send a comment:
It would be extremely helpful if the State Board of Health would move to require that public school teachers and licensed child care providers be required to be vaccinated for COVID-19.
As a parent of young children who has now experienced 15 months with no childcare, children in full time online school, while working full time, it would make returning to in person school and daycare much safer and more feasible for our family's health and needs for safety.

Thank you for receiving this comment.

Erin MacDougall

From: Liha Rinehardt
To: DOH Secretary"s Office; Fehrenbach, Lacy M (DOH); Reykdal, Chris (DOHi); tennille.jeffries-simmons@k12.wa.us; michaela.miller@k12.wa.us; Nishida, Nasue; Wicker, Kelly (GOV); Phillips, Keith (GOV); DOH WSBOH; Spitters, Christopher (DOHi); Frederick, Shawn (DOHi); Furness, Nancy (DOHi); Pamela Aguilar; Reykdal, Chris; jay@jayinslee.com
Subject: Set the Children Free
Date: Thursday, June 17, 2021 9:54:39 AM
Attachments: image003.png
image004.png

External Email

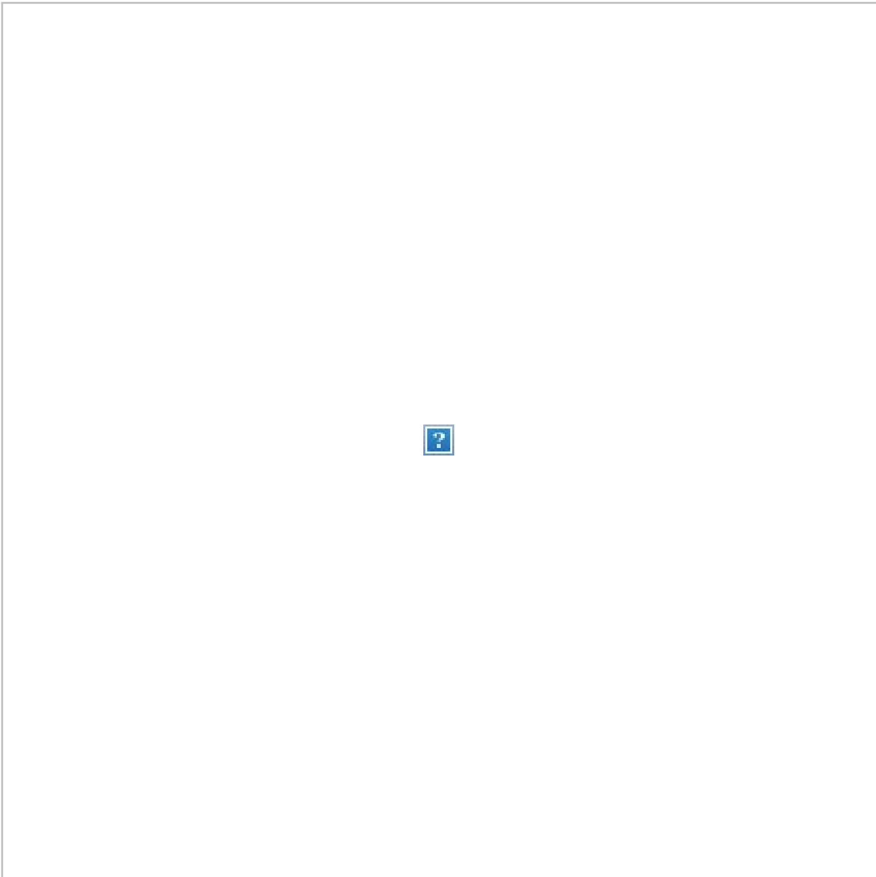
Please, read and consider the below email. This is current science, data and FACTS. Please be a voice for our children. Experimental vaccines and masking are detrimental to the health of our children.

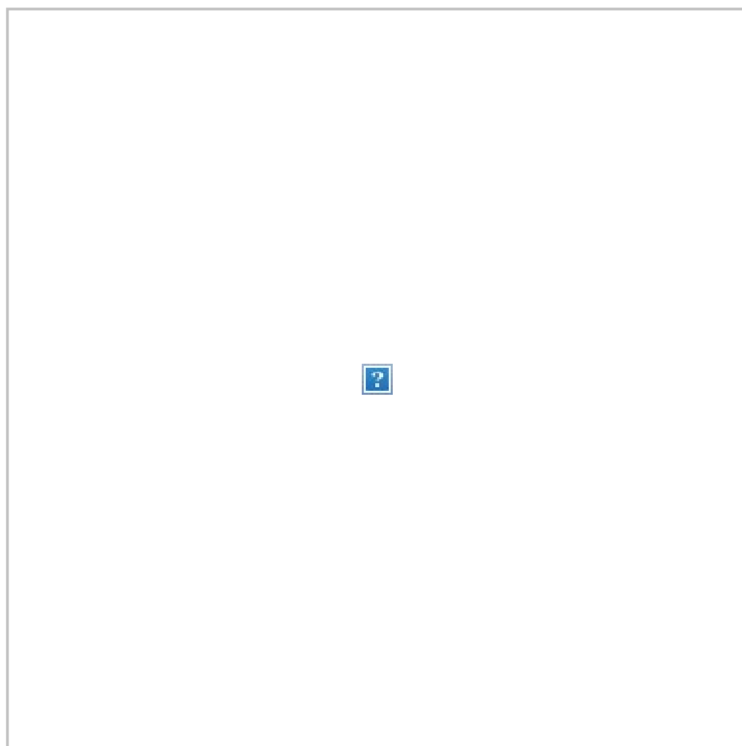
Thank you for reading,

Liha Rinehardt

From: Informed Choice Washington [mailto:contact=informedchoicewa.org@cmail20.com] **On Behalf Of** Informed Choice Washington

No images? Click here





Set the Children Free

Dear Liha,

The DOH and OSPI held an online "Conversation" this evening and announced that next year, schools will be in person, with children masked and distanced. They encouraged everyone to get vaccinated, they hoped young children would be eligible for vaccines soon, and they fully supported co-administration of covid shots with other shots--for convenience--in the absence any any safety science. The meeting was recorded and streamed to FB. You can watch HERE.

This is UNACCEPTABLE. In light of the serious health consequences now known, continuing mask requirements & vaccine coercion constitute willful misconduct. **It is time for each of us to join with parents in our own districts and demand the end to masking, distancing, fear, and the end of vaccine coercion.**

Stand For Health Freedom has created an Action Plan and we encourage you all to participate!
Join the Put Kids First Campaign!

Prior to today's "Conversation" the below information was emailed to: *Chris Reykdal, Washington State Superintendent of Public Instruction; Dr. John Dunn, Medical Director for Preventative Care, Kaiser Permanente; SheAnne Allen, COVID-19 Vaccine Director, Washington State Department of Health Dr. Scott Lindquist, Acting State Health Officer for Washington State*

EMAIL TEXT:

Dear Chris Reykdal, Dr. John Dunn, SheAnne Allen, & Dr. Scott Lindquist

Today (June 16), you will be presenting an online "Conversation" about the upcoming school year, vaccination, and masks.

As Public Policy Director of Informed Choice WA, I want to be sure you are aware certain important facts since they should impact your decisions about the coming school year.

Unprecedented numbers of adverse reactions and deaths have been reported to VAERS following exposure to the investigational COVID-19 vaccines (biologics). This week VAERS is reporting 6,246 deaths and 337,226 injuries. While VAERS data cannot be used to establish causality or frequency of events, it can be used to find red flags and safety signals. Reports include:

- Deaths Within 0-2 Days of Injection – 2,338 (+297 From Previous Week)
- Spontaneous Miscarriages – 652 (+81 From Previous Week)
- Deaths In Low Risk Ages (0 to 39) – 159 (+18 From Previous Week)
- Deaths In High Risk Ages (60 & Up) – 3,899 (+247 From Previous Week)
- People Hospitalized Post Inoculation – 19,597 (+705 From Previous Week)
- Emergency Room Visits – 43,848 (Not Reported Previously)
- Life Threatening – 5,884 (+223 From Previous Week)
- Permanent Disability – 4,583 (+284 From Previous Week)
- Heart Attacks – 2,190 (+298 From Previous Week)
- Heart Attacks 0 to 24 Age – 46 (+8 From Previous Week)
- Bell's Palsy – 1,737 (+172 From Previous Week)
- Severe Allergic Reaction – 15,052 (+1,478 From Previous Week)
- Stroke – 3,260 (As of 6.11.2021)
- Paralysis – 2,419 (As of 5.7.2021)
- Data Source – https://wonder.cdc.gov/vaers.html

Children are not at risk from SARS-CoV-2. According to the AAP:

-
- between 0.1%-1.9% of all child COVID-19 cases resulted in hospitalization
- Children were 0.00%-0.23% of all COVID-19 deaths, and 8 states reported zero child deaths

- In states reporting, 0.00%-0.03% of all child COVID-19 cases resulted in death
- SOURCE: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/

Children are at risk of harm from face masks.

-
- Mask-wearing by symptom-free individuals for hours a day, every day, is a massive human experiment. It is known that surgical and cloth masks cannot block viruses, and that if not worn and used very carefully, masks can and do cause harm.
- Scientific Reports of Harms Caused by Face Masks: see https://informedchoicewa.org/news/scientific-reports-of-harms-caused-by-face-masks/
- Review by Denis G. Rancourt (provided in link above) includes: physiological impacts of face masks; psychological harm in the general population; infants and school children; microbial pathogen from masks
- "During the pandemics caused by swine flu and by the coronaviruses which caused SARS and MERS, many people in Asia and elsewhere walked around wearing surgical or homemade cotton masks to protect themselves. One danger of doing this is the illusion of protection. Surgical facemasks are designed to be discarded after single use. As they become moist they become porous and no longer protect. Indeed, experiments have shown that surgical and cotton masks do not trap the SARS-CoV-2 (COVID-19) virus, which can be detected on the outer surface of the masks for up to 7 days. Thus, a pre-symptomatic or mildly infected person wearing a facemask for hours without changing it and without washing hands every time they touched the mask could paradoxically increase the risk of infecting others." Isaacs D, Britton P, Howard-Jones A, et al. Do facemasks protect against COVID-19?. J Paediatr Child Health. 2020;56(6):976-977. doi:10.1111/jpc.14936
- "**Conclusions** This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection." https://bmjopen.bmj.com/content/5/4/e006577
- An Oregon girl lost her pulse for four minutes after playing basketball with a face mask. "The ER doc looked me in the eye," Jessica Lay [mother] said, "and said, 'This is from the mask. It's an isolated incident. This is not due to her health, it's from extreme physical activity and having an obstruction of oxygen.'" https://www.oregonlive.com/highschoolsports/2021/05/mother-calls-for-change-in-oregon-high-school-sports-mask-rules-after-daughter-collapses-at-basketball-tryouts.html
- It is impossible for the general public, and especially children, to safely wear face masks for any length of time. They are continually touched, hands are not washed,

the masks are not replaced when they become damp.

- The psychological and emotional impact of continuous face mask wearing is undermining the development and health our children. The risks of the masks — which are Emergency Use Authorized only — far exceed any perceived benefit, especially for children who are not at risk of poor outcome to COVID-19.

Children are at risk of harm from the investigational COVID-19 vaccines.

-
- Unprecedented numbers of adverse reactions and deaths reported to VAERS following exposure to the vaccines.
- Independent doctors are reporting on mechanisms of injury. https://secureservercdn.net/198.71.233.86/7mw.a02.myftpupload.com/wp-content/uploads/2021/03/mRNA-VACCINE-INDUCED-DAMAGE-MECHANISMS_FRI_BOLGANv.2-clean.pdf
- Contrary to the assurances of the vaccine makers that their products would stay at the injection site, documents attained via FOIA show that Pfizer's shot ingredients are distributed to every organ of the body, including the brain, ovaries, and spleen.https://www.lifesitenews.com/images/pdfs/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf
- And the spike protein ends up in the blood from the day of injection until two weeks later. https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075
- As of June 4, 2021, VAERS reports include 1,087 cases of myocarditis/pericarditis.
- Despite the authors stating that they interpreted their findings as negative, the data in a new preprint study showed a statistically significant increase in anti-syncytin-1 antibodies after getting the Pfizer shot. Syncsytin-1 is responsible for placenta formation. https://www.medrxiv.org/content/10.1101/2021.05.23.21257686v1.full.pdf
- More information here: https://www.jennifermargulis.net/halt-covid-vaccine-research-scientist-urges-cdc/

Natural Immunity is long-lasting.

-
- Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19 https://www.cell.com/cell/fulltext/S0092-8674(20)31008-4?rss=yes
- "Overall, we show that SARS-CoV-2 infection induces a robust antigen-specific, long-lived humoral immune response in humans." https://www.nature.com/articles/s41586-021-03647-4

Treatments Exist.

- Ivermectin has been shown to both an effective preventative and treatment and is

being used globally to save lives. https://covid19criticalcare.com

- Early home/ambulatory treatment with known treatments and protocols that include repurposed drugs and nutrients have been shown to greatly reduce hospitalizations and deaths. https://c19early.com
- Doctors across the nation have been testifying before legislatures and federal agencies, calling for the adoption of early treatment as standard of care to drastically reduce hospitalizations, deaths, and the fear. https://informedchoicewa.org/news/mds-give-testimony-in-idaho-and-texas-covid-19-vitamin-d-treatments-and-vaccine-concerns/

In summary — children are not at risk from COVID-19, but they are at risk from harms of continued face-mask wearing, from the investigational vaccines, and from the continued fear-messaging and disruption of their lives.

It's time to set the children free — from from restrictions, limitations, and fear. Let them breathe, laugh, play, and learn freely. They have paid too high a price already for a burden that should never have been placed upon them.

Sincerely,

Bernadette Pajer

ICWA Public Policy Director

The below information was also sent in a follow-up email:

A post today provides yet more data on the potential harm from mask-wearing:

> **Dangerous pathogens found on children's face masks**
>
> BY JENNIFER CABRERA
>
> A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. Although the test is capable of detecting viruses, including SARS-CoV-2, only one virus was found on one mask (*alcelaphine herpesvirus 1*).
>
> The analysis detected the following 11 dangerous pathogens on the masks:
> - *Streptococcus pneumoniae* (pneumonia)
> - *Mycobacterium tuberculosis* (tuberculosis)

- *Neisseria meningitidis* (meningitis, sepsis)
- *Acanthamoeba polyphaga* (keratitis and granulomatous amebic encephalitis)
- *Acinetobacter baumanni* (pneumonia, blood stream infections, meningitis, UTIs—resistant to antibiotics)
- *Escherichia coli* (food poisoning)
- *Borrelia burgdorferi* (causes Lyme disease)
- *Corynebacterium diphtheriae* (diphtheria)
- *Legionella pneumophila* (Legionnaires' disease)
- *Staphylococcus pyogenes serotype M3* (severe infections—high morbidity rates)
- *Staphylococcus aureus* (meningitis, sepsis)

Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria. One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal disease, Rocky Mountain Spotted Fever, and more.

The face masks studied were new or freshly-laundered before wearing and had been worn for 5 to 8 hours, most during in-person schooling by children aged 6 through 11. One was worn by an adult. A t-shirt worn by one of the children to school and unworn masks were tested as controls. No pathogens were found on the controls; samples from the front top and bottom of the t-shirt found proteins that are commonly found in skin and hair, along with some commonly found in soil.

A parent who participated in the study, Ms. Amanda Donoho, commented that this small sample points to a need for more research: "We need to know what we are putting on the faces of our children each day. Masks provide a warm, moist environment for bacteria to grow."

The parents contracted with the lab because they were concerned about the potential of contaminants on masks that their children were forced to wear all day at school, taking them on and off, setting them on various surfaces, wearing them in the bathroom, etc. This prompted them to send the masks to the University of Florida's Mass Spectrometry Research and Education Center for analysis.

https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/

Help ICWA4Education, our 501(c)(3) nonprofit, promote education about healthy immunity, informed consent, and medical freedom in Washington State. Donations are tax deductible to the

fullest extent allowed by law.

Help fund ICWA's website, our Radio Show, and our Public Policy efforts to support bills that protect or improve medical freedom and informed consent and to oppose legislation that threatens them by supporting our 501(c)(4), ICWA4Action. (These donations are not tax deductible.)

Informed Choice Washington
11410 NE 124th St #331
Kirkland WA 98034-4399

You are receiving this email because you joined our Action Team or signed our petition.

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From: Pat Webber
Sent: 6/28/2021 11:59:21 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

External Email

Dear School and Health Officials,

Mask mandates harm our children!

Cloth and surgical masks offer almost no protection against this virus. A surgical mask has an average pore size of 19,290 nanometers. This coronavirus has a diameter of ~100 nanometers. The chance that a mask will stop this virus is about the same as a chain link fence stopping a grain of sand. It doesn't work. It can't work. Even Anthony Fauci admitted that masks are of no use against this virus. On February 5, 2020, he said in an email obtained through the Freedom of Information Act, ”The typical mask you buy in the drug store is not really effective in keeping out the virus, which is small enough to pass through the material."

Dr. Fauci also admitted in a February 23 email that "children have a very low rate of infection.” Researchers for the Centers for Disease Control and Prevention have found scant coronavirus transmission in schools operating in-person. Dr. Fauci has confirmed that children do not transmit Covid-19 in any significant way. As of June 16, 2021, the CDC report that 322 kids age 0-17 have died of Covid-19. Every death is a tragedy, but during the 2018-2019 flu season, 477 kids in that age range died of the regular flu, and we didn't take to shutting down our schools or masking our kids at that time.

Additionally, children have been repeatedly shown not to be drivers of this disease. Statistically, children in grades K-12 have a mortality rate of 0.00003 from Covid-19. If they do get a Covid-19 infection, it is often with mild or no symptoms. Dr. Fauci has been very clear that asymptomatic transmission of Covid-19 is not a threat. He stated, "in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person.”

Prolonged mask use (>4 hours/day) has serious consequences in children. It interferes with their social learning, distorts verbal speech, and removes visual cues for the hard of hearing. Face covering policies also inhibit peer-to-peer learning.

Masks provide a warm, moist environment for bacteria to grow. Recently, parents had 6 “used” face masks tested for pathogens at the University of Florida; they discovered that those face masks harbored bacteria that cause food poisoning, pneumonia, tuberculosis, and meningitis. Our children MUST be protected against wearing these reservoirs of disease on their faces!

Contrary to what we are constantly, told, there is no science or data that justifies masking our children. Kids are being punished, and for no reason! In America, parents

have the right to choose what's best for their child, including any medical therapies, such as masks, that will be used on that child! It's time for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the mask mandate. Thank you.

Sincerely,

Sent from my iPad

From: Kathy Griffis
Sent: 6/28/2021 5:49:47 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

External Email

Dear School and Health Officials,
Mask mandates harm our children! Cloth and surgical masks offer almost no protection against this virus. A surgical mask has an average pore size of 19,290 nanometers. This coronavirus has a diameter of ~100 nanometers. The chance that a mask will stop this virus is about the same as a chain link fence stopping a grain of sand. It doesn't work. It can't work. Even Anthony Fauci admitted that masks are of no use against this virus. On February 5, 2020, he said in an email obtained through the Freedom of Information Act, ”The typical mask you buy in the drug store is not really effective in keeping out the virus, which is small enough to pass through the material." Dr. Fauci also admitted in a February 23 email that "children have a very low rate of infection.” Researchers for the Centers for Disease Control and Prevention have found scant coronavirus transmission in schools operating in-person. Dr. Fauci has confirmed that children do not transmit Covid-19 in any significant way. As of June 16, 2021, the CDC report that 322 kids age 0-17 have died of Covid-19. Every death is a tragedy, but during the 2018-2019 flu season, 477 kids in that age range died of the regular flu, and we didn't take to shutting down our schools or masking our kids at that time.Additionally, children have been repeatedly shown not to be drivers of this disease. Statistically, children in grades K-12 have a mortality rate of 0.00003 from Covid-19. If they do get a Covid-19 infection, it is often with mild or no symptoms. Dr. Fauci has been very clear that asymptomatic transmission of Covid-19 is not a threat. He stated, "in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person.” Prolonged mask use (>4 hours/day) has serious consequences in children. It interferes with their social learning, distorts verbal speech, and removes visual cues for the hard of hearing. Face covering policies also inhibit peer-to-peer learning. Masks provide a warm, moist environment for bacteria to grow. Recently, parents had 6 “used” face masks tested for pathogens at the University of Florida; they discovered that those face masks harbored bacteria that cause food poisoning, pneumonia, tuberculosis, and meningitis. Our children MUST be protected against wearing these reservoirs of disease on their faces! Contrary to what we are constantly, told, there is no science or data that justifies masking our children. Kids are being punished, and for no reason! In America, parents have the right to choose what's best for their child, including any medical therapies, such as masks, that will be used on that child! It's time for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the mask mandate. Thank you.
Sincerely,
Kathleen Griffis,
LaConner, WA
98257

Sent from my iPad

From: Barbee and Jay Andrew
Sent: 6/28/2021 8:08:38 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don't Force Our Children To Wear Masks!

External Email

Dear School and Health Officials,

Please do not require our children and grandchildren to wear masks when going back to school in the fall. Mask mandates harm our children! Covid-19 poses little threat to K-12 students and if they do get the infection, they are unlikely to pass it on to adults. Masking is harming our children medically, socially, and emotionally.

There is no science and no data that justifies masking our children; in fact, the science actually justifies UN-MASKING our kids! Cloth and surgical masks offer almost no protection against this virus. A surgical mask has an average pore size of 19,290 nanometers, this coronavirus has a diameter of ~100 nanometers. Masks that have been tested after being worn by children had 21 different pathogenic strains, children do not handle masks in a hygienic way.

UNMASK our kids!

Barbee Andrew

328 N 30th St

Mount Vernon, WA 98273

360-840-6079

From: Judy Billings
Sent: 6/27/2021 7:48:38 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
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Sincerely,

Judy Billings
206-550-1836

From: joyce tizzard
Sent: 6/29/2021 4:59:32 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
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Sincerely,
My grandchild will be pulled from district if mandate stands!
Joyce Tizzard
23809 Nookachamp Hills Dr
Mount Vernon, Wa. 98274

Sent from my iPad

From: Judy Billings
Sent: 6/27/2021 9:08:02 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
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Sincerely,

Judy Billings
206-550-1836

From: Roberta Butterworth
Sent: 6/27/2021 10:25:48 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

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Sincerely,

Sent from my iPhone

From: Barbara Rurtherford
Sent: 6/27/2021 10:25:35 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
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Get Outlook for iOS
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C0

From: Tammy Duffy
Sent: 6/27/2021 9:11:23 PM
To: elopez-
cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH
WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co
(DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard
(DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-
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Cc:
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Carollee Allen

Retired ER~RN

From: sharonbierach
Sent: 6/28/2021 8:25:20 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
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Sent from my Verizon, Samsung Galaxy smartphone

From: Lee Rebman
Sent: 6/27/2021 10:12:26 PM
To: elopez-
cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH
WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co
(DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard
(DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-
Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

External Email

I believe it is that there is no reason to force children to wear a mask. The parents have a right to choose.

Dear School and Health Officials,

Mask mandates harm our children!

Cloth and surgical masks offer almost no protection against this virus. A surgical mask has an average pore size of 19,290 nanometers. This coronavirus has a diameter of ~100 nanometers. The chance that a mask will stop this virus is about the same as a chain link fence stopping a grain of sand. It doesn't work. It can't work. Even Anthony Fauci admitted that masks are of no use against this virus. On February 5, 2020, he said in an email obtained through the Freedom of Information Act, ”The typical mask you buy in the drug store is not really effective in keeping out the virus, which is small enough to pass through the material."

Dr. Fauci also admitted in a February 23 email that "children have a very low rate of infection.” Researchers for the Centers for Disease Control and Prevention have found scant coronavirus transmission in schools operating in-person. Dr. Fauci has confirmed that children do not transmit Covid-19 in any significant way. As of June 16, 2021, the CDC report that 322 kids age 0-17 have died of Covid-19. Every death is a tragedy, but during the 2018-2019 flu season, 477 kids in that age range died of the regular flu, and we didn't take to shutting down our schools or masking our kids at that time.

Additionally, children have been repeatedly shown not to be drivers of this disease. Statistically, children in grades K-12 have a mortality rate of 0.00003 from Covid-19. If they do get a Covid-19 infection, it is often with mild or no symptoms. Dr. Fauci has been very clear that asymptomatic transmission of Covid-19 is not a threat. He stated, "in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person.”

Prolonged mask use (>4 hours/day) has serious consequences in children. It interferes with their social learning, distorts verbal speech, and removes visual cues for the hard of hearing. Face covering policies also inhibit peer-to-peer learning.

Masks provide a warm, moist environment for bacteria to grow. Recently, parents had 6 “used” face masks tested for pathogens at the University of Florida; they discovered that those face masks harbored bacteria that cause food poisoning, pneumonia, tuberculosis, and meningitis. Our children MUST be protected against wearing these reservoirs of disease on their faces!

Contrary to what we are constantly, told, there is no science or data that justifies masking our children. Kids are being punished, and for no reason! In America, parents have the right to choose what's best for their child, including any medical therapies, such as masks, that will be used on that child! It's time for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the

mask mandate. Thank you.

Sincerely,

Sent from my iPad

From: Bill Bruch
Sent: 6/28/2021 8:31:35 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Please Don't Force Our Children To Wear Masks!

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Thank you!

Bill Bruch

SCRP Chairman

(360) 820-1700

281 S. Burlington Blvd Suite #103

Burlington, WA 98233

From: Linda Jennings
Sent: 6/28/2021 1:42:33 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
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Sincerely, Linda Jennings

From: Kimberly Whitehead
Sent: 6/28/2021 5:49:11 AM
To:
LOlinger@washingtonea.org,abourgeois@lc.k12.wa.us,ahughes@conway.k12.wa.us,bbond@swsd101.org,b
Pfaff-Dunton,Reykdal,
Chris,cjepperson@swsd101.org,codavis@skagitregionalhealth.org,DOR Skagit County Leg

Authority,darussell@swsd101.org,delliott@concrete.k12.wa.us,dlowell@be.wednet.edu,drsusanareyes@gma
cisneros@swsd101.org,erieger@asd103.org,garlyk@uw.edu,hariumsbe@gmail.com,hnielsen@be.wednet.ec
Howard
(DOHi),hparker@concrete.k12.wa.us,ivivanco@mvsd320.org,jagen@lc.k12.wa.us,jbrownsbe@gmail.com,jc
Jennifer / Skagit Co
(DOHi),jirish@asd103.org,jmbeltramini@asd103.org,jsamora@mvsd320.org,jwilbur@lc.k12.wa.us,jwolf@w
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,Simranjit
Narwal,swatts@concrete.k12.wa.us,twright@be.wednet.edu,venkatakrishnanpavan@gmail.com,wbarrett@c
WSBOH
Cc:
Subject: Don't Force Our Children To Wear Masks!

External Email

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Kimberly Whitehead

From: Lindy Mullen
Sent: 6/24/2021 9:20:15 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

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Sincerely,

Lindy Mullen Doyle

From: Con Don
Sent: 6/28/2021 8:35:40 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

External Email

☐
☐

Dear School and Health Officials,

Mask mandates are unnecessary for our children! The science clearly shows that cloth and surgical masks offer almost no protection against this virus. Dr. Anthony Fauci admitted that masks are of no use against this virus. On February 5, 2020, he said in an email obtained through the Freedom of Information Act, ”The typical mask you buy in the drug store is not really effective in keeping out the virus, which is small enough to pass through the material." Dr. Fauci also admitted in a February 23 email that "children have a very low rate of infection.” Prolonged mask use (>4 hours/day) has serious consequences in children. It interferes with their social learning, distorts verbal speech, and removes visual cues and the ability to gain emotional intelligence. Face covering policies also inhibit peer-to-peer learning.

In addition to the science that shows masks do not provide protection for the Corona Virus, the larger issue is that parents have the right to choose what's best for their child, including any medical therapies, such as masks. You have no authority or jurisdiction to override parental authority at any time. I understand you’ve signed a contract with the teacher’s union which requires masks for children, and my question is why is that part of an employment contract? Nonetheless, that is still not a valid reason to put our children’s health at risk or strip the rights of parents to make medical decisions for their own children.

Our public schools must open in the fall, full-time, in person, and without the mask mandate. If you continue to require masks this fall, and trample on parents’ rights, there will be many students who will not be returning to public school.

Thank you for hearing my comments.

Sincerely,

☐
Connie
Anacortes, WA

From: Gale Thomas
Sent: 6/28/2021 9:55:10 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
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Gale Thomas

La Conner, WA

From: Jacqueline Rae
Sent: 6/27/2021 10:06:37 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
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Jacqueline Hendrickson

Sent from my Verizon, Samsung Galaxy smartphone

From: Barbara Rurtherford
Sent: 6/28/2021 1:19:45 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
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Additionally, children have been repeatedly shown not to be drivers of this disease. Statistically, children in grades K-12 have a mortality rate of 0.00003 from Covid-19. If they do get a Covid-19 infection, it is often with mild or no symptoms. Dr. Fauci has been very clear that asymptomatic transmission of Covid-19 is not a threat. He stated, "in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person.”

Prolonged mask use (>4 hours/day) has serious consequences in children. It interferes with their social learning, distorts verbal speech, and removes visual cues for the hard of

hearing. Face covering policies also inhibit peer-to-peer learning.

Masks provide a warm, moist environment for bacteria to grow. Recently, parents had 6 “used” face masks tested for pathogens at the University of Florida; they discovered that those face masks harbored bacteria that cause food poisoning, pneumonia, tuberculosis, and meningitis. Our children MUST be protected against wearing these reservoirs of disease on their faces!

Contrary to what we are constantly, told, there is no science or data that justifies masking our children. Kids are being punished, and for no reason! In America, parents have the right to choose what's best for their child, including any medical therapies, such as masks, that will be used on that child! It's time for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the mask mandate. Thank you.

Sincerely,

From: givaroo@frontier.com
Sent: 6/27/2021 8:36:33 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

External Email

Dear School and Health Officials, Mask mandates harm our children! Cloth and surgical masks offer almost no protection against this virus. A surgical mask has an average pore size of 19,290 nanometers. This coronavirus has a diameter of ~100 nanometers. The chance that a mask will stop this virus is about the same as a chain link fence stopping a grain of sand. It doesn't work. It can't work. Even Anthony Fauci admitted that masks are of no use against this virus. On February 5, 2020, he said in an email obtained through the Freedom of Information Act, ”The typical mask you buy in the drug store is not really effective in keeping out the virus, which is small enough to pass through the material." Dr. Fauci also admitted in a February 23 email that "children have a very low rate of infection.” Researchers for the Centers for Disease Control and Prevention have found scant coronavirus transmission in schools operating in-person. Dr. Fauci has confirmed that children do not transmit Covid-19 in any significant way. As of June 16, 2021, the CDC report that 322 kids age 0-17 have died of Covid-19. Every death is a tragedy, but during the 2018-2019 flu season, 477 kids in that age range died of the regular flu, and we didn't take to shutting down our schools or masking our kids at that time. Additionally, children have been repeatedly shown not to be drivers of this disease. Statistically, children in grades K-12 have a mortality rate of 0.00003 from Covid-19. If they do get a Covid-19 infection, it is often with mild or no symptoms. Dr. Fauci has been very clear that asymptomatic transmission of Covid-19 is not a threat. He stated, "in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person.” Prolonged mask use (>4 hours/day) has serious consequences in children. It interferes with their social learning, distorts verbal speech, and removes visual cues for the hard of hearing. Face covering policies also inhibit peer-to-peer learning. Masks provide a warm, moist environment for bacteria to grow. Recently, parents had 6 “used” face masks tested for pathogens at the University of Florida; they discovered that those face masks harbored bacteria that cause food poisoning, pneumonia, tuberculosis, and meningitis. Our children MUST be protected against wearing these reservoirs of disease on their faces! Contrary to what we are constantly, told, there is no science or data that justifies masking our children. Kids are being punished, and for no reason! In America, parents have the right to choose what's best for their child, including any medical therapies, such as masks, that will be used on that child! It's time for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the mask mandate. Thank you. Sincerely,
Kelly Givens

From: Kenna Wright
Sent: 6/28/2021 8:52:33 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

External Email

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nanometers. This coronavirus has a diameter of ~100 nanometers. The chance that a mask will stop this virus is about the same as a chain link fence stopping a grain of sand. It doesn't work. It can't work. Even Anthony Fauci admitted that masks are of
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for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the mask mandate. Thank you. Sincerely,

Sent from Yahoo Mail on Android

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

From: Stephanie Benna
Sent: 6/4/2021 4:40:41 PM
To: DOH WSBOH
Cc:
Subject: Message to the board

attachments\83E4B4638A394584_peds.2021-052478.full.pdf

External Email

□am sending this as a follow up to the email I sent earlier this morning in which I mentioned an Israeli study that liked the vaccines to cases of Myocarditis in young men.

A study published today in Pediatrics reported seven boys between the ages of 14 and 19 were hospitalized for heart inflammation and chest pain within four days of receiving the second dose of Pfizer's COVID vaccine:

https://pediatrics.aappublications.org/content/pediatrics/early/2021/06/02/peds.2021-052478.full.pdf

I am urging the board to not ignore these findings and block any attempts to mandate COVID vaccines for students to return to school.

Thank you,

Stephanie Benna

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Symptomatic Acute Myocarditis in Seven Adolescents Following Pfizer-BioNTech COVID-19 Vaccination

Mayme Marshall, MD, Ian D. Ferguson, MD, Paul Lewis, MD, MPH, Preeti Jaggi, MD, Christina Gagliardo, MD, James Steward Collins, MD, Robin Shaughnessy, MD, Rachel Caron, BA, Cristina Fuss, MD, Kathleen Jo E. Corbin, MD, MHS, Leonard Emuren, MBBS, PhD, Erin Faherty, MD, E. Kevin Hall, MD, Cecilia Di Pentima, MD, MPH, Matthew E. Oste, MD, MPH, Elijah Paintsil, MD, Saira Siddiqui, MD, Donna M. Timchak, MD, Judith A. Guzman-Cottrill, DO

DOI: 10.1542/peds.2021-052478

Journal: *Pediatrics*

Article Type: Case Report

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Symptomatic Acute Myocarditis in Seven Adolescents Following Pfizer-BioNTech COVID-19 Vaccination

Mayme Marshall[a], MD, Ian D. Ferguson[b], MD, Paul Lewis[a], MD, MPH, Preeti Jaggi[c], MD, Christina Gagliardo[d,e], MD, James Steward Collins[f], MD, Robin Shaughnessy[a], MD, Rachel Caron[a], BA, Cristina Fuss[a], MD, Kathleen Jo E. Corbin[b], MD, MHS, Leonard Emuren[b], MBBS, PhD, Erin Faherty[b], MD, E. Kevin Hall[b], MD, Cecilia Di Pentima[d,e], MD, MPH, Matthew E. Oster[c], MD, MPH, Elijah Paintsil[b], MD, Saira Siddiqui[d], MD, Donna M. Timchak[d,g], MD, Judith A. Guzman-Cottrill[a], DO

Affiliations: [a]Oregon Health and Science University School of Medicine, Portland, Oregon; [b]Yale University School of Medicine, New Haven, Connecticut; [c]Emory University School of Medicine and Children's Healthcare of Atlanta, Georgia; [d] Goryeb Children's Hospital, Atlantic Health System, Morristown, New Jersey; [e] Thomas Jefferson University, Philadelphia, Pennsylvania; [f]Spectrum Health, Grand Rapids, Michigan; [g]Columbia University Irving Medical Center, New York, New York

Address correspondence to: Judith Guzman-Cottrill, Department of Pediatrics, Oregon Health and Science University, 707 SW Gaines Road, mailcode CDRC-P, Portland, OR, 97239, [guzmanco@ohsu.edu], 503-494-3305.

Conflict of Interest Disclosures (includes financial disclosures): All authors have no conflicts of interest to disclose.

Funding/Support: No funding was secured for the preparation or submission of this report.

Abbreviations: Atrioventricular (AV), coronavirus disease 2019 (COVID-19), C-reactive protein (CRP), Centers for Disease Control and Prevention (CDC), electrocardiogram (ECG), Emergency Department (ED), Emergency Use Authorization (EUA), Food and Drug Administration (FDA), intravenous immunoglobulin (IVIG), magnetic resonance imaging (MRI), multisystem inflammatory syndrome in children (MIS-C), non-steroidal anti-inflammatory drug (NSAID), real-time reversetranscription polymerase chain reaction (PCR), premature ventricular contraction (PVC), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), United States (US), Vaccine Adverse Event Reporting System (VAERS)

Table of Contents Summary: Cases in the United States of symptomatic acute myocarditis in healthy adolescents following Pfizer-BioNTech COVID-19 vaccination.

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Contributors' Statement Page

Drs Marshall and Guzman-Cottrill drafted the initial manuscript, designed the data collection instruments, collected data, participated in literature review, and reviewed and revised the manuscript.

Drs Jaggi and Lewis drafted case details for the initial manuscript, designed the data collection instruments, collected data, and reviewed and revised the manuscript.

Drs Collins, Ferguson Gagliardo, and Shaughnessy drafted case details for the initial manuscript, collected data, and reviewed and revised the manuscript.

Drs Corbin, Di Pentima, Emuren, Faherty, Fuss, Hall, Oster, Paintsil, Siddiqui, and Timchak reviewed clinical data, critically reviewed and revised the manuscript for important intellectual subject matter content.

Ms Caron participated in drafting the initial manuscript, data collection, and literature review.

All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

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Abstract

Trials of coronavirus disease 2019 (COVID-19) vaccination included limited numbers of children so may not have detected rare but important adverse events in this population. We report seven cases of acute myocarditis or myopericarditis in healthy male adolescents who presented with chest pain all within four days after the second dose of Pfizer-BioNTech COVID-19 vaccination. Five patients had fever around the time of presentation. Acute COVID-19 was ruled out in all 7 cases based on negative severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) real-time reverse transcription polymerase chain reaction (PCR) tests of specimens obtained using nasopharyngeal swabs. None of the patients met criteria for multi-system inflammatory syndrome in children (MIS-C). Six of the 7 patients had negative SARS-CoV-2 nucleocapsid antibody assays, suggesting no prior infection. All patients had an elevated troponin. Cardiac magnetic resonance imaging (MRI) revealed late gadolinium enhancement characteristic of myocarditis. All 7 patients resolved their symptoms rapidly. Three patients were treated with non-steroidal anti-inflammatory drugs (NSAIDs) only and 4 received intravenous immune globulin (IVIG) and corticosteroids. This report provides a summary of each adolescent's clinical course and evaluation. No causal relationship between vaccine administration and myocarditis has been established. Continued monitoring and reporting to the Food and Drug Administration (FDA) Vaccine Adverse Event Reporting System (VAERS) is strongly recommended.

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Case Report

Introduction

On December 11, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 mRNA vaccine for prevention of COVID-19 for individuals 16 years of age and older.[1]. On May 10, 2021, the FDA revised the EUA for this vaccine to include children 12 years and older[1]. The Pfizer vaccine remains the only vaccine with an EUA for 12- to 17-year-old children. This vaccine demonstrated 94-95% efficacy in preventing COVID-19 infection in 16-55 year old participants, and 100% efficacy in the 12-15 year old age group[1,2]. Systemic reactogenicity occurred more commonly in younger patients and after the second dose of vaccine[1].

Post-immunization myocarditis is a known rare adverse event following other vaccinations, particularly following smallpox vaccination[3]. Recently the news media has highlighted reports of myocarditis after COVID-19 mRNA vaccination involving United States (US) military patients and patients from Israel[4,5]. The Israeli cohort identified a male predominance with an incidence of 1/20,000 (men aged 18 to 30 years old). However, a conclusive causal link to vaccination has not been confirmed at this time. Additionally, two recently published European case reports describe myocarditis after COVID-19 mRNA vaccination in a 56-year-old man with previous COVID-19 and a 39-year-old man with no history of COVID-19[6,7]. This report summarizes case histories of 7 healthy male adolescents 14 to 19 years of age who developed acute myocarditis or myopericarditis within 4 days after receiving the second dose of the Pfizer-BioNTech COVID-19 vaccine, none of whom met criteria for MIS-C. All 7 patients were vaccinated in April and May of 2021 and have been reported to VAERS.

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Patient 1

A previously well 16-year-old male presented to an emergency department (ED) with fatigue, poor appetite, fever of 38.3º C, and pain in the chest and both arms two days after his second Pfizer-BioNTech COVID-19 vaccine. He had no history of recent viral illness symptoms and no known COVID-19 exposures. Evaluation included an electrocardiogram (ECG) that showed atrioventricular dissociation with junctional escape and ST elevation and an elevated troponin I (2.59 ng/ml, normal range for this hospital, < 0.03 ng/mL). He was transferred to the Pediatric Intensive Care Unit of a tertiary care children's hospital for suspected myocarditis. Inflammatory markers were mildly elevated with D-dimer 1.52 ug/mL, erythrocyte sedimentation rate (ESR) of 43 mm/hr, and maximum C-reactive protein (CRP) of 12.3 mg/L (normal range, <1.0 mg/dL). Cardiac MRI demonstrated late gadolinium enhancement characteristic for myocarditis (Figure 1). Echocardiogram was normal. Troponin I peaked at 12.43 ng/mL (normal range for this hospital, <0.80 ng/mL) (Table 2). A nasopharyngeal swab for SARS-CoV-2 PCR was negative as was his serum SARS-CoV-2 nucleocapsid antibody. All other viral diagnostic studies were negative (Table 2). He remained well appearing, hemodynamically stable and in normal sinus rhythm throughout the six-day hospitalization. He received 100 grams (1.5 grams/kg) IVIG, then 10 mg/kg methylprednisolone intravenously on three consecutive days followed by a planned 12-week oral prednisone taper began. He also received 3 15-30 mg doses of intravenous ketorolac for pain. By 3 weeks after presentation, troponin had returned to normal.

Patient 2

A 19-year-old previously well male presented to a general ED with acute, persistent chest pain three days after his second Pfizer-BioNTech COVID-19 vaccine. He felt unwell for three days after vaccination with myalgias, fatigue, weakness, and subjective low-grade fevers. He had no

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recent or remote history of viral illness, and no known COVID-19 exposures. ECG showed diffuse ST elevation consistent with acute myocardial injury or pericarditis. Urgent cardiac catheterization showed normal coronary arteries and normal left ventricular function. Initial high-sensitivity troponin T (232 ng/L, normal range, <14 ng/L) and CRP (6.7 mg/dL, normal range, <1.0 mg/dL) were highly elevated. Cardiac MRI confirmed myocarditis on the basis of the finding of patchy, mid-wall late gadolinium enhancement along the basal inferolateral wall segment. A nasopharyngeal swab for SARS-CoV-2 was negative. He remained hemodynamically stable and was discharged home two days later with the diagnosis of myopericarditis. He was treated with one 30 mg dose of intravenous ketorolac, 0.6 mg colchicine daily, and 650 mg aspirin three times daily.

One week later, he was seen in follow-up. He complained of mild fatigue, but had no chest pain or shortness of breath, and his ECG showed tachycardia with a heart rate of 105 beats per minute. ST segment resolution was noted. As a result of his sinus tachycardia, a 48-hour Holter monitor was done which showed an average heart rate of 83 beats per minute with a 1% premature ventricular contraction (PVC) burden. No other arrhythmias were noted. An echocardiogram was normal. The colchicine (0.6 mg) and aspirin (325 mg) daily were continued.

Patient 3

A 17-year-old previously well male presented with chest pain two days after his second Pfizer-BioNTech COVID-19 vaccine. Chest pain was worse when lying flat and was associated with left arm pain and paresthesias. He had no recent or remote history of viral illness, and no known COVID-19 exposures. ECG showed abnormal T waves with diffuse ST elevation consistent with pericarditis (Figure 2). Notable laboratory studies included elevated troponin I (5.550 ng/mL, normal range, <0.045 ng/mL), NT Pro-BNP (376 pg/mL, normal range, <100 pg/mL) and CRP

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(25.3 mg/L, normal range, < 1.0 mg/dL). Echocardiogram showed normal function and coronaries, no effusion, trace mitral and aortic valve insufficiency, and decreased left ventricular basolateral and posterior regional strain. Cardiac MRI showed delayed enhancement at the left ventricular subepicardial basal anterolateral segment and basal to mid-ventricular inferolateral segments, consistent with myocardial necrosis. There was evidence of diffuse fibrosis on T1 weighted imaging and myocardial edema on T2 mapping. SARS-CoV-2 spike antibody was positive and nucleocapsid antibody was negative. Workup for other infections and a urine drug screen were negative. Troponin peaked at 12.200 ng/ml. His symptoms resolved with ibuprofen 600 mg orally every 6 hours and he was discharged at 48 hours. Based on the characteristics of his chest pain, ECG findings, and prompt response to anti-inflammatory medication, pericardial involvement was suspected. The presence of elevated cardiac markers and inflammation on cardiac MRI prompted the diagnosis of myopericarditis. At one-week follow-up, he remained asymptomatic with normal troponin, CRP, and ECG; the echocardiogram was unchanged.

Patient 4

An 18-year-old previously well male was admitted with a chief complaint of chest pain three days after he received the second dose Pfizer-BioNTech COVID-19 vaccine. Soon after vaccination, he had developed malaise, arthralgia, myalgia, and subjective fever. He had no recent or remote history of viral illness, and no known COVID-19 exposures. Two days prior to admission he noted mid-sternal chest pain and presented to his primary care physician who noted ST elevation on ECG prompting transfer to an ED, where evaluation showed elevated troponin T(1.09 ng/mL, normal range, <0.01 ng/mL), ST-elevation on ECG and normal echocardiogram. Cardiac MRI demonstrated edema, hyperemia, and fibrosis, consistent with myocarditis. A nasopharyngeal SARS-CoV-2 PCR was negative and antibody testing showed

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positive spike and negative nucleocapsid antibodies for SARS-CoV-2. Troponin testing reduced over the course of the 3-day hospitalization and telemetry remained normal. He was treated with 70 grams IVIG and received 30 mg methylprednisolone intravenously every 12 hours for 2 doses followed by prednisone 30 mg orally twice daily with a gradual taper over 4 weeks. He also received ibuprofen 600 mg orally every 6 hours as needed for pain, and was discharged with a 30-day prescription for aspirin 81 mg orally once daily. At his first outpatient follow-up the following week, he felt well, troponin had normalized and both echocardiogram and ECG remained normal.

Patient 5

A 17-year-old previously well male was admitted with a chief complaint of chest pain. His symptoms began 3 days after his second Pfizer-BioNTech COVID-19 vaccine with sore throat, headache, dry cough and body aches. He had no recent or remote history of viral illness, and no known COVID-19 exposures. He then developed subjective fever and was treated for suspected streptococcal pharyngitis with amoxicillin; however, a throat swab yielded a negative streptococcal antigen test. The next day he developed midsternal chest pain that was worse when lying flat and radiated to the left arm. Evaluation in the ED showed elevated troponin T (3.21 ng/mL, normal range, <0.01 ng/mL), ST-elevation on ECG and normal function and structure on echocardiogram. Initial cardiac MRI demonstrated diffuse, nearly complete transmural LV free wall gadolinium enhancement. A nasopharyngeal SARS-CoV-2 PCR was negative; antibody testing showed positive spike and negative nucleocapsid antibodies for SARS-CoV-2. He received 70 grams IVIG and was started on methylprednisolone 30 mg intravenously every 12 hours (2 doses), then transitioned to prednisone 30mg orally every 12 hours with a gradual taper over 4 weeks. He also received ibuprofen 600 mg orally every 6 hours for the first 3 days and

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then as needed. He was discharged home with a 30-day prescription for aspirin 81 mg by mouth once daily. Troponin level initially fell by 50% over the first 48 hours but on the third day of admission there was an acute rise that sustained for 12 hours before serial reduction. At discharge, the troponin T remained elevated (0.96 ng/mL, normal range, <0.01 ng/mL). Telemetry during the 5-day hospitalization showed occasional monomorphic PVCs and sinus bradycardia during sleep but was otherwise normal. Serial echocardiograms were normal. On follow-up 4 days after discharge, the echocardiogram was normal but ECG showed diffuse T wave abnormalities.

Patient 6

A 16-year-old previously well male was admitted with a chief complaint of chest pain. His initial symptoms began 3 days after the second Pfizer-BioNTech COVID-19 vaccine with malaise and subjective fever. He had no recent or remote history of viral illness, and no known COVID-19 exposures. The night prior to admission he developed acute midsternal chest pain that lasted for approximately 18 hours. Evaluation in the ED showed an elevated troponin T (0.66 ng/mL, normal range, <0.01 ng/mL), ST-elevation on ECG but normal function and structure on echocardiogram. Cardiac MRI demonstrated diffuse edema and subepicardial late gadolinium enhancement. A nasopharyngeal SARS-CoV-2 PCR was negative and antibody testing showed positive spike and negative nucleocapsid antibodies for SARS-CoV-2. He was treated with 70 grams IVIG and started on prednisone 30 mg orally twice daily with a gradual taper over 4 weeks. He did not receive any non-steroidal anti-inflammatory drugs (NSAID).

Troponin T climbed after admission and remained elevated throughout the hospitalization. Chest pain resolved after administration of 6 mg of morphine in the initial ED evaluation. Telemetry was normal throughout hospitalization. He was discharged 3 days after admission. He had not yet returned for follow-up visit at the time of this submission.

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Patient 7

A 14-year-old previously well male presented to an urgent care clinic with pleuritic chest pain and shortness of breath two days after receiving his second Pfizer-BioNTech vaccine. A measured fever of 38.3º C began the day of vaccination. He had no recent or remote history of viral illness, and no known COVID-19 exposures. ECG showed ST segment elevation consistent with acute pericarditis. Additional evaluation included an echocardiogram which showed mildly depressed left and right ventricular systolic function and elevated troponin I (22.1 ng/mL, normal range, <0.045 ng/mL). His maximum temperature was 38.6º C on the day of admission. A nasopharyngeal SARS-CoV-2 PCR and serum nucleocapsid antibody were both negative. On hospital day 3, cardiac MRI showed areas with high T2 values indicating edema, T1 early post-contrast heterogeneity indicating hyperemia, and late gadolinium enhancement indicating myocardial fibrosis, all primarily in the subepicardial mid and apical left ventricle free wall. He was treated with NSAIDs (ketorolac 30 mg once, followedby naproxen 250 mg every 12 hours) and furosemide. Echocardiogram was improved one day after admission. He was discharged on hospital day 4 based on improvement of symptoms and ejection fraction; the troponin had declined to 8.02 ng/ml. His final diagnosis was myopericarditis. On follow-up 13 days later, he appeared well, but reported chest pain with exertion despite instructions to avoid strenuous exercise. An ECG showed non-specific T wave changes and echocardiogram was normal.

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Discussion

We report 7 cases of clinical myocarditis or myopericarditis that developed in 14- to 19-year-old males within 4 days of receiving the second dose of the Pfizer-BioNTech COVID-19 vaccine with no evidence of acute SARS-CoV-2 infection and who did not fulfill criteria for MIS-C. Extensive diagnostic evaluation for other myocarditis etiologies was negative (Table 2), including respiratory pathogens from nasopharyngeal swabs, serum PCR tests, and infectious serologies. Additionally, all cardiac MRIs were diagnostic for myocarditis based on the modified Lake Louise criteria rather than MIS-C characteristics described by Blondiaux et al (diffuse myocardial edema without evidence of late gadolinium enhancement)[8,9]. There was some suggestion of abnormal left ventricular myocardial echocardiographic strain corresponding to regions of myocardial necrosis on cardiac MRI (Patient 3).

All patients in this series had myocarditis or myopericarditis, which is the term for diagnosis of both myocardial and pericardial inflammation. These terms are often used interchangeably, which can make surveillance of these diseases challenging. Myocarditis and pericarditis are rare diseases. The true baseline incidence of myocarditis is unknown and varies by season, geography, and age: it has been reported to occur in 1.95/100,000 person- years in children <15 years of age in Finland and in 2.16 cases per 100,000 US military service members in a 30-day period[10]. It is more common in males, and among children demonstrates a bimodal incidence pattern, with peaks at <2 years of age and in adolescence[11]. An evaluation for potential viral causes is recommended, although a cause is usually not found[12]. There have been prior reports of myocarditis following smallpox vaccination[10]. In patients with myocarditis, restriction from competitive sports is recommended for at least 3 months until cleared by a cardiologist in order to avoid sudden cardiac events while the heart muscle recovers[13]. Less is known about the true incidence of pericarditis. Pericarditis can occur in the setting of a variety of infectious and

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non-infectious illnesses[14]. In a study of patients ≥16 years of age in Finland, the incidence rate of hospitalizations for acute pericarditis was 3.32/100,000 person-years, with males at higher risk than females[15] and in 2007, the incidence of acute pericarditis in one study was 27.2 cases per 100,000 per year[16]. Treatment for myocarditis and pericarditis may vary considerably depending on the patient characteristics, clinical condition, underlying cause, and physician preference. Consistent with a known male preponderance of myocarditis and pericarditis, all seven of our cases were male[10].

The Pfizer-BioNTech clinical trials demonstrated an increased systemic reactogenicity and immunogenicity in younger study participants following mRNA vaccine[1]. For example, 41.5% of adolescents developed chills after dose #2, compared to 35.1% of subjects 18-55 years of age[1]. In terms of immunogenicity, an analysis of SARS-CoV-2 50% neutralizing titers 1 month after dose #2 demonstrated higher geometric mean titer (GMT) in children 12-15 years of age (GMT = 1,239.5), compared to subjects 16-25 years of age (GMT = 705.1)[1]. Adverse events often occurred more frequently after dose #2 and within 2 days following vaccination and included injection site pain, fatigue, myalgia, chills, arthralgia, fever, injection site swelling or redness, nausea, malaise, and lymphadenopathy[1]. It is possible that myocarditis or myopericarditis may be an additional rare adverse event related to systemic reactogenicity, but currently no causal association has been established between this vaccine and myopericarditis.

In our case series, 6 patients received non-steroidal anti-inflammatory drug (NSAID) treatment. Four patients received IVIG and oral prednisone; one of these four patients also initially received high-dose methylprednisolone (Table 2). The recognition of a possible temporal relationship of COVID-19 vaccine and myocarditis is critical, because the correct diagnosis may spare healthy adolescents and young adults presenting with chest pain and ECG ST elevation from undergoing unnecessary invasive medical procedures such as cardiac

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catheterization. It is unclear if treatment with intravenous immunoglobulin and/or corticosteroids, in the absence of MIS-C criteria, is warranted with all cases of myocarditis that develop temporally after COVID-19 vaccination. Notably, 3 patients recovered with NSAID therapy alone.

Myocarditis and myopericarditis after COVID-19 vaccination appear rare. As of May 23, 2021, the Centers for Disease Control and Prevention (CDC) reports that 1,560,652 people <18 years of age have completed a two-dose series of COVID-19 vaccine[17]. Of these, 652, 758 adolescents received their second dose more than fourteen days ago[17]. Currently, the Pfizer-BioNTech COVID-19 vaccine is the only COVID-19 vaccine authorized for children <18 years of age in the US. We urge physicians and healthcare providers to consider myocarditis in the evaluation of adolescents and young adults who develop chest pain after COVID-19 vaccination. All cases of myocarditis in patients with recent COVID-19 vaccination should be reported promptly to VAERS.

Our case series has inherent limitations. We compiled cases through personal communications between colleagues rather than using a systematic surveillance system to identify cases. It was not possible to exclude all alternative etiologies including idiopathic and other infectious etiologies, and there was not a systematic diagnostic evaluation for other viral etiologies. Cardiac biopsy was not performed on any patients, because they were all clinically stable during hospitalization. However, no patient had evidence of a preceding or concurrent symptomatic viral illness to implicate as an etiology of myocarditis, and the lack of eosinophilia dissuades a hypersensitivity reaction. The pathophysiology of myocarditis in these patients is indeterminate and we do not know if it is the same or different than classic myopericarditis or myopericarditis following other vaccines, associated with acute COVID-19, or MIS-C[10,18-20]. Given the nature of a case series, we cannot determine the incidence rate of

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myocarditis/myopericarditis following COVID-19 mRNA vaccination. Finally, a negative nucleocapsid antibody does not conclusively rule out the possibility of natural infection.

This report summarizes a series of US cases of myocarditis and myopericarditis following the Pfizer-BioNTech COVID-19 mRNA vaccine in adolescent males. All cases in this report occurred after the second vaccine dose. Fortunately, none of our patients was critically ill and each was discharged home. At present, there is no definite causal relationship between these cases and vaccine administration.

As of May 12, 2021, children in the US age 12 years and older are now eligible to receive the Pfizer-BioNTech vaccine. Primary care and ED physicians and healthcare providers should consider myocarditis as an etiology of chest pain in patients with recent COVID-19 mRNA vaccination. Elevated serum troponin, an abnormal ECG, and an abnormal cardiac MRI were seen in all cases (Table 1). An evaluation for acute COVID-19 infection (via PCR of respiratory tract sample) and past disease (via SARS-CoV-2 nucleocapsid and spike protein antibodies) is recommended for all cases of myocarditis that occur after COVID-19 mRNA vaccination, as well as a comprehensive workup to exclude other infectious and non-infectious causes. The benefits of vaccination significantly exceed possible risks. Individuals and physicians are encouraged to follow the guidance of the CDC Advisory Committee on Immunization Practices[21]. All cases of myocarditis with or without pericarditis occurring after COVID-19 vaccination should be promptly reported to VAERS.

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References

1. Pfizer-BioNTech. Full Emergency Use Authorization (EUA) Prescribing Information,Revised 10 May 2021. http://labeling.pfizer.com/ShowLabeling.aspx?id=14471&format=pdf&#page=13 Accessed May 15, 2021.
2. Polack FP, Thomas SJ, Kitchin N, et al. Safety and Efficacy of the BNT162b2 mRNACovid-19 Vaccine. *N Engl J Med.* 2020;383(27):2603-2615.
3. Halsell JS, Riddle JR, Atwood E, et al. Myopericarditis following smallpox vaccination among vaccinia-naïve US military personnel. *JAMA.* 2003;289(24):3283-3289. doi:10.1001/jama.289.24.3283
4. Kime, P. Pentagon tracking 14 cases of heart inflammation in troops after COVID-19 shots. Military.com https://www.military.com/daily-news/2021/04/26/pentagon-tracking-14-cases-of-heart-inflammation-troops-after-covid-19-shots.html Published April 26, 2021. Accessed May 16, 2021.
5. Israel examining heart inflammation cases in people who received Pfizer COVID shot. Reuters. https://www.reuters.com/world/middle-east/israel-examining-heart-inflammation-cases-people-who-received-pfizer-covid-shot-2021-04-25/ Published April25, 2021. Accessed May 16, 2021.
6. Ammirati E, Cavalotti C, Milazzo A, et al. Temporal relation between second dose BNT162b2 mRNA Covid-19 vaccine and cardiac involvement in a patient with previousSARS-COV-2 infection. *IJC Heart Vasc*. 2021; 34 (2021) 100774. https://doi.org/10.1016/j.ijcha.2021.100774
7. Bautista Garcıa J, Peña Ortega P, Bonilla Fernández JA et al. Acute myocarditis afteradministration of the BNT162b2 vaccine against COVID-19. *Rev Esp Cardiol*. 2021.https://doi.org/10.1016/j.rec.2021.04.005
8. Blondiaux E, Parisot P, Redheuil A, et al. Cardiac MRI in Children with Multisystem Inflammatory Syndrome Associated with COVID-19. *Radiology.* 2020;297(3):E283-E288.
9. Ferreira VM, Schulz-Menger J, Holmvang G, et al. Cardiovascular Magnetic Resonancein Nonischemic Myocardial Inflammation: Expert Recommendations. *J Am Coll Cardiol*2018;72(24):3158–3176.
10. Arola A, Pikkarainen E, Sipila JO, Pykari J, Rautava P, Kyto V. Occurrence and Features of Childhood Myocarditis: A Nationwide Study in Finland. *J Am Heart Assoc*. 2017;6(11).
11. Ghelani SJ, Spaeder MC, Pastor W, Spurney CF, Klugman D. Demographics, trends, andoutcomes in pediatric acute myocarditis in the United States, 2006 to 2011. *Circ*

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Cardiovasc Qual Outcomes. 2012;5(5):622-627

12. Dasgupta A, Iannucci G, Mao C, et al. Myocarditis in the pediatric population: A review. *Congenital Heart Disease***.** 2019; 14(5):868-877. https://doi.org/10.1111/chd.12835
13. Maron BJ, Udelson JE, Bonow RO, Nishimura RA, Ackerman MJ, Estes NAM, 3rd, et al. Eligibility and Disqualification Recommendations for Competitive Athletes With Cardiovascular Abnormalities: Task Force 3: Hypertrophic Cardiomyopathy, Arrhythmogenic Right Ventricular Cardiomyopathy and Other Cardiomyopathies, and Myocarditis: A Scientific Statement From the American Heart Association and American College of Cardiology. J Am Coll Cardiol. 2015;66(21):2362-2371.
14. Adler Y, Charron P, Imazio M, Badano L, Baron-Esquivias G, Bogaert J, et al. 2015 ESCGuidelines for the diagnosis and management of pericardial diseases: The Task Force forthe Diagnosis and Management of Pericardial Diseases of the European Society of Cardiology (ESC)Endorsed by: The European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J*. 2015;36(42):2921-2964.
15. Kyto V, Sipila J, Rautava P. Clinical profile and influences on outcomes in patientshospitalized for acute pericarditis. *Circulation*. 2014;130(18):1601-1606
16. Imazio M, Cecchi E, Demichelis B, Chinaglia A, Ierna S, Demarie D, et al. Myopericarditis versus viral or idiopathic acute pericarditis. *Heart*. 2008 Apr;94(4):498-501.
17. Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States. Centers for Disease Control and Prevention website. https://covid.cdc.gov/covid- data-tracker/#vaccination-demographic Published May 23, 2021. Accessed May 23, 2021.
18. Arness MK, Eckart RE, Love SS, Atwood JE, Wells TS, Engler RJ, et al. Myopericarditisfollowing smallpox vaccination. *Am J Epidemiol*. 2004;160(7):642-651.
19. Kawakami R, Sakamoto A, Kawai K, Gianatti A, Pellegrini D, Nasr A, et al. PathologicalEvidence for SARS-CoV-2 as a Cause of Myocarditis: JACC Review Topic of the Week.*J Am Coll Cardiol*. 2021;77(3):314-325.
20. Vukomanovic VA, Krasic S, Prijic S, Ninic S, Minic P, Petrovic G, et al. Differences Between Pediatric Acute Myocarditis Related and Unrelated to SARS-CoV-2. *PediatrInfect Dis J*. 2021;40(5):e173-e178.
21. Vaccine Recommendations and Guidelines of the ACIP. Centers for Disease Control and Prevention website.

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Table 1. Demographic and clinical characteristics of seven cases of symptomatic myocarditis after dose #2 of Pfizer-BioNTech COVID-19 vaccine

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7
Age (years)	16	19	17	18	17	16	14
Sex	Male	Male	Male	Male	Male	Male	Male
Race/Ethnicity	White	White	White	White	Latino	White	White
Weight (kg)	68	68	71	69	64	71	92
BMI (kg/m^2)	24	19	21	21	19	22	28
Exposure to COVID-19 in 14 days prior to illness onset	None	None	None	None	None	None	None
Time between vaccine dose #2 and symptom onset (days)	2	3	2	2	4	3	2
Total hospital LOS (days)	6	2	2	4	5	3	4
ICU LOS (days)	4	None	None	4	5	2	2
Symptoms Upon Presentation							
Chest pain	Present	Present	Present	Present	Present	Present	Present
Other pain	Bilateral arm pain	Myalgias	Bilateral arm pain, numbness, paresthesia	--	Bilateral arm pain, abdominal pain	--	--
Fever	38.3° C by history	Subjective, chills	--	Subjective	Subjective	--	38.3° C by history
Fatigue	Present	Present	--	Present	--	--	--
Other	Nausea, vomiting, anorexia, headache	Weakness	--	Nausea	Nausea, vomiting, anorexia, SOB, palpitations	SOB	SOB

--:Not present; Kg: kilograms, BMI: Body Mass Index, LOS: Length of Stay; ICU: Intensive Care Unit; SOB: Shortness of breath.

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Table 2. Summary of diagnostics and therapeutics: seven cases of symptomatic myocarditis after dose #2 of Pfizer-BioNTech COVID-19 vaccine

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7
Laboratory Findings on Admission							
Troponin (ng/mL) (normal range)	Troponin I: 2.59 (<0.03)	High-sensitivity troponin T: 232 (< 14)	Troponin I: 5.55 (<0.045)	Troponin T: 1.09 (<0.01)	Troponin T: 3.2 (<0.01)	Troponin T: 0.66 (<0.01)	Troponin I: 22.1 (<0.045)
Brain natriuretic peptide (pg/mL) (normal < 100)	--	--	--	--	--	--	107.9
NT pro-BNP (pg/mL) (normal < 125)	428	--	376	--	978	149	--
Peripheral white blood cell count (thousand/cu mm)	6.97	8.69	11.8	12.6	16.3	5.0	8.11
Absolute lymphocyte count (thousand/cu mm)	1.69	1.39	2.13	2.3	4.1	1.4	1.05
Absolute neutrophil count (thousand/cu mm)	4.65	5.93	7.46	9.5	9.8	2.8	4.73
Platelet count (thousand/cu mm)	198	208	231	236	297	189	208
Albumin (g/dL)	3.9	4.1	4.1	4.4	4.0	3.8	3.5
Aspartate transaminase (units/L)	54	29	41	82	150	59	87
Alanine transaminase (units/L)	30	14	33	20	46	22	38
Ferritin (ug/L)	70	--	90	103	347	65	84

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C-reactive protein (mg/dL) (normal < 1.0)	0.99	6.7	2.5	12.7	18.1	1.5	7.7
Erythrocyte sedimentation rate (mm/hr)	18	13	6	40	38	3	10
Prothrombin time (seconds)	--	--	14.0	--	12.1	11.4	14.8
Partial thromboplastin time (seconds)	22.3	--	31.4	--	30.4	27.9	35.6
International Normalized Ratio INR	1.11	--	1.06	--	1.13	1.06	1.2
Other Pertinent Laboratory Findings							
Highest troponin (ng/mL) (normal range)	Troponin I: 12.43 (<0.80)	High sensitivity Troponin T: 388 (<14)	Troponin I: 12.20 (<0.045)	Troponin T: 1.09 (<0.01)	Troponin T: 3.33 (<0.01)	Troponin T: 0.82 (<0.01)	Troponin I: 22.1 (<0.045)
Lowest troponin prior to discharge (ng/mL) (normal range)	Troponin I: 1.42 (<0.80)	--	Troponin I: 5.79 (<0.045)	Troponin T: 0.4 (<0.01)	Troponin T: 0.96 (<0.01)	Troponin T: 0.01 (<0.01)	Troponin I: 8.02 (<0.045)
Highest BNP (normal range)	--	--	--	--	--	--	205 pcg/mL (<100)
Highest NT-pro BNP (normal range)	482 pg/mL (<125)	--	376 pg/mL (<300)	--	978 pcg/mL (<125)	275 pcg/mL (<125)	--
Highest C-reactive protein (mg/dL) (normal < 1.0)	1.23	6.7	2.53	12.7	18.1	1.8	12.7
COVID-19 PCR	Negative	Negative	Negative	Negative	Negative	Negative	Negative
COVID-19 spike antibody (Manufacturer)	--	--	Positive (Roche)	Positive (Roche)	Positive (Roche)	Positive (Roche)	--
COVID-19 nucleocapsid antibody (Manufacturer)	Negative (Abbott)	--	Negative (Roche)	Negative (Roche)	Negative (Roche)	Negative (Roche)	Negative (Abbott)

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Respiratory pathogen panel PCR* (Manufacturer)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)
Adenovirus diagnostics	Negative serum PCR	--	Negative serology	Negative serum PCR	Negative serum PCR	--	Negative serum PCR
Enterovirus diagnostics	Negative serum PCR	--	Negative serology	Negative serum PCR	Negative serum PCR	Negative serum PCR	Negative serum PCR
Cytomegalovirus diagnostics	Negative serum PCR	--	Negative serology	Negative serum PCR	Negative serum PCR	Negative serum PCR	Negative serology
Epstein-Barr virus diagnostics	--	--	Negative serology	Negative serum PCR	Negative serum PCR	Negative IgM, positive IgG antibody	Negative serology
Other diagnostics	--	--	Negative Parvovirus, Bartonella, and Lyme serology, negative urine drug screen	--	Negative Parvovirus and Bartonella serology, negative HHV-6 serum PCR	Negative Lyme serology, negative *Mycoplasma* serum PCR, negative Parvovirus serum PCR	Negative Parvovirus IgM, positive Parvovirus IgG antibody, negative *Mycoplasma* PCR (throat swab)
Diagnostic Imaging Findings							
Cardiac MRI	LGE (subepicardial) involving lateral LV apex, myocardial edema of lateral LV wall, left axillary adenopathy	LGE involving mid LV wall, myocardial edema of basal inferolateral LV wall	LGE (subepicardial) involving basal anterolateral and basal to mid-ventricular inferolateral LV segments, myocardial edema, elevated extracellular volume fraction (29.2%)	Fibrosis, myocardial edema, hyperemia, mild mitral regurgitation (RF ~18%)	LGE (epicardial) involving anterior and lateral LV wall, no myocardial edema	LGE, diffuse myocardial edema	LGE (subepicardial) involving mid and apical LV free wall, myocardial edema, hyperemia

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Echocardiogram	Normal	Normal	Borderline basal lateral and basal posterior strain	Normal	Normal	Normal	Mildly depressed RV and LV systolic function (LVEF 47%)
Electrocardiogram	Atrioventricular dissociation with junctional escape rhythm, ST elevation	ST segment elevation (diffuse)	ST elevation (diffuse), T wave abnormality	ST elevation	Sinus bradycardia, T wave abnormality	ST elevation (diffuse)	ST elevation, low voltage of extremity leads
Therapeutics							
Oxygen supplementation	None	None	None	None	None	None	LFNC
Vasoactive medications or inotropic support	None	None	None	None	None	None	None
Anti-inflammatory agents and other relevant medications	NSAID, IVIG, IV methylprednisolone, PO prednisone, famotidine	NSAID, colchicine, aspirin	NSAID, famotidine	NSAID, IVIG, IV methylprednisolone, PO prednisone	NSAID, IVIG, IV methylprenisolone, PO prednisone, aspirin	IVIG, PO prednisone	NSAID, famotidine, furosemide

--:Not done; LGE: late gadolinium enhancement; LV: Left ventricular; RV: Right ventricular, LVEF: Left ventricular ejection fraction; LFNC: Low flow nasal cannula; NSAID: Non-steroidal anti-inflammatory drug; IVIG: Intravenous immunoglobulin; IV: intravenous; PO: *per os* (oral); q12hr: every 12 hours; HHV-6: Human herpesvirus-6

* Footnote: BioFire Respiratory Panel includes PCR for Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Metapneumovirus (human), Rhinovirus/Enterovirus, Influenza A, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, Respiratory Syncytial Virus, *Bordetella parapertussis, Bordetella pertussis, Chlamydophila pneumonia, Myocoplasma pneumonia.*

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Figure 1: Cardiac magnetic resonance imaging (MRI) of Patient 1. Four chamber (a) and short axis (b) post-contrast images depicting apical and mid-chamber lateral wall sub-epicardial late gadolinium enhancement (arrows). Pattern and distribution is highly characteristic for myocarditis.

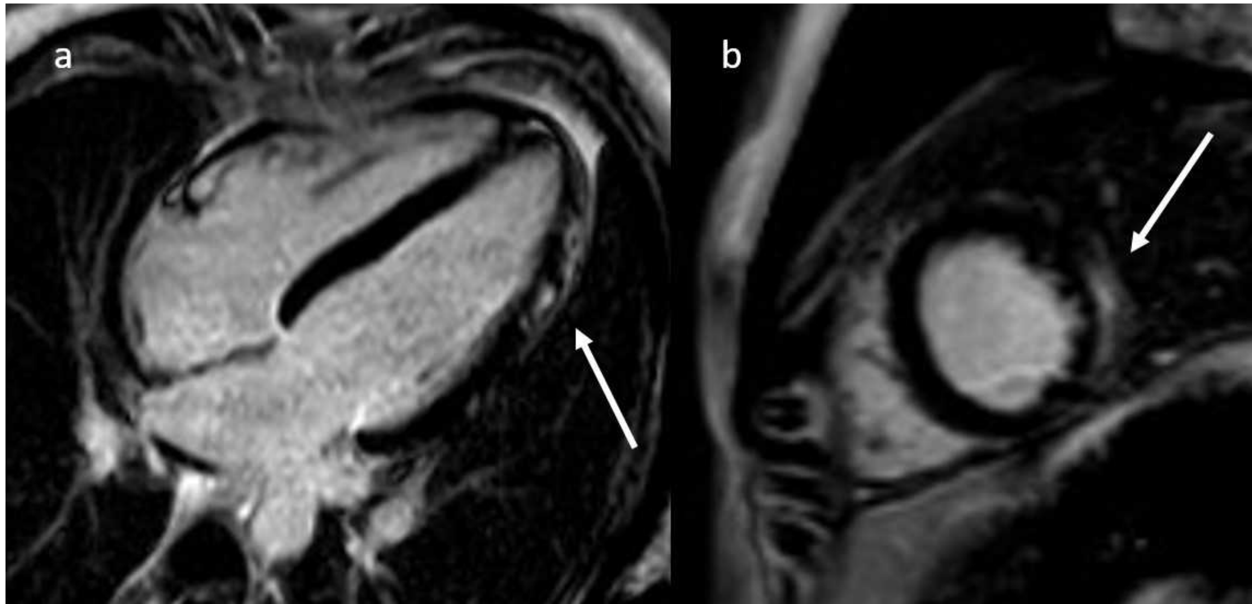

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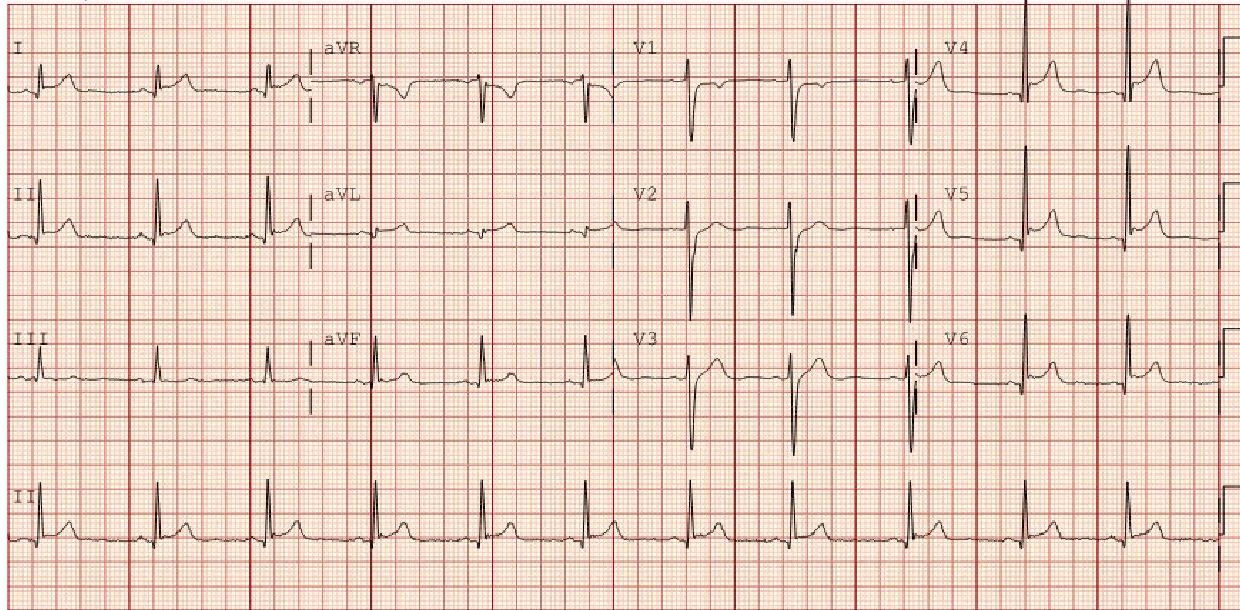
Figure 2:

Patient 3 electrocardiograph with diffuse ST elevations seen, characteristic of pericarditis.



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From: Kim Taylor
Sent: 6/4/2021 4:14:30 PM
To: DOH WSBOH
Cc:
Subject: No Covid shots for School

External Email

To the Washington Board of Health,

I strongly stand against requiring Covid vaccines for children to be able to attend school. Children do not suffer greatly from Covid, they do well and recover, allowing them to gain immunity naturally. There has been several different types of concerning adverse reactions, and we do not yet know any long term effects of the Covid Vaccine, so injecting our children when they do not need the vaccine is potential child abuse.

I strong urge you to stand against any suggestion that children should be vaccinated against Covid to attend school.

Sincerely,

Kimberly M Taylor

From: Suzanne Wilson
Sent: 6/4/2021 1:42:14 PM
To: DOH WSBOH
Cc:
Subject: No Mandates

External Email

There are plenty of studies showing masks do not protect against viruses, as well as showing that prolonged mask wearing is harmful. SAY NO to mask mandates.
There is also abundant evidence that covid vaccines are not safe for everyone. SAY NO to mandatory vaccinations.
This nation is rooted in equality for all people. SAY NO to segregation of vaccinated/unvaccinated, or any other segregation!
Thank you,
Suzanne Wilson
14296 Rd 11 NW
Quincy, WA 98848
quillpen2000@hotmail.com

From: Marice Sacoman
Sent: 6/4/2021 12:20:42 PM
To: DOH WSBOH
Cc:
Subject: Re: mandates for vaccine

External Email

Please consider carefully the harms that have occurred from the forced masking, lockdowns and now, a highly coercive campaign to inject an experimental product on a wide scale while viable treatments exist. Please consider the lack of a robust surveillance system to track injuries. Please consider the actual risk to children sars cov 2 presents against the use of an experimental biologic we already know is causing harm to many.
Please consider your own liberty and body autonomy.
Please consider the one thing pharma has failed to offer: HEALTH.
Please consider the experiences of countless clinicians who have had success with safe, alternative therapies.
Please consider what it will take to restore TRUE health and healing to our people and planet. Will it come in the form of trans humanism? Moving further away from our connection to nature?
Please consider these things with wisdom and a regard for what is whole.

Thank you
Marice S

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Symptomatic Acute Myocarditis in Seven Adolescents Following Pfizer-BioNTech COVID-19 Vaccination

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Symptomatic Acute Myocarditis in Seven Adolescents Following Pfizer-BioNTech COVID-19 Vaccination

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Abbreviations: Atrioventricular (AV), coronavirus disease 2019 (COVID-19), C-reactive protein (CRP), Centers for Disease Control and Prevention (CDC), electrocardiogram (ECG), Emergency Department (ED), Emergency Use Authorization (EUA), Food and Drug Administration (FDA), intravenous immunoglobulin (IVIG), magnetic resonance imaging (MRI), multisystem inflammatory syndrome in children (MIS-C), non-steroidal anti-inflammatory drug (NSAID), real-time reversetranscription polymerase chain reaction (PCR), premature ventricular contraction (PVC), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), United States (US), Vaccine Adverse Event Reporting System (VAERS)

Table of Contents Summary: Cases in the United States of symptomatic acute myocarditis in healthy adolescents following Pfizer-BioNTech COVID-19 vaccination.

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Contributors' Statement Page

Drs Marshall and Guzman-Cottrill drafted the initial manuscript, designed the data collection instruments, collected data, participated in literature review, and reviewed and revised the manuscript.

Drs Jaggi and Lewis drafted case details for the initial manuscript, designed the data collection instruments, collected data, and reviewed and revised the manuscript.

Drs Collins, Ferguson Gagliardo, and Shaughnessy drafted case details for the initial manuscript, collected data, and reviewed and revised the manuscript.

Drs Corbin, Di Pentima, Emuren, Faherty, Fuss, Hall, Oster, Paintsil, Siddiqui, and Timchak reviewed clinical data, critically reviewed and revised the manuscript for important intellectual subject matter content.

Ms Caron participated in drafting the initial manuscript, data collection, and literature review.

All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

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Abstract

Trials of coronavirus disease 2019 (COVID-19) vaccination included limited numbers of children so may not have detected rare but important adverse events in this population. We report seven cases of acute myocarditis or myopericarditis in healthy male adolescents who presented with chest pain all within four days after the second dose of Pfizer-BioNTech COVID-19 vaccination. Five patients had fever around the time of presentation. Acute COVID-19 was ruled out in all 7 cases based on negative severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) real-time reverse transcription polymerase chain reaction (PCR) tests of specimens obtained using nasopharyngeal swabs. None of the patients met criteria for multi-system inflammatory syndrome in children (MIS-C). Six of the 7 patients had negative SARS-CoV-2 nucleocapsid antibody assays, suggesting no prior infection. All patients had an elevated troponin. Cardiac magnetic resonance imaging (MRI) revealed late gadolinium enhancement characteristic of myocarditis. All 7 patients resolved their symptoms rapidly. Three patients were treated with non-steroidal anti-inflammatory drugs (NSAIDs) only and 4 received intravenous immune globulin (IVIG) and corticosteroids. This report provides a summary of each adolescent's clinical course and evaluation. No causal relationship between vaccine administration and myocarditis has been established. Continued monitoring and reporting to the Food and Drug Administration (FDA) Vaccine Adverse Event Reporting System (VAERS) is strongly recommended.

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Case Report

Introduction

On December 11, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 mRNA vaccine for prevention of COVID-19 for individuals 16 years of age and older.[1]. On May 10, 2021, the FDA revised the EUA for this vaccine to include children 12 years and older[1]. The Pfizer vaccine remains the only vaccine with an EUA for 12- to 17-year-old children. This vaccine demonstrated 94-95% efficacy in preventing COVID-19 infection in 16-55 year old participants, and 100% efficacy in the 12-15 year old age group[1,2]. Systemic reactogenicity occurred more commonly in younger patients and after the second dose of vaccine[1].

Post-immunization myocarditis is a known rare adverse event following other vaccinations, particularly following smallpox vaccination[3]. Recently the news media has highlighted reports of myocarditis after COVID-19 mRNA vaccination involving United States (US) military patients and patients from Israel[4,5]. The Israeli cohort identified a male predominance with an incidence of 1/20,000 (men aged 18 to 30 years old). However, a conclusive causal link to vaccination has not been confirmed at this time. Additionally, two recently published European case reports describe myocarditis after COVID-19 mRNA vaccination in a 56-year-old man with previous COVID-19 and a 39-year-old man with no history of COVID-19[6,7]. This report summarizes case histories of 7 healthy male adolescents 14 to 19 years of age who developed acute myocarditis or myopericarditis within 4 days after receiving the second dose of the Pfizer-BioNTech COVID-19 vaccine, none of whom met criteria for MIS-C. All 7 patients were vaccinated in April and May of 2021 and have been reported to VAERS.

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Patient 1

A previously well 16-year-old male presented to an emergency department (ED) with fatigue, poor appetite, fever of 38.3º C, and pain in the chest and both arms two days after his second Pfizer-BioNTech COVID-19 vaccine. He had no history of recent viral illness symptoms and no known COVID-19 exposures. Evaluation included an electrocardiogram (ECG) that showed atrioventricular dissociation with junctional escape and ST elevation and an elevated troponin I (2.59 ng/ml, normal range for this hospital, < 0.03 ng/mL). He was transferred to the Pediatric Intensive Care Unit of a tertiary care children's hospital for suspected myocarditis. Inflammatory markers were mildly elevated with D-dimer 1.52 ug/mL, erythrocyte sedimentation rate (ESR) of 43 mm/hr, and maximum C-reactive protein (CRP) of 12.3 mg/L (normal range, <1.0 mg/dL). Cardiac MRI demonstrated late gadolinium enhancement characteristic for myocarditis (Figure 1). Echocardiogram was normal. Troponin I peaked at 12.43 ng/mL (normal range for this hospital, <0.80 ng/mL) (Table 2). A nasopharyngeal swab for SARS-CoV-2 PCR was negative as was his serum SARS-CoV-2 nucleocapsid antibody. All other viral diagnostic studies were negative (Table 2). He remained well appearing, hemodynamically stable and in normal sinus rhythm throughout the six-day hospitalization. He received 100 grams (1.5 grams/kg) IVIG, then 10 mg/kg methylprednisolone intravenously on three consecutive days followed by a planned 12-week oral prednisone taper began. He also received 3 15-30 mg doses of intravenous ketorolac for pain. By 3 weeks after presentation, troponin had returned to normal.

Patient 2

A 19-year-old previously well male presented to a general ED with acute, persistent chest pain three days after his second Pfizer-BioNTech COVID-19 vaccine. He felt unwell for three days after vaccination with myalgias, fatigue, weakness, and subjective low-grade fevers. He had no

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recent or remote history of viral illness, and no known COVID-19 exposures. ECG showed diffuse ST elevation consistent with acute myocardial injury or pericarditis. Urgent cardiac catheterization showed normal coronary arteries and normal left ventricular function. Initial high-sensitivity troponin T (232 ng/L, normal range, <14 ng/L) and CRP (6.7 mg/dL, normal range, <1.0 mg/dL) were highly elevated. Cardiac MRI confirmed myocarditis on the basis of the finding of patchy, mid-wall late gadolinium enhancement along the basal inferolateral wall segment. A nasopharyngeal swab for SARS-CoV-2 was negative. He remained hemodynamically stable and was discharged home two days later with the diagnosis of myopericarditis. He was treated with one 30 mg dose of intravenous ketorolac, 0.6 mg colchicine daily, and 650 mg aspirin three times daily.

One week later, he was seen in follow-up. He complained of mild fatigue, but had no chest pain or shortness of breath, and his ECG showed tachycardia with a heart rate of 105 beats per minute. ST segment resolution was noted. As a result of his sinus tachycardia, a 48-hour Holter monitor was done which showed an average heart rate of 83 beats per minute with a 1% premature ventricular contraction (PVC) burden. No other arrhythmias were noted. An echocardiogram was normal. The colchicine (0.6 mg) and aspirin (325 mg) daily were continued.

Patient 3

A 17-year-old previously well male presented with chest pain two days after his second Pfizer-BioNTech COVID-19 vaccine. Chest pain was worse when lying flat and was associated with left arm pain and paresthesias. He had no recent or remote history of viral illness, and no known COVID-19 exposures. ECG showed abnormal T waves with diffuse ST elevation consistent with pericarditis (Figure 2). Notable laboratory studies included elevated troponin I (5.550 ng/mL, normal range, <0.045 ng/mL), NT Pro-BNP (376 pg/mL, normal range, <100 pg/mL) and CRP

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(25.3 mg/L, normal range, < 1.0 mg/dL). Echocardiogram showed normal function and coronaries, no effusion, trace mitral and aortic valve insufficiency, and decreased left ventricular basolateral and posterior regional strain. Cardiac MRI showed delayed enhancement at the left ventricular subepicardial basal anterolateral segment and basal to mid-ventricular inferolateral segments, consistent with myocardial necrosis. There was evidence of diffuse fibrosis on T1 weighted imaging and myocardial edema on T2 mapping. SARS-CoV-2 spike antibody was positive and nucleocapsid antibody was negative. Workup for other infections and a urine drug screen were negative. Troponin peaked at 12.200 ng/ml. His symptoms resolved with ibuprofen 600 mg orally every 6 hours and he was discharged at 48 hours. Based on the characteristics of his chest pain, ECG findings, and prompt response to anti-inflammatory medication, pericardial involvement was suspected. The presence of elevated cardiac markers and inflammation on cardiac MRI prompted the diagnosis of myopericarditis. At one-week follow-up, he remained asymptomatic with normal troponin, CRP, and ECG; the echocardiogram was unchanged.

Patient 4

An 18-year-old previously well male was admitted with a chief complaint of chest pain three days after he received the second dose Pfizer-BioNTech COVID-19 vaccine. Soon after vaccination, he had developed malaise, arthralgia, myalgia, and subjective fever. He had no recent or remote history of viral illness, and no known COVID-19 exposures. Two days prior to admission he noted mid-sternal chest pain and presented to his primary care physician who noted ST elevation on ECG prompting transfer to an ED, where evaluation showed elevated troponin T(1.09 ng/mL, normal range, <0.01 ng/mL), ST-elevation on ECG and normal echocardiogram. Cardiac MRI demonstrated edema, hyperemia, and fibrosis, consistent with myocarditis. A nasopharyngeal SARS-CoV-2 PCR was negative and antibody testing showed

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positive spike and negative nucleocapsid antibodies for SARS-CoV-2. Troponin testing reduced over the course of the 3-day hospitalization and telemetry remained normal. He was treated with 70 grams IVIG and received 30 mg methylprednisolone intravenously every 12 hours for 2 doses followed by prednisone 30 mg orally twice daily with a gradual taper over 4 weeks. He also received ibuprofen 600 mg orally every 6 hours as needed for pain, and was discharged with a 30-day prescription for aspirin 81 mg orally once daily. At his first outpatient follow-up the following week, he felt well, troponin had normalized and both echocardiogram and ECG remained normal.

Patient 5

A 17-year-old previously well male was admitted with a chief complaint of chest pain. His symptoms began 3 days after his second Pfizer-BioNTech COVID-19 vaccine with sore throat, headache, dry cough and body aches. He had no recent or remote history of viral illness, and no known COVID-19 exposures. He then developed subjective fever and was treated for suspected streptococcal pharyngitis with amoxicillin; however, a throat swab yielded a negative streptococcal antigen test. The next day he developed midsternal chest pain that was worse when lying flat and radiated to the left arm. Evaluation in the ED showed elevated troponin T (3.21 ng/mL, normal range, <0.01 ng/mL), ST-elevation on ECG and normal function and structure on echocardiogram. Initial cardiac MRI demonstrated diffuse, nearly complete transmural LV free wall gadolinium enhancement. A nasopharyngeal SARS-CoV-2 PCR was negative; antibody testing showed positive spike and negative nucleocapsid antibodies for SARS-CoV-2. He received 70 grams IVIG and was started on methylprednisolone 30 mg intravenously every 12 hours (2 doses), then transitioned to prednisone 30mg orally every 12 hours with a gradual taper over 4 weeks. He also received ibuprofen 600 mg orally every 6 hours for the first 3 days and

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then as needed. He was discharged home with a 30-day prescription for aspirin 81 mg by mouth once daily. Troponin level initially fell by 50% over the first 48 hours but on the third day of admission there was an acute rise that sustained for 12 hours before serial reduction. At discharge, the troponin T remained elevated (0.96 ng/mL, normal range, <0.01 ng/mL). Telemetry during the 5-day hospitalization showed occasional monomorphic PVCs and sinus bradycardia during sleep but was otherwise normal. Serial echocardiograms were normal. On follow-up 4 days after discharge, the echocardiogram was normal but ECG showed diffuse T wave abnormalities.

Patient 6

A 16-year-old previously well male was admitted with a chief complaint of chest pain. His initial symptoms began 3 days after the second Pfizer-BioNTech COVID-19 vaccine with malaise and subjective fever. He had no recent or remote history of viral illness, and no known COVID-19 exposures. The night prior to admission he developed acute midsternal chest pain that lasted for approximately 18 hours. Evaluation in the ED showed an elevated troponin T (0.66 ng/mL, normal range, <0.01 ng/mL), ST-elevation on ECG but normal function and structure on echocardiogram. Cardiac MRI demonstrated diffuse edema and subepicardial late gadolinium enhancement. A nasopharyngeal SARS-CoV-2 PCR was negative and antibody testing showed positive spike and negative nucleocapsid antibodies for SARS-CoV-2. He was treated with 70 grams IVIG and started on prednisone 30 mg orally twice daily with a gradual taper over 4 weeks. He did not receive any non-steroidal anti-inflammatory drugs (NSAID).

Troponin T climbed after admission and remained elevated throughout the hospitalization. Chest pain resolved after administration of 6 mg of morphine in the initial ED evaluation. Telemetry was normal throughout hospitalization. He was discharged 3 days after admission. He had not yet returned for follow-up visit at the time of this submission.

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Patient 7

A 14-year-old previously well male presented to an urgent care clinic with pleuritic chest pain and shortness of breath two days after receiving his second Pfizer-BioNTech vaccine. A measured fever of 38.3º C began the day of vaccination. He had no recent or remote history of viral illness, and no known COVID-19 exposures. ECG showed ST segment elevation consistent with acute pericarditis. Additional evaluation included an echocardiogram which showed mildly depressed left and right ventricular systolic function and elevated troponin I (22.1 ng/mL, normal range, <0.045 ng/mL). His maximum temperature was 38.6º C on the day of admission. A nasopharyngeal SARS-CoV-2 PCR and serum nucleocapsid antibody were both negative. On hospital day 3, cardiac MRI showed areas with high T2 values indicating edema, T1 early post-contrast heterogeneity indicating hyperemia, and late gadolinium enhancement indicating myocardial fibrosis, all primarily in the subepicardial mid and apical left ventricle free wall. He was treated with NSAIDs (ketorolac 30 mg once, followedby naproxen 250 mg every 12 hours) and furosemide. Echocardiogram was improved one day after admission. He was discharged on hospital day 4 based on improvement of symptoms and ejection fraction; the troponin had declined to 8.02 ng/ml. His final diagnosis was myopericarditis. On follow-up 13 days later, he appeared well, but reported chest pain with exertion despite instructions to avoid strenuous exercise. An ECG showed non-specific T wave changes and echocardiogram was normal.

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Discussion

We report 7 cases of clinical myocarditis or myopericarditis that developed in 14- to 19-year-old males within 4 days of receiving the second dose of the Pfizer-BioNTech COVID-19 vaccine with no evidence of acute SARS-CoV-2 infection and who did not fulfill criteria for MIS-C. Extensive diagnostic evaluation for other myocarditis etiologies was negative (Table 2), including respiratory pathogens from nasopharyngeal swabs, serum PCR tests, and infectious serologies. Additionally, all cardiac MRIs were diagnostic for myocarditis based on the modified Lake Louise criteria rather than MIS-C characteristics described by Blondiaux et al (diffuse myocardial edema without evidence of late gadolinium enhancement)[8,9]. There was some suggestion of abnormal left ventricular myocardial echocardiographic strain corresponding to regions of myocardial necrosis on cardiac MRI (Patient 3).

All patients in this series had myocarditis or myopericarditis, which is the term for diagnosis of both myocardial and pericardial inflammation. These terms are often used interchangeably, which can make surveillance of these diseases challenging. Myocarditis and pericarditis are rare diseases. The true baseline incidence of myocarditis is unknown and varies by season, geography, and age: it has been reported to occur in 1.95/100,000 person- years in children <15 years of age in Finland and in 2.16 cases per 100,000 US military service members in a 30-day period[10]. It is more common in males, and among children demonstrates a bimodal incidence pattern, with peaks at <2 years of age and in adolescence[11]. An evaluation for potential viral causes is recommended, although a cause is usually not found[12]. There have been prior reports of myocarditis following smallpox vaccination[10]. In patients with myocarditis, restriction from competitive sports is recommended for at least 3 months until cleared by a cardiologist in order to avoid sudden cardiac events while the heart muscle recovers[13]. Less is known about the true incidence of pericarditis. Pericarditis can occur in the setting of a variety of infectious and

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non-infectious illnesses[14]. In a study of patients ≥16 years of age in Finland, the incidence rate of hospitalizations for acute pericarditis was 3.32/100,000 person-years, with males at higher risk than females[15] and in 2007, the incidence of acute pericarditis in one study was 27.2 cases per 100,000 per year[16]. Treatment for myocarditis and pericarditis may vary considerably depending on the patient characteristics, clinical condition, underlying cause, and physician preference. Consistent with a known male preponderance of myocarditis and pericarditis, all seven of our cases were male[10].

The Pfizer-BioNTech clinical trials demonstrated an increased systemic reactogenicity and immunogenicity in younger study participants following mRNA vaccine[1]. For example, 41.5% of adolescents developed chills after dose #2, compared to 35.1% of subjects 18-55 years of age[1]. In terms of immunogenicity, an analysis of SARS-CoV-2 50% neutralizing titers 1 month after dose #2 demonstrated higher geometric mean titer (GMT) in children 12-15 years of age (GMT = 1,239.5), compared to subjects 16-25 years of age (GMT = 705.1)[1]. Adverse events often occurred more frequently after dose #2 and within 2 days following vaccination and included injection site pain, fatigue, myalgia, chills, arthralgia, fever, injection site swelling or redness, nausea, malaise, and lymphadenopathy[1]. It is possible that myocarditis or myopericarditis may be an additional rare adverse event related to systemic reactogenicity, but currently no causal association has been established between this vaccine and myopericarditis.

In our case series, 6 patients received non-steroidal anti-inflammatory drug (NSAID) treatment. Four patients received IVIG and oral prednisone; one of these four patients also initially received high-dose methylprednisolone (Table 2). The recognition of a possible temporal relationship of COVID-19 vaccine and myocarditis is critical, because the correct diagnosis may spare healthy adolescents and young adults presenting with chest pain and ECG ST elevation from undergoing unnecessary invasive medical procedures such as cardiac

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catheterization. It is unclear if treatment with intravenous immunoglobulin and/or corticosteroids, in the absence of MIS-C criteria, is warranted with all cases of myocarditis that develop temporally after COVID-19 vaccination. Notably, 3 patients recovered with NSAID therapy alone.

Myocarditis and myopericarditis after COVID-19 vaccination appear rare. As of May 23, 2021, the Centers for Disease Control and Prevention (CDC) reports that 1,560,652 people <18 years of age have completed a two-dose series of COVID-19 vaccine[17]. Of these, 652, 758 adolescents received their second dose more than fourteen days ago[17]. Currently, the Pfizer-BioNTech COVID-19 vaccine is the only COVID-19 vaccine authorized for children <18 years of age in the US. We urge physicians and healthcare providers to consider myocarditis in the evaluation of adolescents and young adults who develop chest pain after COVID-19 vaccination. All cases of myocarditis in patients with recent COVID-19 vaccination should be reported promptly to VAERS.

Our case series has inherent limitations. We compiled cases through personal communications between colleagues rather than using a systematic surveillance system to identify cases. It was not possible to exclude all alternative etiologies including idiopathic and other infectious etiologies, and there was not a systematic diagnostic evaluation for other viral etiologies. Cardiac biopsy was not performed on any patients, because they were all clinically stable during hospitalization. However, no patient had evidence of a preceding or concurrent symptomatic viral illness to implicate as an etiology of myocarditis, and the lack of eosinophilia dissuades a hypersensitivity reaction. The pathophysiology of myocarditis in these patients is indeterminate and we do not know if it is the same or different than classic myopericarditis or myopericarditis following other vaccines, associated with acute COVID-19, or MIS-C[10,18-20]. Given the nature of a case series, we cannot determine the incidence rate of

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myocarditis/myopericarditis following COVID-19 mRNA vaccination. Finally, a negative nucleocapsid antibody does not conclusively rule out the possibility of natural infection.

This report summarizes a series of US cases of myocarditis and myopericarditis following the Pfizer-BioNTech COVID-19 mRNA vaccine in adolescent males. All cases in this report occurred after the second vaccine dose. Fortunately, none of our patients was critically ill and each was discharged home. At present, there is no definite causal relationship between these cases and vaccine administration.

As of May 12, 2021, children in the US age 12 years and older are now eligible to receive the Pfizer-BioNTech vaccine. Primary care and ED physicians and healthcare providers should consider myocarditis as an etiology of chest pain in patients with recent COVID-19 mRNA vaccination. Elevated serum troponin, an abnormal ECG, and an abnormal cardiac MRI were seen in all cases (Table 1). An evaluation for acute COVID-19 infection (via PCR of respiratory tract sample) and past disease (via SARS-CoV-2 nucleocapsid and spike protein antibodies) is recommended for all cases of myocarditis that occur after COVID-19 mRNA vaccination, as well as a comprehensive workup to exclude other infectious and non-infectious causes. The benefits of vaccination significantly exceed possible risks. Individuals and physicians are encouraged to follow the guidance of the CDC Advisory Committee on Immunization Practices[21]. All cases of myocarditis with or without pericarditis occurring after COVID-19 vaccination should be promptly reported to VAERS.

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References

1. Pfizer-BioNTech. Full Emergency Use Authorization (EUA) Prescribing Information,Revised 10 May 2021. http://labeling.pfizer.com/ShowLabeling.aspx?id=14471&format=pdf&#page=13 Accessed May 15, 2021.
2. Polack FP, Thomas SJ, Kitchin N, et al. Safety and Efficacy of the BNT162b2 mRNACovid-19 Vaccine. *N Engl J Med.* 2020;383(27):2603-2615.
3. Halsell JS, Riddle JR, Atwood E, et al. Myopericarditis following smallpox vaccination among vaccinia-naïve US military personnel. *JAMA.* 2003;289(24):3283-3289. doi:10.1001/jama.289.24.3283
4. Kime, P. Pentagon tracking 14 cases of heart inflammation in troops after COVID-19 shots. Military.com https://www.military.com/daily-news/2021/04/26/pentagon-tracking-14-cases-of-heart-inflammation-troops-after-covid-19-shots.html Published April 26, 2021. Accessed May 16, 2021.
5. Israel examining heart inflammation cases in people who received Pfizer COVID shot. Reuters. https://www.reuters.com/world/middle-east/israel-examining-heart-inflammation-cases-people-who-received-pfizer-covid-shot-2021-04-25/ Published April25, 2021. Accessed May 16, 2021.
6. Ammirati E, Cavalotti C, Milazzo A, et al. Temporal relation between second dose BNT162b2 mRNA Covid-19 vaccine and cardiac involvement in a patient with previousSARS-COV-2 infection. *IJC Heart Vasc*. 2021; 34 (2021) 100774. https://doi.org/10.1016/j.ijcha.2021.100774
7. Bautista Garcıa J, Peña Ortega P, Bonilla Fernández JA et al. Acute myocarditis afteradministration of the BNT162b2 vaccine against COVID-19. *Rev Esp Cardiol*. 2021.https://doi.org/10.1016/j.rec.2021.04.005
8. Blondiaux E, Parisot P, Redheuil A, et al. Cardiac MRI in Children with Multisystem Inflammatory Syndrome Associated with COVID-19. *Radiology.* 2020;297(3):E283-E288.
9. Ferreira VM, Schulz-Menger J, Holmvang G, et al. Cardiovascular Magnetic Resonancein Nonischemic Myocardial Inflammation: Expert Recommendations. *J Am Coll Cardiol*2018;72(24):3158–3176.
10. Arola A, Pikkarainen E, Sipila JO, Pykari J, Rautava P, Kyto V. Occurrence and Features of Childhood Myocarditis: A Nationwide Study in Finland. *J Am Heart Assoc*. 2017;6(11).
11. Ghelani SJ, Spaeder MC, Pastor W, Spurney CF, Klugman D. Demographics, trends, andoutcomes in pediatric acute myocarditis in the United States, 2006 to 2011. *Circ*

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Cardiovasc Qual Outcomes. 2012;5(5):622-627

12. Dasgupta A, Iannucci G, Mao C, et al. Myocarditis in the pediatric population: A review. *Congenital Heart Disease***.** 2019; 14(5):868-877. https://doi.org/10.1111/chd.12835
13. Maron BJ, Udelson JE, Bonow RO, Nishimura RA, Ackerman MJ, Estes NAM, 3rd, et al. Eligibility and Disqualification Recommendations for Competitive Athletes With Cardiovascular Abnormalities: Task Force 3: Hypertrophic Cardiomyopathy, Arrhythmogenic Right Ventricular Cardiomyopathy and Other Cardiomyopathies, and Myocarditis: A Scientific Statement From the American Heart Association and American College of Cardiology. J Am Coll Cardiol. 2015;66(21):2362-2371.
14. Adler Y, Charron P, Imazio M, Badano L, Baron-Esquivias G, Bogaert J, et al. 2015 ESCGuidelines for the diagnosis and management of pericardial diseases: The Task Force forthe Diagnosis and Management of Pericardial Diseases of the European Society of Cardiology (ESC)Endorsed by: The European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J*. 2015;36(42):2921-2964.
15. Kyto V, Sipila J, Rautava P. Clinical profile and influences on outcomes in patientshospitalized for acute pericarditis. *Circulation*. 2014;130(18):1601-1606
16. Imazio M, Cecchi E, Demichelis B, Chinaglia A, Ierna S, Demarie D, et al. Myopericarditis versus viral or idiopathic acute pericarditis. *Heart*. 2008 Apr;94(4):498-501.
17. Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States. Centers for Disease Control and Prevention website. https://covid.cdc.gov/covid- data-tracker/#vaccination-demographic Published May 23, 2021. Accessed May 23, 2021.
18. Arness MK, Eckart RE, Love SS, Atwood JE, Wells TS, Engler RJ, et al. Myopericarditisfollowing smallpox vaccination. *Am J Epidemiol*. 2004;160(7):642-651.
19. Kawakami R, Sakamoto A, Kawai K, Gianatti A, Pellegrini D, Nasr A, et al. PathologicalEvidence for SARS-CoV-2 as a Cause of Myocarditis: JACC Review Topic of the Week.*J Am Coll Cardiol*. 2021;77(3):314-325.
20. Vukomanovic VA, Krasic S, Prijic S, Ninic S, Minic P, Petrovic G, et al. Differences Between Pediatric Acute Myocarditis Related and Unrelated to SARS-CoV-2. *PediatrInfect Dis J*. 2021;40(5):e173-e178.
21. Vaccine Recommendations and Guidelines of the ACIP. Centers for Disease Control and Prevention website.

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Table 1. Demographic and clinical characteristics of seven cases of symptomatic myocarditis after dose #2 of Pfizer-BioNTech COVID-19 vaccine

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7
Age (years)	16	19	17	18	17	16	14
Sex	Male	Male	Male	Male	Male	Male	Male
Race/Ethnicity	White	White	White	White	Latino	White	White
Weight (kg)	68	68	71	69	64	71	92
BMI (kg/m^2)	24	19	21	21	19	22	28
Exposure to COVID-19 in 14 days prior to illness onset	None	None	None	None	None	None	None
Time between vaccine dose #2 and symptom onset (days)	2	3	2	2	4	3	2
Total hospital LOS (days)	6	2	2	4	5	3	4
ICU LOS (days)	4	None	None	4	5	2	2
Symptoms Upon Presentation							
Chest pain	Present	Present	Present	Present	Present	Present	Present
Other pain	Bilateral arm pain	Myalgias	Bilateral arm pain, numbness, paresthesia	--	Bilateral arm pain, abdominal pain	--	--
Fever	38.3° C by history	Subjective, chills	--	Subjective	Subjective	--	38.3° C by history
Fatigue	Present	Present	--	Present	--	--	--
Other	Nausea, vomiting, anorexia, headache	Weakness	--	Nausea	Nausea, vomiting, anorexia, SOB, palpitations	SOB	SOB

--:Not present; Kg: kilograms, BMI: Body Mass Index, LOS: Length of Stay; ICU: Intensive Care Unit; SOB: Shortness of breath.

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Table 2. Summary of diagnostics and therapeutics: seven cases of symptomatic myocarditis after dose #2 of Pfizer-BioNTech COVID-19 vaccine

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7
Laboratory Findings on Admission							
Troponin (ng/mL) (normal range)	Troponin I: 2.59 (<0.03)	High-sensitivity troponin T: 232 (< 14)	Troponin I: 5.55 (<0.045)	Troponin T: 1.09 (<0.01)	Troponin T: 3.2 (<0.01)	Troponin T: 0.66 (<0.01)	Troponin I: 22.1 (<0.045)
Brain natriuretic peptide (pg/mL) (normal < 100)	--	--	--	--	--	--	107.9
NT pro-BNP (pg/mL) (normal < 125)	428	--	376	--	978	149	--
Peripheral white blood cell count (thousand/cu mm)	6.97	8.69	11.8	12.6	16.3	5.0	8.11
Absolute lymphocyte count (thousand/cu mm)	1.69	1.39	2.13	2.3	4.1	1.4	1.05
Absolute neutrophil count (thousand/cu mm)	4.65	5.93	7.46	9.5	9.8	2.8	4.73
Platelet count (thousand/cu mm)	198	208	231	236	297	189	208
Albumin (g/dL)	3.9	4.1	4.1	4.4	4.0	3.8	3.5
Aspartate transaminase (units/L)	54	29	41	82	150	59	87
Alanine transaminase (units/L)	30	14	33	20	46	22	38
Ferritin (ug/L)	70	--	90	103	347	65	84

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C-reactive protein (mg/dL) (normal < 1.0)	0.99	6.7	2.5	12.7	18.1	1.5	7.7
Erythrocyte sedimentation rate (mm/hr)	18	13	6	40	38	3	10
Prothrombin time (seconds)	--	--	14.0	--	12.1	11.4	14.8
Partial thromboplastin time (seconds)	22.3	--	31.4	--	30.4	27.9	35.6
International Normalized Ratio INR	1.11	--	1.06	--	1.13	1.06	1.2
Other Pertinent Laboratory Findings							
Highest troponin (ng/mL) (normal range)	Troponin I: 12.43 (<0.80)	High sensitivity Troponin T: 388 (<14)	Troponin I: 12.20 (<0.045)	Troponin T: 1.09 (<0.01)	Troponin T: 3.33 (<0.01)	Troponin T: 0.82 (<0.01)	Troponin I: 22.1 (<0.045)
Lowest troponin prior to discharge (ng/mL) (normal range)	Troponin I: 1.42 (<0.80)	--	Troponin I: 5.79 (<0.045)	Troponin T: 0.4 (<0.01)	Troponin T: 0.96 (<0.01)	Troponin T: 0.01 (<0.01)	Troponin I: 8.02 (<0.045)
Highest BNP (normal range)	--	--	--	--	--	--	205 pcg/mL (<100)
Highest NT-pro BNP (normal range)	482 pg/mL (<125)	--	376 pg/mL (<300)	--	978 pcg/mL (<125)	275 pcg/mL (<125)	--
Highest C-reactive protein (mg/dL) (normal < 1.0)	1.23	6.7	2.53	12.7	18.1	1.8	12.7
COVID-19 PCR	Negative	Negative	Negative	Negative	Negative	Negative	Negative
COVID-19 spike antibody (Manufacturer)	--	--	Positive (Roche)	Positive (Roche)	Positive (Roche)	Positive (Roche)	--
COVID-19 nucleocapsid antibody (Manufacturer)	Negative (Abbott)	--	Negative (Roche)	Negative (Roche)	Negative (Roche)	Negative (Roche)	Negative (Abbott)

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Respiratory pathogen panel PCR* (Manufacturer)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)	Negative (BioFire)
Adenovirus diagnostics	Negative serum PCR	--	Negative serology	Negative serum PCR	Negative serum PCR	--	Negative serum PCR
Enterovirus diagnostics	Negative serum PCR	--	Negative serology	Negative serum PCR	Negative serum PCR	Negative serum PCR	Negative serum PCR
Cytomegalovirus diagnostics	Negative serum PCR	--	Negative serology	Negative serum PCR	Negative serum PCR	Negative serum PCR	Negative serology
Epstein-Barr virus diagnostics	--	--	Negative serology	Negative serum PCR	Negative serum PCR	Negative IgM, positive IgG antibody	Negative serology
Other diagnostics	--	--	Negative Parvovirus, Bartonella, and Lyme serology, negative urine drug screen	--	Negative Parvovirus and Bartonella serology, negative HHV-6 serum PCR	Negative Lyme serology, negative *Mycoplasma* serum PCR, negative Parvovirus serum PCR	Negative Parvovirus IgM, positive Parvovirus IgG antibody, negative *Mycoplasma* PCR (throat swab)
Diagnostic Imaging Findings							
Cardiac MRI	LGE (subepicardial) involving lateral LV apex, myocardial edema of lateral LV wall, left axillary adenopathy	LGE involving mid LV wall, myocardial edema of basal inferolateral LV wall	LGE (subepicardial) involving basal anterolateral and basal to mid-ventricular inferolateral LV segments, myocardial edema, elevated extracellular volume fraction (29.2%)	Fibrosis, myocardial edema, hyperemia, mild mitral regurgitation (RF ~18%)	LGE (epicardial) involving anterior and lateral LV wall, no myocardial edema	LGE, diffuse myocardial edema	LGE (subepicardial) involving mid and apical LV free wall, myocardial edema, hyperemia

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Echocardiogram	Normal	Normal	Borderline basal lateral and basal posterior strain	Normal	Normal	Normal	Mildly depressed RV and LV systolic function (LVEF 47%)
Electrocardiogram	Atrioventricular dissociation with junctional escape rhythm, ST elevation	ST segment elevation (diffuse)	ST elevation (diffuse), T wave abnormality	ST elevation	Sinus bradycardia, T wave abnormality	ST elevation (diffuse)	ST elevation, low voltage of extremity leads
Therapeutics							
Oxygen supplementation	None	None	None	None	None	None	LFNC
Vasoactive medications or inotropic support	None	None	None	None	None	None	None
Anti-inflammatory agents and other relevant medications	NSAID, IVIG, IV methylprednisolone, PO prednisone, famotidine	NSAID, colchicine, aspirin	NSAID, famotidine	NSAID, IVIG, IV methylprednisolone, PO prednisone	NSAID, IVIG, IV methylprenisolone, PO prednisone, aspirin	IVIG, PO prednisone	NSAID, famotidine, furosemide

--:Not done; LGE: late gadolinium enhancement; LV: Left ventricular; RV: Right ventricular, LVEF: Left ventricular ejection fraction; LFNC: Low flow nasal cannula; NSAID: Non-steroidal anti-inflammatory drug; IVIG: Intravenous immunoglobulin; IV: intravenous; PO: *per os* (oral); q12hr: every 12 hours; HHV-6: Human herpesvirus-6

* Footnote: BioFire Respiratory Panel includes PCR for Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Metapneumovirus (human), Rhinovirus/Enterovirus, Influenza A, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, Respiratory Syncytial Virus, *Bordetella parapertussis, Bordetella pertussis, Chlamydophila pneumonia, Myocoplasma pneumonia.*

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Figure 1: Cardiac magnetic resonance imaging (MRI) of Patient 1. Four chamber (a) and short axis (b) post-contrast images depicting apical and mid-chamber lateral wall sub-epicardial late gadolinium enhancement (arrows). Pattern and distribution is highly characteristic for myocarditis.

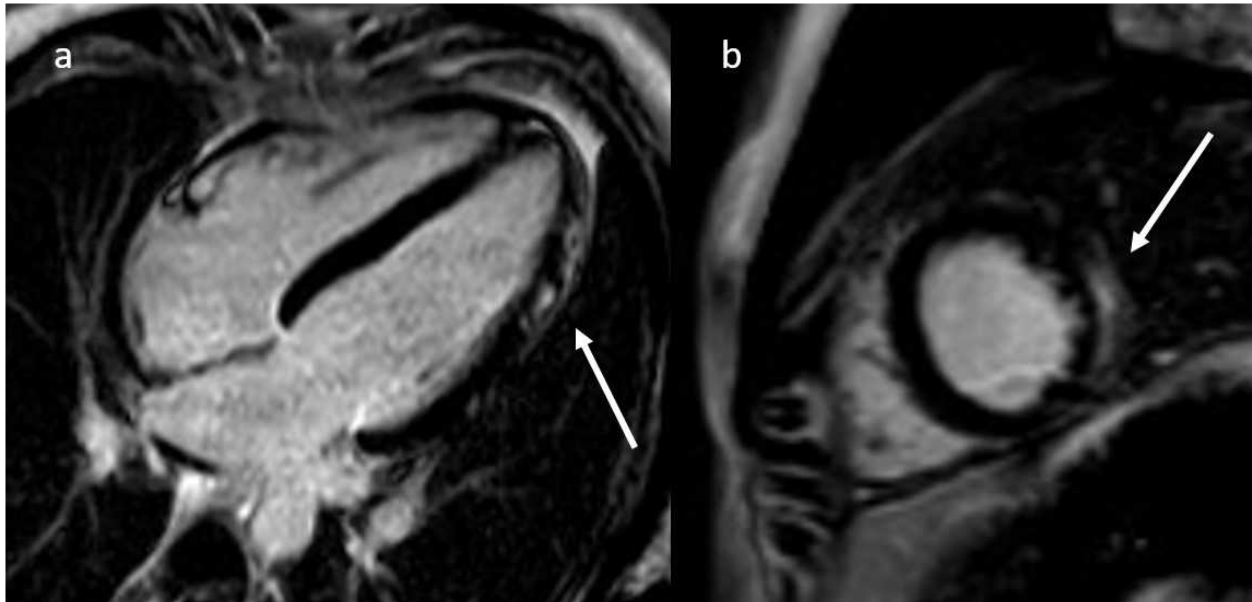

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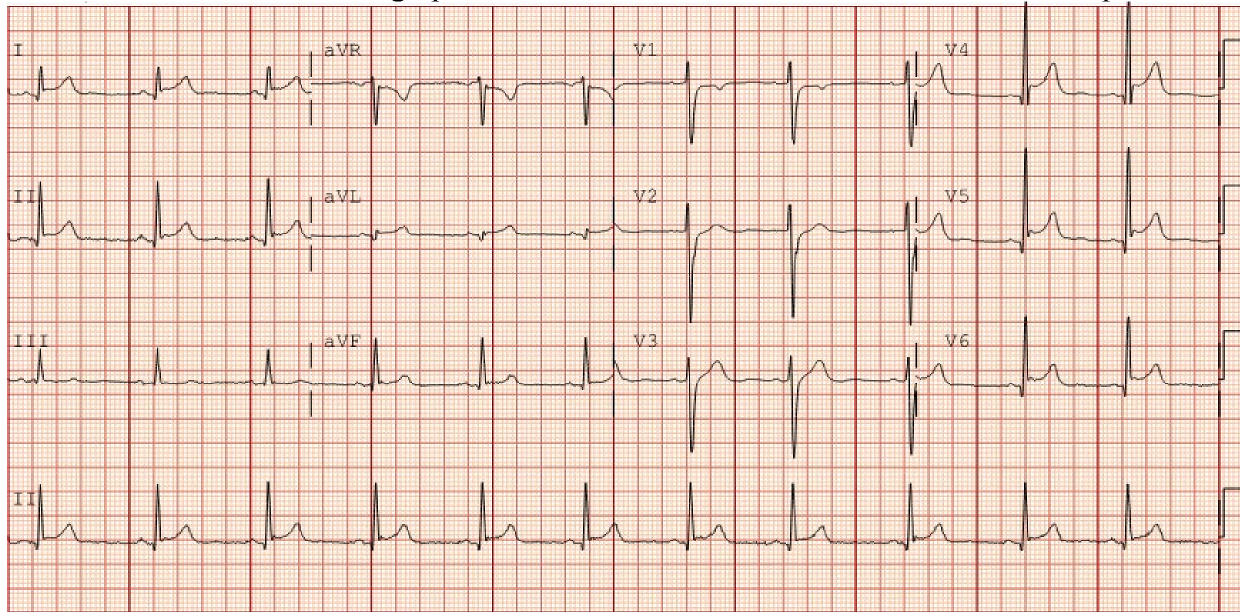
Figure 2:

Patient 3 electrocardiograph with diffuse ST elevations seen, characteristic of pericarditis.



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Symptomatic Acute Myocarditis in Seven Adolescents Following Pfizer-BioNTech COVID-19 Vaccination

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Pediatrics originally published online June 4, 2021;

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/early/2021/06/02/peds.2021-052478.citation

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From: JS Baxter
Sent: 6/8/2021 7:31:07 PM
To: Kahler, Kelie (SBOH)
Cc:
Subject: Comment - State of Board Of Health June 9 2021 Public Meeting

External Email

Attention BOH:

The "vaccine" requirements for school children or any day care for futur reference, to return in the fall, must end for this EXPERIMENTAL COVID-19 vaccine We must be proactive against the addition of COVID injections to the pediatric schedule. We need to be PROACTIVE in our opposition because such a proposal is likely on the horizon. We insist that the BOH conduct due diligence to ensure people are not harmed by masks, isolation, and these experimental biologics.
The VAERS website has already noted 4,000 deaths due to the injection of the COVID-19 vaccine. This is not acceptable.

It is past time for the Board of Health to take a stand to protect the medical freedom of Washington citizens. Please use whatever authority you have to ban or block any COVID vaccine requirement, and please support any such ban.

Thank you,
Jennifer Baxter

Sent from my Verizon, Samsung Galaxy smartphone

From: M. Wallis
Sent: 6/9/2021 11:34:16 PM
To: DOH WSBOH
Cc:
Subject: Schools and Covid Safety

External Email

Dear board of health,

Thanks for all you do to protect public health.

As a High School teacher here in Anacortes I am extremely concerned about the number of Covid cases in our schools. During the past couple of months I calculate the Covid case rate in Skagit County schools (meeting in person) has been five to ten times higher than that of the overall community.

The spread seems to be coming primarily from sports that do not follow the same protocols as the classroom and from student contact with adults that have not vaccinated.

Seeing the lack of secondary students getting the vaccine, I do not believe that we are on the right track to fully open our schools this Fall without masking of the unvaccinated and other significant protective measures.

I do appreciate our state universities requiring the vaccine for all staff & students, and do not see a sucessful path forward without a similar effort in high schools. At a minimum ALL high schools must be directed to host vaccine clinics this summer coordinated with County Health Departments.

Furthermore, if the state does not require vaccination of secondary students it would be prudent to have parents make a difficult choice. Get kids vaccinated or they are required to wear a mask on campus. A record of vaccination provided to schools would help keep contact tracing manageable.

The messaging for this effort must begin now to allow parents time to vaccinate kids for the Fall semester.

Please continue to take strong measures to protect our community.

Thank you,

Matt Wallis
Anacortes, WA

From: Tracey Thomas
Sent: 6/9/2021 9:22:53 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

Please!!!! NO to vaccines and mask!!!! You are wreaking the kids future! Mask are dangerous to their oxygen levels while wearing even for 5 minutes! My kids gets chronic headaches while wearing a mask! The vaccines have not run trials yet long enough and we do not efficient data to feel comfortable! Actually I'm seeing far too many deaths for my comfort!!!!

Tracey Thomas

Sent from my iPhone

From: Lisa
Sent: 6/9/2021 5:00:28 PM
To: DOH WSBOH
Cc:
Subject: 9 June 2021 Board Meeting

External Email

9 June 2021

Dear BOH Members,

Thank you for giving me the opportunity to speak today. Here are my after thoughts, additions, pertaining to today's BOH Meeting for Washington State.

I have a few additional comments to add to my testimony. First, I am in agreement with the comments made by Lisa Templeton. Second, during agenda 11, Tom Pendergrass was discussing the option to not keep the July meeting tentatively scheduled as a "plethora of people would come" and "delegates would come". Could you please provide the public with an explanation as to what Tom was referring to here? What board discussion will draw a huge crowd in July? Third, a correction to my statement regarding my mom's health condition. My mom is fully vaccinated and now has heart blood clots. It is possible that it could be related to the covid vaccines but not certain.

Thank you for adding these comments and questions to my testimony.

Best regards,
Lisa Olson, LD 28

From: Sue Gray
Sent: 6/9/2021 2:08:32 PM
To: DOH WSBOH
Cc:
Subject: Mask mandates, Covid testing, shot requirements

External Email

Hello,
I am writing today as a very concerned citizen and grandmother to 19 grandchildren. Our children have very little chance of contracting Covid, if they do the recovery is nearly 100%. I am asking that you stop with the mask mandates. This is harming our children's ability to breathe fresh air and live the kind of carefree life they deserve. In this last year, one of my grandchildren has begun to have behavioral issues. I am attributing this to the mask mandates. Our children deserve to be mask free!!! Please stop with these mandates and lift them! I'm also asking for no Covid testing requirements or shot requirements in the future. Please listen to the people, as we look out for our children and grandchildren.
Sincerely,
Susan Gray

From: Christa and Jeff Page
Sent: 6/9/2021 10:50:34 PM
To: DOH WSBOH
Cc:
Subject: Vaccine to go back to school

External Email

To Whom it may concern,

As a parent and as someone who has had Covid-19, I am in complete disagreement with the possibility that children would be required to be vaccinated to go back to school. I have done a lot of reading and this would completely go against the science.

As a very concerned parent, I think and feel as though you should not make this a requirement. I will be forced to pull my children from the public school system.

Thank you kindly,

Christa Page

From: Jennifer Groeneweg
Sent: 6/9/2021 9:32:51 AM
To: DOH WSBOH
Cc:
Subject: Myocarditis

External Email

Incidences of Myocarditis in teenagers to young adults being given the covid vaccines are happening more and more frequently.

Why are we continuing to approve the distribution of covid vaccines that are harming our youth?

Also extremely concerned for the health & safety of my children for any future approval of distribution of covid vaccines to younger ages.

Please, we cannot continue the approved distribution of products that are knowingly harming our children.

Jenny Groeneweg
(425) 236-1014

From: nathan sjoquist
Sent: 6/9/2021 11:25:45 AM
To: DOH WSBOH
Cc:
Subject: Thank you for the vaccine!

External Email

Dear Washington state board of health,

Thank you for the covid vaccine!

Kind regards,
Nathan Sjoquist
Washington state resident

From: Lisa Templeton
Sent: 6/9/2021 11:29:18 AM
To: DOH WSBOH
Cc:
Subject: testimony for today’s 9:00 BOH meeting

External Email

Good morning,

Will you please add this testimony to the record for today’s 9:00 BOH meeting? Thank you.

I have many grave concerns regarding the experimental Covid injections, including

* the record numbers of reports of deaths and injuries to VAERS;
* inadequate testing;
* the lack of product liability for the manufacturers; and
* the manipulation of data to induce uptake.

Many people prefer the natural infection for acquiring immunity. I personally do not intend to risk my health or my children’s with this investigational pharmaceutical.

I was horrified yesterday to hear my 13-year-old son tell me he wants to get the shots. Although he understands that children are at a statistically zero risk of adverse outcomes from the natural infection, and he is not afraid of COVID, the reason he says he wants to get this unlicensed biologic is because

* he believes his bare face will again be welcome in the world; and
* he’s been told his life can get back to normal.

He reasons that he’s already had dozens of vaccines; “one more won’t hurt?‟

As we all know, these products are not vaccines--by definition.

He is falling prey to the narrative that public health has used our tax dollars to saturate our schools, churches, and every media outlet. Now we have the governor—and the lottery agency!?—desperately offering cash, education credits, and prizes to people if they will risk their health in this manner, as if we are in the midway at the fair. With vaccine clinics popping up at our public schools, you could say I am living in terror every day that an unscrupulous provider is going to inject my child under the “mature minor doctrine” when I am not at by his side.

All of

* the predatory messaging,

* the incentives,
* the engineered implementation of a two-tier society,
* and other punishments

constitute a clear violation of fundamental medical ethics and of the Nuremberg Code. I am aghast at the harm being experienced at the hands of public health agencies, who keep intensifying the pressure on our citizens. Everyone who wants these shots has had the opportunity to take them. Please leave the rest of us, and especially our beloved children, free to make this choice without duress.

Society is becoming more distrustful of public health every day, especially now that our children are directly being targeted.

I implore each and every one of you--as a parent or grandparent, as a professional who undertook your career with the intent to help others--to search your heart and be the brave one to stand up for restoring ethics to your organization, as many highly credentialed experts worldwide, are doing. Please, demonstrate with your actions that striking terror in the hearts of parents is not your objective. And please, stop targeting our children--and the rest of society--with these deceptive marketing ploys.

Thank you.

Lisa Templeton

From: Celese Stevens
Sent: 6/9/2021 10:47:35 AM
To: DOH WSBOH
Cc:
Subject: Today's public meeting

External Email

Thank you for receiving questions regarding your presentation.

I did type into the chat box the following question, and I'm happy to expand on these points. I request to be added to public comments time.

With much appreciation for all your hard work,

Celese Stevens

There is much evidence regarding the harm caused by masks for our youth, mentally, emotionally, & physically. (I am happy to send resources). With excellent vaccination rates, isn't it time to reconsider this practice for all, especially for a group of society not attributed to spread or risk. The benefits of removing masks for our school students far outweighs the benefit of continuing to wear a mask in schools. So many other practices (distancing, etc.) are already mitigating risk in schools. Thank you, Celese Stevens

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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%
for Windows 10

From: Celese Stevens
Sent: 6/9/2021 11:01:57 PM
To: DOH WSBOH
Cc:
Subject: RE: recorded meeting June 9th

External Email

WSBOH, Thank you,

And I just wanted to comment that I greatly appreciated the conversation surrounding safe schools legislation there at the end. I could tell that you are working toward practical application of code that benefits our students.

Are you able to provide what legislation do our school boards use as reference regarding mask requirements in schools?

Enjoy your week,

Celese Stevens

Sent from Mail
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%
for Windows 10

From: DOH WSBOH <mailto:WSBOH@SBOH.WA.GOV>
Sent: Wednesday, June 9, 2021 3:58 PM
To: Celese Stevens <mailto:StevensUSMC@hotmail.com>
Subject: RE: recorded meeting June 9th

Hello,

TVW will have a video recording of the meeting available on their website:
https://www.tvw.org/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tvw.org%2F&data=04%7C0
You can search under the Menu navigation and browse to their archives or search Washington State Board of Health to find the meeting. I am unclear how long it takes TVW to upload their videos, so you may want to check back if it’s not available when you search.

Thank you,

Washington State Board of Health

From: Celese Stevens <StevensUSMC@hotmail.com>
Sent: Wednesday, June 9, 2021 11:24 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: recorded meeting June 9th

External Email

Thank you again for your work to best serve our state.

Is the recorded meeting available for public access at completion?

Enjoy your day,

Celese Stevens

Sent from Mail
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%
for Windows 10

From: abqgardner@netzero.net
Sent: 6/9/2021 3:01:25 PM
To: DOH WSBOH
Cc:
Subject: No masks no vaccines, free our children

External Email

I followed a school bus last week as they made there way down the street pulling up to each assigned spot, flashing their red lights, and dispelling students from within. At each stop students get off the bus, take a few steps away and take their masks off, which then is followed by a deep breath and a noticeable sigh of relief. Students then inhale and exhale air not strained into their lungs by a restrictive mask. One particular student, had seemed to be particularly relieved taking off his mask, his face was flushed red, especially where the mask use to be, his skin was broken out around the mask sight. Our children are suffocating under the mask mandates that have forced on them. Our children need to breathe. The need for oxygen is vital for life, when oxygen levels reach below normal brain function is restricted and children are at risk of losing not only thinking capabilities but consciousness. This is just one example of one child on one bus, there are thousands of examples that happen around Washington state everyday whose stories are not told. Release our children back into life by lifting the mask mandates on schools. Our children need to breathe.

I have two secondary students this year. One has decided to get vaccinated, the other has decided to not get the vaccine. She is worried about the side effects to her body as she is still young and growing. She should not be forced to become vaccinated, by the fall when she returns to school. She should be allowed the freedom to decide what chemicals are put into her body on her timeline. I find it ironic that at her age she may make the decision to have an abortion, but she is not allowed to have the freedom to abstain from having a chemical put into her body that she does not want.
Sincerely,
Amy Gardner
Mother of six, Puyallup Washington resident

From: Chrys Ostrander
Sent: 6/14/2021 7:54:20 AM
To: DOH WSBOH
Cc:
Subject: It’s time to stop spreading sewage sludge on our farms

External Email

Washington state's rules for permitting the use of sewage sludge as fertilizer expired in September of 2020 so now the government must go through a public rule-making process to re-authorize the so-called "statewide general permit for biosolids management" for the next five years. The Washington State Department of Ecology released a draft for public comment.

They see it as seeking minor adjustments to the existing regulatory framework for disposing of sewage sludge on farm and forest land and expect to rubber stamp it and go on with business as usual.

You should see it as an opportunity to fundamentally question the wisdom, the morality and the science around whether we should be permitting this activity in the State of Washington at all.

Send in your comment before July 1! Here's the link:

https://swm.ecology.commentinput.com/?id=SpmPs
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fswm.ecology.commentinput.com%

Just one simple sentence is all you have to send to Ecology by way of your comment (write more if you want, of course):

"The State of Washington must cease issuing any permit that allows the disposal of sewage sludge in any form on homes, farmland, forestland or parkland."

For background, see

The Inland FoodWise Online Journal
https://inlandfoodwise.online/web/archive/keep-filth-away-from-our-foods
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finlandfoodwise.online%2Fweb%2F
filth-away-from-our-
foods&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C68da46eaf87a436719b308d92f443906%7C11d0e21

Protect Mill Canyon Watershed
https://protectmillcanyon.org
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotectmillcanyon.org%2F&data=

Chrys Ostrander
7034-C Hwy 291
Tumtum, WA 99034
Voice message and Text: (914) 246-0309

From: Celese Stevens
Sent: 6/11/2021 2:16:18 PM
To: DOH WSBOH
Subject: MAKE MASKS OPTIONAL

attachments\1628D3A3443F4E7B_chd-notice-for-eua-masks.pdf

attachments\CAED1F189B654FDF_Make Masks Optional ASD 6.10.21 STEVENS.docx

External Email

Hello WSBOH and Skagit County DOH,

I am providing a letter that I have submitted to our local school district. Please know there are an incredible number of families in WA that share this sentiment.

I understand an update this month from CDC is expected, and I am hopeful that the mask policy in WA for our schools will be adjusted ASAP….immediately is not soon enough for our kids that come home from school with headaches and rashes on their faces for no credible legal or medical reason.

Stand up for the health of our youth and take action!

https://www.governor.wa.gov/sites/default/files/proclamations/21-05_Children%27s_Mental_Health_Crisis_%28tmp%29.pdf

Sincerely,

Celese Stevens

252-571-0990

1308 32nd St

Anacortes, WA 98221

Get Outlook for iOS
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2Fo0ukef&data=04%7C0

NOTICE FOR EMPLOYERS, UNIVERSITIES AND OTHER INSTITUTIONS MANDATING COVID-19 MASKS

April 26, 2021

This serves as notice that the mandate for any individual to wear a mask against COVID-19 for employment or attendance at a university or other institution violates federal law. All COVID-19 masks, whether surgical, N95 or other respirators, are authorized, not approved or licensed, by the federal government; they are Emergency Use Authorization (EUA) only. They merely "may be effective." Federal law states:

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) states:

> **individuals to whom the product is administered are informed—**
>
> **(I)** that the Secretary has authorized the emergency use of the product;
> **(II)** of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
> **(III) 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.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is "absolutely essential." A federal court held that even the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003).

In a letter dated April 24, 2020, the Food and Drug Administration stated that authorized face masks must be labelled accurately and may not be labeled in a way that misrepresents the product's intended use as "source control to help prevent the spread of SARS-CoV-2." The letter specifies that the labeling "may not state or imply that the product is intended for antimicrobial or antiviral protection or related uses or is for use such as infection prevention or reduction." Any EUA mandate requiring individuals to wear face masks conflicts with Section 360bbb-3(e)(1)(A)(ii)(I-III)**,** which provides that the person must be informed of the option to refuse to wear the device.

Liability for forced participation in a medical experiment, including possible injury, may be incalculable. Children's Health Defense urges U.S. employers, universities and other institutions to respect and uphold the rights of individuals to refuse to wear EUA masks.

Date: June 10, 2021
To: Dr. Justin Irish, Superintendent of Anacortes School District
Members of the Anacortes School Board

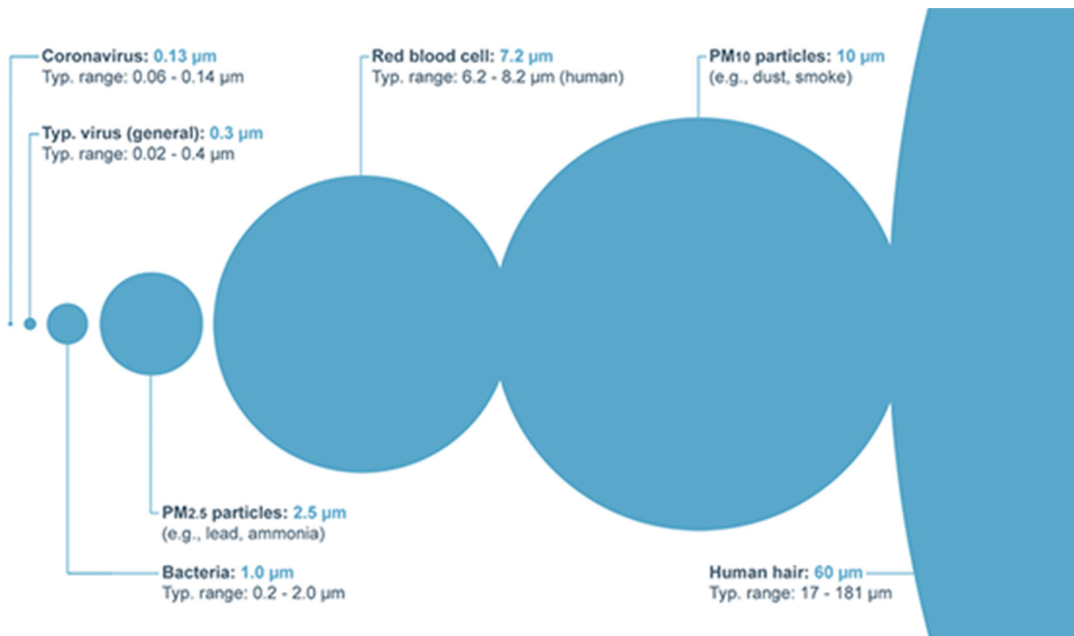
Subject: MAKE MASKS OPTIONAL in Anacortes School District

There is no greater basic need, than the need to breathe freely.

We are sending you this notice, on behalf of all kids in the Anacortes School District, but specifically for Hayden, Kaela, and Ashley Stevens. Our findings raise significant concerns, both medically and legally, of the current mask policy in place. Masks are ineffective for the purpose claimed by the mandate. They are potentially harmful, and only authorized for use by an Emergency Use Authorization. I regret that my family now finds itself in the uncomfortable situation of having to declare to Anacortes School District that we conscientiously object for health, religious, legal, ethical, and personal reasons. The current circumstances support immediate change in policy. Though we are sensitive to those who may feel uncertain about removing their mask in public situations, we do advocate that a mask optional policy still allows anyone the freedom to choose to protect their health by wearing a mask if they so desire.

Masks are ineffective and in many ways they harm.

It's a myth that masks prevent viruses from spreading. The overall evidence is clear: Standard cloth and surgical masks offer next to no protection against virus-sized particles or small aerosols.[1] The size of a virus particle is much too small to be stopped by a surgical mask, cloth or bandana. A single virion of SARS-CoV-2 is about 60-140 nanometers or 0.1 microns.[2] The pore size in a surgical mask is 200-1000x that size.



(Image source: https://www.buildingenclosureonline.com/blogs/14-the-be-blog/post/88922-covid-19-and-the-aec-industry)

Consider that the CDC website states, "surgical masks do not catch all harmful particles in smoke." And that the size of smoke particles in a wildfire are ~0.5 microns which is 5x the size of the SARS-CoV-2 virus! Wearing a mask to prevent catching SARS-CoV-2, or similarly sized influenza, is like using a chain-link fence to block a sandstorm: it does not work. There has been one large randomized controlled trial that specifically examined whether masks protect their wearers from the coronavirus. This study found mask wearing "did not reduce, at conventional levels of statistical significance, the incidence of Sars-Cov-2-infection."[3]

Consider also, that the existence of more particles does not mean more virus. Research shows less virus does not mean less illness. Dr. Kevin Fennelly, a pulmonologist at the National Heart, Lung and Blood institute debunked the view that larger droplets are responsible for viral transmission. Fennelly wrote:

> "current infection control policies are based on the premise that most respiratory infections are transmitted by large respiratory droplets- i.e., larger than 5 [microns] – produced by coughing and sneezing, …Unfortunately, that premise is wrong."[4]

Fennelly referenced a 1953 paper on anthrax that showed a single bacterial spore of about one micron was significantly more lethal than larger clumps of spores.[5] Exposure to one virus particle is theoretically enough to cause infection and subsequent disease. This is not an alarming thought - it simply means what it has always meant, that our immune system protects us continually all our life.[6]

There have been hundreds of mask studies related to influenza transmission done over several decades. It is a well-established fact that masks do not stop viruses. "Part of that evidence shows that cloth facemasks actually increase influenza-linked illness."[7] Bacteria are 50x larger than virus particles.[8] As such, virus particles can enter through the mask pores, yet bacteria remain trapped inside of the mask, resulting in the mask-wearer continually exposed to the bacteria.

Related to the 1918-1919 influenza pandemic, there was almost universal agreement among experts, that deaths were virtually never caused by the influenza virus itself but resulted directly from severe secondary pneumonia caused by well-known bacterial "pneumopathogens" that colonized the upper respiratory tract.[9] Dr. Fauci and his National Institute of Health studied pandemics and epidemics and concluded, "the vast majority of influenza deaths resulted from secondary bacterial pneumonia."[10]

All parties mandating the use of facemasks are not only willfully ignoring established science but are engaging in what amounts to a whole school clinical experimental trial. This conclusion is reached by the fact that facemask usage and COVID-19 incidents are being reported in scientific ***opinion*** pieces promoted by the CDC and others.[11] The fact is **after reviewing ALL of the studies worldwide, the CDC found "no reduction in viral transmission with the use of face masks."[12]**

What if a tiny fragment of material (a fuzz ball) from the cloth face mask is inhaled into the child's airways? If a cloth fiber is detached by inspiratory airflow, then there is the possibility of

not only entry of foreign material to the airways, but also entry to deep lung tissue, and potential pathological consequences of foreign bodies in the lungs. Byssinosis is a pulmonary syndrome related to textile work. When textile workers were exposed to organic dusts from textiles in the workplace, both reversible and irreversible pulmonary conditions, such as asthma and COPD developed (Lai et al 2013). Research on synthetic fibers found a correlation between the inhalation of synthetic fibers among unmasked textile workers and various bronchopulmonary diseases including: asthma, alveolitis, chronic bronchitis, bronchiectasis, fibrosis, spontaneous pneumothorax and chronic pneumonia. Some of the lung illnesses from the exposure proceeded to pulmonary fibrosis (Cortez Pimentel et al 1975). Therefore, there is even more need that the fibers, debris, and other particulate attached to cloth masks would stay entirely intact, throughout every breath, at all times (Fadare et al 2020).

Additionally, children have been repeatedly shown not to be drivers of this contagion. It is well-accepted that children have a statistically zero chance of dying from COVID. The CDC shows the K-12 mortality rate from or with COVID is .00003.[13] Any intervention, especially one that is prophylactic, must cause fewer harms to the recipient than the infection. Since children have the lowest death rate from COVID infection, the cost-benefit of requiring children to wear an investigational face-covering with emerging safety issues is especially difficult to justify. Anthony Fauci was very clear that asymptomatic transmission was not a threat. He stated, "in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person."[14] Therefore, the daily attestation to lack of symptoms would also negate the necessity of the mask.

Wearing respirators come(s) with a host of physiological and psychological burdens. These can interfere with task performances and reduce work efficiency. These burdens can even be severe enough to cause life-threatening conditions if not ameliorated.[15] Fifteen years ago, National Taiwan University Hospital concluded that the use of N-95 masks in healthcare workers caused them to experience hypoxemia, a low level of oxygen in the blood, and hypercapnia, an elevation in the blood's carbon dioxide levels.[16] Studies of simple surgical masks found significant reductions in blood oxygen as well. In one particular study, researchers measured blood oxygenation before and after surgeries in 53 surgeons. Researchers found the mask reduced the blood oxygen levels significantly, and the longer the duration of wearing the mask, the greater the drop in blood oxygen levels.[17]

Moreover, people with cancer, will be at a further risk from hypoxia, as cancer cells grow best in a bodily environment that is low in oxygen. Low oxygen also promotes systemic inflammation which, in turn, promotes "the growth, invasion and spread of cancers."[18] Repeated episodes of low oxygen, known as intermittent hypoxia, also "causes atherosclerosis" and hence increases "all cardiovascular events" such as heart attacks, as well as adverse cerebral events like stroke.[19]

Furthermore, the mandatory mouth mask in schools is a major threat to a child's development. It ignores the essential needs of a growing child. The well-being of children and young people is highly dependent on the emotional connection with others. Masks create a threatening and unsafe environment, where emotional connection becomes difficult.[20]

Decisions have been made in the absence of evidence which may be detrimental to a child's physical health, mental health, development (physical, social, and emotional development), learning and education. Face masks worn long term may impact the social-emotional development of children as they will be unable to 'read' the faces of others who are all wearing masks each day. Understanding facial expressions is an important skill that allows children to share and adapt emotions with others during social interactions. Children begin to read faces in infancy and continue to learn how to interpret facial expressions even in late childhood and early adolescence (Grossard 2018). Capacity for empathy is impaired when the ability to read faces is altered. Society needs greater empathy not less!

Teachers have already begun reporting that students under duress are more likely to reach out to their teachers from previous years because they do not feel comfortable approaching their new teachers that have been masked all year.

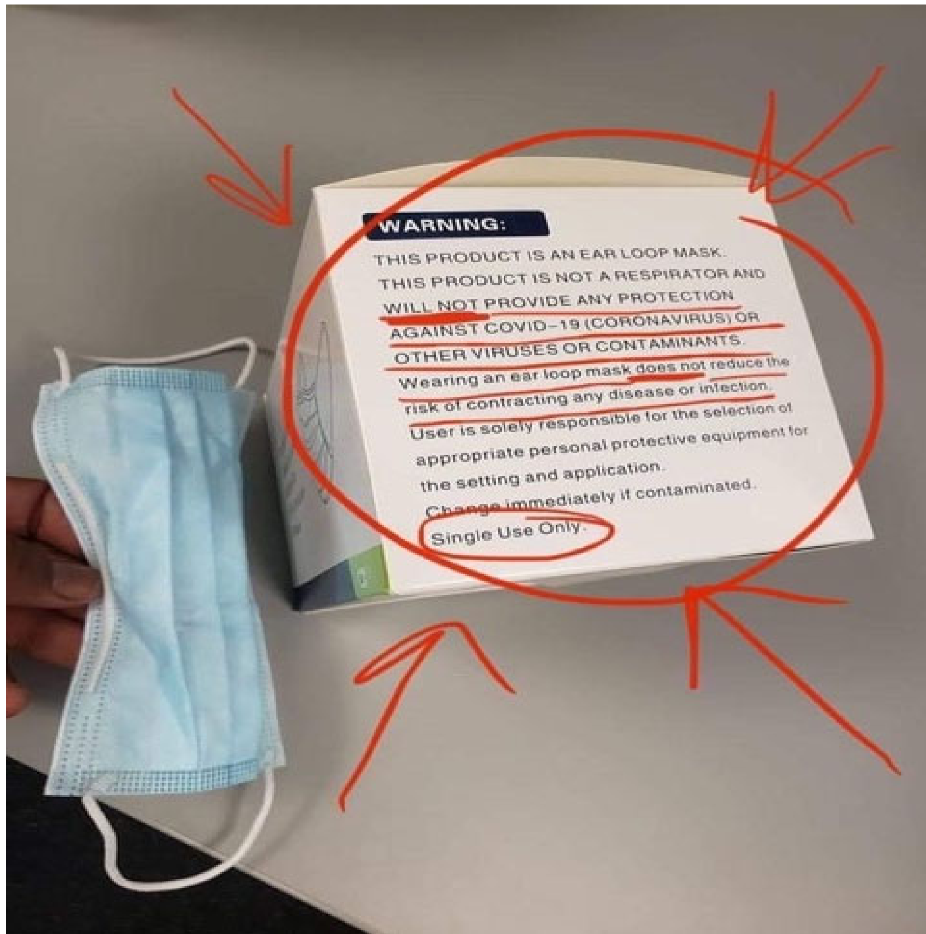
<u>Informed consent is required for investigational medical therapies.</u>

Regardless of the lack of safety and efficacy behind the decision to require a child to wear a mask, it is illegal to mandate EUA approved investigational medical therapies without informed consent. Mask use for viral transmission prevention is authorized for Emergency Use only.[21] Emergency Use Authorization by the FDA, means "the products are investigational and experimental" only.[22] The statute granting the FDA the power to authorize a medical product of emergency use requires that the person being administered the unapproved product be advised of his or her right to refuse administration of the product.[23] This statute further recognizes the well-settled doctrine that medical experiments, or "clinical research," may not be performed on human subjects without the express, informed consent of the individual receiving treatment.[24]

The right to avoid the imposition of human experimentation is fundamental, rooted in the Nuremberg Code of 1947, has been ratified by the 1964 Declaration of Helsinki, and further codified in the United States Code of Federal Regulations. In addition to the United States regarding itself as bound by these provisions, these principles were adopted by the FDA in its regulations requiring the informed consent of human subjects for medical research.[25] The law is very clear; It is unlawful to conduct medical research (even in the case of emergency), unless steps taken to … secure informed consent of all participants.[26]

Furthermore, by requiring children to wear a mask, you are promoting the idea that the mask can prevent or treat a disease, which is an illegal deceptive practice. It is unlawful to advertise that a product or service can prevent…disease unless you possess competent and reliable scientific evidence… substantiating that the claims are true.[27]

The FDA EUA for surgical and/or cloth masks explicitly states, "the labeling must not state or imply… that the [mask] is intended for antimicrobial or antiviral protection or related, or for use such as infection prevention or reduction."[28] As you can see from the image below, masks do not claim to keep out viruses.



Illegally mandating an investigational medical therapy generates liability.

There are no efficacy standards on child-sized masks and respirators under OSHA, but there are proven microbial challenges as well as breathing difficulties that are created and exacerbated by masking children.

Requiring children to wear a mask sets the stage for contracting any infection, including COVID-19, and making the consequences of that infection much graver. In essence, a mask may very well put children at an increased risk of infection, and if so, have a far worse outcome.[29]

The fact that mask wearing presents a severe risk of harm to the wearer should – standing alone – not be required for children, particularly given that these children are not ill and have done nothing wrong that would warrant an infringement of their constitutional rights and bodily autonomy. Promoting use of a non-FDA approved, Emergency Use Authorized mask, is unwarranted and illegal. This mandate is in direct conflict with Section 360bbb-3€(1)(A)(ii)(I-III), which requires the wearer to be informed of the option to refuse the wearing of such "device." Misrepresenting the use of a mask as being intended for antimicrobial or antiviral protection, and/or misrepresenting masks for use as infection prevention or reduction is a deceptive practice under the FTC. It is clear, there is no waiver of liability under deceptive practices, even under a state of emergency.

As such, forcing children to wear masks, or similarly forcing use of any other non-FDA approved medical product without the child's (or the child's parental) consent, is illegal and immoral.

This letter serves as official notice that Hayden, Kaela, and Ashley Stevens do not consent to being forced to wear a mask. Hayden, Kaela and Ashley Stevens' advocates will not fail to take the maximum action permissible under the law. Accordingly, we urge you to comply with Federal and State law and advise children they have a right to refuse to wear a mask. Any other course of action is contrary to the law. We implore you to MAKE MASKS OPTIONAL for all students and staff in Anacortes School District. Please confirm that no further pressure will be exerted upon Hayden, Kaela, and Ashley Stevens to follow this illegal mask mandate, and that Hayden, Kaela, and Ashley Stevens will not face any retaliatory disciplinary action. Though this information was compiled from several sources, we have done our own research and found it to be accurate and credible. Please acknowledge receipt of this letter.

Sincerely,

Your Name

Enclosure

[1] https://www.jamanetwork.com/article.aspx?doi=10.1001/jamainternmed.2020.4221
[2] Berenson, A (November 24, 2020). *Unreported Truths about Covid-19 and Lockdowns: Part 3: Masks*
[3] https://www.acpjournals.org/doi/10.7326/M20-6817
[4] https://www.thelancet.com
[5] https://www.thelancet.com
[6] https://www.sciencedaily.com/releases/2009/03/090313150254.htm
[7] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/
[8] https://www.merriam-webster.com/words-at-play/virus-vs-bacteria-difference
[9] The pathology and bacteriology of pneumonia following influenza. Chapter IV, Epidemic respiratory disease. The pneumonias and other infections of the respiratory tract accompanying influenza and measles, 1921 St, LouisCV Mosby (p. 107-281)
[10] https://academic.oup.com/jid/article/198/7/962/2192118
[11] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html
[12] Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures, Jingyi Xiao1, Eunice Y. C. Shiu1, Huizhi Gao, Jessica Y. Wong, Min W. Fong, Sukhyun Ryu, and Benjamin J. Cowling (Volume 26, Number 5, May of 2020).
[13] https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/k-12-testing.html
[14] https://www.youtube.com/watch?v=X1orSO094uY
[15] Arthur Johnson, Journal of Biological Engineering (2016).
[16] The Physiological Impact of N95 Masks on Medical Staff, National Taiwan University Hospital (June 2005).
[17] Bader A et al. Preliminary report on surgical mask induced deoxygenation during major surgery. Neurocirugia 2008;19:12-126..
[18] Aggarwal BB. Nucler factor-kappaB: The enemy within. Cancer Cell 2004;6:203-208, and Blaylock RL. Immunoexcitatory mechanisms in glioma proliferation, invasion and occasional metastasis. Surg Neurol Inter 2013;4:15.
[19] Savransky V et al. Chronic intermittent hypoxia induces atherosclerosis. Am J Resp Crit Care Med 2007;175:1290-1297.
[20] https://www.world-today-news.com/70-doctors-in-open-letter-to-ben-weyts-abolish-mandatory-mouth-mask-at-school-belgium/
[21] https://www.fda.gov/media/137121/download
[22] https://ca.childrenshealthdefense.org/wp-content/uploads/CDE-Superintendent-Letter0from-Childrens-Health-Defense-California-Chapter.pdf
[23] 21 U.S.C.§ S360bbb-3 (The FD&C Act)
[24] 21 U.S.C. § 360bbb-3(e)(1)(A) ("Section 360bbb-3")
[25] C.F.R. § 50.20
[26] 21 C.F.R. § 50.23, 21 C.F.R. §50.20 21 C.F.R. § 50.24
[27] FTC Act, 15 U.S. Code § 41
[28] https://www.fda.gov/media/137121/download
[29] Russell Blaylock, Id. (quoting Shehade H et al. Cutting edge: Hypoxia-Inducible Factor-1 negatively regulates Th1 function. J Immunol 2015;195:1372-1376. See also: Westendorf AM et al. Hypoxia enhances immunosuppression by inhibiting CD4+ effector T cell function and promoting Treg activity. Cell Physiol Biochem 2017;41:1271-84. See further: Sceneay J et al. Hypoxia-driven immunosuppression contributes to the pre-metastatic niche. Oncoimmunology 2013;2:1 e22355.

Additional References:
Belgrave DC, Buchan I, Bishop C, Lowe L, Simpson A, Custovic A. Trajectories of lung function during childhood. Am J Respir Crit Care Med. 2014;189(9):1101-1109. doi:10.1164/rccm.201309-1700OC

Cortez Pimentel, J, Avila, R et al. Respiratory disease caused by synthetic fibers: a new occupational disease. Thorax. 1975. 30 (204): 205-19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC470268/pdf/thorax00140-0084.pdf

Fadare, O, Okoffo, E Covid-19 face masks: A potential source of microplastic fibers in the environment. Sci Total Environ. Oct 1 2020. 737:140279. doi: 10.1016/j.scitotenv.2020.140279 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7297173/

Grossard C, Chaby L, Hun S, et al. Children Facial Expression Production: Influence of Age, Gender, Emotion Subtype, Elicitation Condition and Culture. Front Psychol. 2018;9:446. Published 2018 Apr 4. doi:10.3389/fpsyg.2018.00446 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894457/#!po=0.54347

Holmer, I, Kuklane, K et al. Minute volumes and inspiratory flow rates during exhaustive treadmill walking using respirators. Ann Occup Hygiene. 51 (3): 327-335. Apr 2007. https://doi.org/10.1093/annhyg/mem004 https://academic.oup.com/annweh/article/51/3/327/139423

Lai P, Christiani, D. Long-term respiratory health effects in textile workers. Curr Opin Pulm Med. Mar 2013. 19 (2): 152-157. doi: 10.1097/MCP.0b013e32835cee9a https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725301/

Liu, Z, Yu, D, et al. Understanding the factors involved in determining the bioburdens of surgical masks. Ann Trans Med. Dec 2019. 7 (23). http://atm.amegroups.com/article/view/32465/html

Sharma G, Goodwin J. Effect of aging on respiratory system physiology and immunology. Clin Interv Aging. 2006;1(3):253-260. doi:10.2147/ciia.2006.1.3.253 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2695176/

https://www.researchgate.net/figure/Face-Mask-Material-Characteristics-thickness-weight-pore-size-Resistance-to-Blood_tbl2_242297437

Researched by an epidemiologist with a PhD, master's degree in public health and Epidemiology and currently teaching epidemiology, Public Health, Environmental Health, Research Methods and Community Health

Mask Update: Face Coverings Optional for Employees and Students

https://www.maranausd.org/site/default.aspx?PageType=3&DomainID=4&ModuleInstanceID=7611&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=111297&PageID=1

DOH WSBOH

From: Stacie Neiswanger <stacie.neiswanger@yahoo.com>
Sent: Thursday, June 10, 2021 4:27 PM
To: DOH WSBOH
Subject: Washington State Board of Health meeting Wednesday, June 9.

External Email

Hello,

I realize comments, by way of email, closed on June 4th and I already submitted an email last week but I had attempted to make remarks during the public comment portion of your meeting yesterday and had audio trouble due to being logged in from my phone as I was traveling. It was very important to me to speak but I strongly agree with all the other comments that were made about not mandating vaccines for kids and removing masks requirements for kids in school. Our 5 year old lost her grandma recently (not from COVID) and she was so concerned that she have her mask in heaven. This is not healthy for our children in so many different ways (health, mental, etc).

In addition, vaccines should NOT be mandated for children! Their severe risk with COVID complications, statistically, is practically non existent it is so slow. Vaccine injury would be greater for them. Again, this should be a parents decision to vaccinate THEIR child, not mandated by the government and definitely not made required for schools. I realize this was not being considered yesterday but being proactive in hopes it never does.

I strongly hope you consider us other folks who vehemently are opposed to this vaccine in kids and allowing them to remove masks when they return to school in the fall. Vaccines will be plentiful for those who want it by then, let our kids be kids.

Thank you.

Stacie Neiswanger

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>
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> **(III) 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.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is "absolutely essential." A federal court held that even the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003).

In a letter dated April 24, 2020, the Food and Drug Administration stated that authorized face masks must be labelled accurately and may not be labeled in a way that misrepresents the product's intended use as "source control to help prevent the spread of SARS-CoV-2." The letter specifies that the labeling "may not state or imply that the product is intended for antimicrobial or antiviral protection or related uses or is for use such as infection prevention or reduction." Any EUA mandate requiring individuals to wear face masks conflicts with Section 360bbb-3(e)(1)(A)(ii)(I-III), which provides that the person must be informed of the option to refuse to wear the device.

Liability for forced participation in a medical experiment, including possible injury, may be incalculable. Children's Health Defense urges U.S. employers, universities and other institutions to respect and uphold the rights of individuals to refuse to wear EUA masks.

1227 North Peachtree Parkway, Suite 202. Peachtree City, GA 30269
www.childrenshealthdefense.org

From: Sue Shaw
Sent: 6/30/2021 6:50:40 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

External Email

Dear School and Health Officials,

Mask mandates harm our children!

Cloth and surgical masks offer almost no protection against this virus. A surgical mask has an average pore size of 19,290 nanometers. This coronavirus has a diameter of ~100 nanometers. The chance that a mask will stop this virus is about the same as a chain link fence stopping a grain of sand. It doesn't work. It can't work. Even Anthony Fauci admitted that masks are of no use against this virus. On February 5, 2020, he said in an email obtained through the Freedom of Information Act, ”The typical mask you buy in the drug store is not really effective in keeping out the virus, which is small enough to pass through the material."

Dr. Fauci also admitted in a February 23 email that "children have a very low rate of infection.” Researchers for the Centers for Disease Control and Prevention have found scant coronavirus transmission in schools operating in-person. Dr. Fauci has confirmed that children do not transmit Covid-19 in any significant way. As of June 16, 2021, the CDC report that 322 kids age 0-17 have died of Covid-19. Every death is a tragedy, but during the 2018-2019 flu season, 477 kids in that age range died of the regular flu, and we didn't take to shutting down our schools or masking our kids at that time.

Additionally, children have been repeatedly shown not to be drivers of this disease. Statistically, children in grades K-12 have a mortality rate of 0.00003 from Covid-19. If they do get a Covid-19 infection, it is often with mild or no symptoms. Dr. Fauci has been very clear that asymptomatic transmission of Covid-19 is not a threat. He stated, "in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person.”

Prolonged mask use (>4 hours/day) has serious consequences in children. It interferes with their social learning, distorts verbal speech, and removes visual cues for the hard of hearing. Face covering policies also inhibit peer-to-peer learning.

Masks provide a warm, moist environment for bacteria to grow. Recently, parents had 6 “used” face masks tested for pathogens at the University of Florida; they discovered that those face masks harbored bacteria that cause food poisoning, pneumonia, tuberculosis, and meningitis. Our children MUST be protected against wearing these reservoirs of disease on their faces!

Contrary to what we are constantly, told, there is no science or data that justifies masking our children. Kids are being punished, and for no reason! In America, parents

have the right to choose what's best for their child, including any medical therapies, such as masks, that will be used on that child! It's time for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the mask mandate. Thank you.

Sincerely,

Mike & Sue Shaw
Anacortes, WA

From: sharonbierach
Sent: 6/29/2021 10:05:52 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,LOlinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don’t Force Our Children To Wear Masks!

External Email

Dear School and Health Officials,

Mask mandates harm our children!

Cloth and surgical masks offer almost no protection against this virus. A surgical mask has an average pore size of 19,290 nanometers. This coronavirus has a diameter of ~100 nanometers. The chance that a mask will stop this virus is about the same as a chain link fence stopping a grain of sand. It doesn't work. It can't work. Even Anthony Fauci admitted that masks are of no use against this virus. On February 5, 2020, he said in an email obtained through the Freedom of Information Act, ”The typical mask you buy in the drug store is not really effective in keeping out the virus, which is small enough to pass through the material."

Dr. Fauci also admitted in a February 23 email that "children have a very low rate of infection.” Researchers for the Centers for Disease Control and Prevention have found scant coronavirus transmission in schools operating in-person. Dr. Fauci has confirmed that children do not transmit Covid-19 in any significant way. As of June 16, 2021, the CDC report that 322 kids age 0-17 have died of Covid-19. Every death is a tragedy, but during the 2018-2019 flu season, 477 kids in that age range died of the regular flu, and we didn't take to shutting down our schools or masking our kids at that time.

Additionally, children have been repeatedly shown not to be drivers of this disease. Statistically, children in grades K-12 have a mortality rate of 0.00003 from Covid-19. If they do get a Covid-19 infection, it is often with mild or no symptoms. Dr. Fauci has been very clear that asymptomatic transmission of Covid-19 is not a threat. He stated, "in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person.”

Prolonged mask use (>4 hours/day) has serious consequences in children. It interferes with their social learning, distorts verbal speech, and removes visual cues for the hard of hearing. Face covering policies also inhibit peer-to-peer learning.

Masks provide a warm, moist environment for bacteria to grow. Recently, parents had 6 “used” face masks tested for pathogens at the University of Florida; they discovered that those face masks harbored bacteria that cause food poisoning, pneumonia, tuberculosis, and meningitis. Our children MUST be protected against wearing these reservoirs of disease on their faces!

Contrary to what we are constantly, told, there is no science or data that justifies masking our children. Kids are being punished, and for no reason! In America, parents

have the right to choose what's best for their child, including any medical therapies, such as masks, that will be used on that child! It's time for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the mask mandate. Thank you.

Sincerely,

Sent from my Verizon, Samsung Galaxy smartphone

From: DOH COVID-19 External Affairs
Sent: 6/30/2021 4:00:46 PM
To: Liha Rinehardt
Subject: RE: Set the Children Free

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Dear Liha,

Thank you for reaching out regarding face masks in schools during COVID-19 and for sharing your concerns.

You may have seen the updated Secretary of State Health 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%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b
, which states that regardless of vaccination status, children and adults are no longer required to wear masks while outdoors. This outdoors-specific guidance applies to school settings as well as other outdoor settings.

We are currently carefully evaluating the K-12 guidance and will decide what we will integrate into Washington's K-12 school requirements for the next school year. If you are interested, please check our COVID-19 Resources and Recommendations
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies
webpage for updated K-12 school guidance later this Summer.

We appreciate your voice and we continue to collect feedback from our local partners—like you. We will also continue to review all research that is coming out regarding safe practices for children, youth, and staff in schools. Together with data from our expansive data collection system in Washington state, we will use it to inform future recommendations. For now, the current health order remains in place. Thank you for continuing to take steps to protect yourself and others.

Kind best,

COVID-19 Guidance & External Affairs Team

Washington State Department of Health

COVIDExternalAffairs@doh.wa.gov <mailto:COVIDExternalAffairs@doh.wa.gov>

360-236-4501 | www.doh.wa.gov
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%

From: Liha Rinehardt <lrinehardt@gmail.com>
Sent: Thursday, June 17, 2021 9:54 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Fehrenbach, Lacy M (DOH) <lacy.fehrenbach-marosfalvy@doh.wa.gov>; Reykdal, Chris (DOHi) <superintendent@k12.wa.us>; tennille.jeffries-simmons@k12.wa.us; michaela.miller@k12.wa.us; Nishida, Nasue <nasue.nishida@k12.wa.us>; Wicker, Kelly (GOV) <kelly.wicker@gov.wa.gov>; Phillips, Keith (GOV) <Keith.Phillips@gov.wa.gov>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Spitters, Christopher (DOHi) <cspitters@snohd.org>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Furness, Nancy (DOHi) <nfurness@snohd.org>; Pamela Aguilar <paguilar@snohd.org>; Reykdal, Chris <chris.reykdal@k12.wa.us>; jay@jayinslee.com
Subject: Set the Children Free

External Email

Please, read and consider the below email. This is current science, data and FACTS. Please be a voice for our children. Experimental vaccines and masking are detrimental to the health of our children.

Thank you for reading,

Liha Rinehardt

From: Informed Choice Washington
[mailto:contact=informedchoicewa.org@cmail20.com] On Behalf Of Informed Choice Washington

No images? Click here
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-

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Set the Children Free

Dear Liha,

The DOH and OSPI held an online "Conversation" this evening and announced that next year, schools will be in person, with children masked and distanced. They encouraged everyone to get vaccinated, they hoped young children would be eligible for vaccines soon, and they fully supported co-administration of covid shots with other shots--for convenience--in the absence any any safety science. The meeting was recorded and streamed to FB. You can watch HERE
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-
wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-
y%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0
.

This is UNACCEPTABLE. In light of the serious health consequences now known, continuing mask requirements & vaccine coercion constitute willful misconduct. It is time for each of us to join with parents in our own districts and demand the end to masking, distancing, fear, and the end of vaccine coercion.

Stand For Health Freedom has created an Action Plan and we encourage you all to participate!

Join the Put Kids First Campaign!
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-
wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-
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Prior to today's "Conversation" the below information was emailed to: Chris Reykdal, Washington State Superintendent of Public Instruction; Dr. John Dunn, Medical Director for Preventative Care, Kaiser Permanente; SheAnne Allen, COVID-19 Vaccine Director, Washington State Department of Health Dr. Scott Lindquist, Acting State Health Officer for Washington State

EMAIL TEXT:

Dear Chris Reykdal, Dr. John Dunn, SheAnne Allen, & Dr. Scott Lindquist

Today (June 16), you will be presenting an online “Conversation” about the upcoming school year, vaccination, and masks.

As Public Policy Director of Informed Choice WA, I want to be sure you are aware certain important facts since they should impact your decisions about the coming school year.

Unprecedented numbers of adverse reactions and deaths have been reported to VAERS following exposure to the investigational COVID-19 vaccines (biologics). This week VAERS is reporting 6,246 deaths and 337,226 injuries. While VAERS data cannot be used to establish causality or frequency of events, it can be used to find red flags and safety signals. Reports include:

* Deaths Within 0-2 Days of Injection – 2,338 (+297 From Previous Week)

* Spontaneous Miscarriages – 652 (+81 From Previous Week)

* Deaths In Low Risk Ages (0 to 39) – 159 (+18 From Previous Week)

* Deaths In High Risk Ages (60 & Up) – 3,899 (+247 From Previous Week)

* People Hospitalized Post Inoculation – 19,597 (+705 From Previous Week)

* Emergency Room Visits – 43,848 (Not Reported Previously)

* Life Threatening – 5,884 (+223 From Previous Week)

* Permanent Disability – 4,583 (+284 From Previous Week)

* Heart Attacks – 2,190 (+298 From Previous Week)

* Heart Attacks 0 to 24 Age – 46 (+8 From Previous Week)

* Bell's Palsy – 1,737 (+172 From Previous Week)

* Severe Allergic Reaction – 15,052 (+1,478 From Previous Week)

* Stroke – 3,260 (As of 6.11.2021)

* Paralysis – 2,419 (As of 5.7.2021)

* Data Source – https://wonder.cdc.gov/vaers.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-t%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0e

Children are not at risk from SARS-CoV-2. According to the AAP:

*

* between 0.1%-1.9% of all child COVID-19 cases resulted in hospitalization

* Children were 0.00%-0.23% of all COVID-19 deaths, and 8 states reported zero child deaths

* In states reporting, 0.00%-0.03% of all child COVID-19 cases resulted in death

* SOURCE: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-

i%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0e

Children are at risk of harm from face masks.

*

* Mask-wearing by symptom-free individuals for hours a day, every day, is a massive human experiment. It is known that surgical and cloth masks cannot block viruses, and that if not worn and used very carefully, masks can and do cause harm.

* Scientific Reports of Harms Caused by Face Masks: see https://informedchoicewa.org/news/scientific-reports-of-harms-caused-by-face-masks/ <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-d%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

* Review by Denis G. Rancourt (provided in link above) includes: physiological impacts of face masks; psychological harm in the general population; infants and school children; microbial pathogen from masks

* "During the pandemics caused by swine flu and by the coronaviruses which caused SARS and MERS, many people in Asia and elsewhere walked around wearing surgical or homemade cotton masks to protect themselves. One danger of doing this is the illusion of protection. Surgical facemasks are designed to be discarded after single use. As they become moist they become porous and no longer protect. Indeed, experiments have shown that surgical and cotton masks do not trap the SARS□CoV□2 (COVID□19) virus, which can be detected on the outer surface of the masks for up to 7□days. Thus, a pre□symptomatic or mildly infected person wearing a facemask for hours without changing it and without washing hands every time they touched the mask could paradoxically increase the risk of infecting others." Isaacs D, Britton P, Howard-Jones A, et al. Do facemasks protect against COVID-19?. J Paediatr Child Health. 2020;56(6):976-977. doi:10.1111/jpc.14936

* "Conclusions This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection." https://bmjopen.bmj.com/content/5/4/e006577 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-h%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

* An Oregon girl lost her pulse for four minutes after playing basketball with a face mask. "The ER doc looked me in the eye," Jessica Lay [mother] said, "and said, 'This is from the mask. It's an isolated incident. This is not due to her health, it's from extreme physical activity and having an obstruction of oxygen.'" https://www.oregonlive.com/highschoolsports/2021/05/mother-calls-for-change-in-oregon-high-school-sports-mask-rules-after-daughter-collapses-at-basketball-tryouts.html <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-k%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

* It is impossible for the general public, and especially children, to safely wear face masks for any length of time. They are continually touched, hands are not washed, the masks are not replaced when they become damp.

* The psychological and emotional impact of continuous face mask wearing is undermining the development and health our children. The risks of the masks — which are Emergency Use Authorized only — far exceed any perceived benefit, especially for children who are not at risk of poor outcome to COVID-19.

Children are at risk of harm from the investigational COVID-19 vaccines.

*

* Unprecedented numbers of adverse reactions and deaths reported to VAERS following exposure to the vaccines.

* Independent doctors are reporting on mechanisms of injury.
https://secureservercdn.net/198.71.233.86/7mw.a02.myftpupload.com/wp-content/uploads/2021/03/mRNA-VACCINE-INDUCED-DAMAGE-MECHANISMS_FRI_BOLGANv.2-clean.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-u%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

* Contrary to the assurances of the vaccine makers that their products would stay at the injection site, documents attained via FOIA show that Pfizer's shot ingredients are distributed to every organ of the body, including the brain, ovaries, and spleen.https://www.lifesitenews.com/images/pdfs/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-o%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

* And the spike protein ends up in the blood from the day of injection until two weeks later. https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-b%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

* As of June 4, 2021, VAERS reports include 1,087 cases of myocarditis/pericarditis.

* Despite the authors stating that they interpreted their findings as negative, the data in a new preprint study showed a statistically significant increase in anti-syncytin-1 antibodies after getting the Pfizer shot. Syncsytin-1 is responsible for placenta formation.
https://www.medrxiv.org/content/10.1101/2021.05.23.21257686v1.full.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-n%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

* More information here: https://www.jennifermargulis.net/halt-covid-vaccine-research-scientist-urges-cdc/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-

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Natural Immunity is long-lasting.

*

* Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19 https://www.cell.com/cell/fulltext/S0092-8674(20)31008-4?rss=yes
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-
q%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

* “Overall, we show that SARS-CoV-2 infection induces a robust antigen-specific, long-lived humoral immune response in humans.” https://www.nature.com/articles/s41586-021-03647-4
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-
a%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0

Treatments Exist.

* Ivermectin has been shown to both an effective preventative and treatment and is being used globally to save lives. https://covid19criticalcare.com
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-
f%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0e

* Early home/ambulatory treatment with known treatments and protocols that include repurposed drugs and nutrients have been shown to greatly reduce hospitalizations and deaths. https://c19early.com
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-
z%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0e

* Doctors across the nation have been testifying before legislatures and federal agencies, calling for the adoption of early treatment as standard of care to drastically reduce hospitalizations, deaths, and the fear. https://informedchoicewa.org/news/mds-give-testimony-in-idaho-and-texas-covid-19-vitamin-d-treatments-and-vaccine-concerns/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-
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In summary — children are not at risk from COVID-19, but they are at risk from harms of continued face-mask wearing, from the investigational vaccines, and from the continued fear-messaging and disruption of their lives.

It’s time to set the children free — from from restrictions, limitations, and fear. Let them

breathe, laugh, play, and learn freely. They have paid too high a price already for a burden that should never have been placed upon them.

Sincerely,

Bernadette Pajer

ICWA Public Policy Director

The below information was also sent in a follow-up email:

A post today provides yet more data on the potential harm from mask-wearing:

Dangerous pathogens found on children's face masks

BY JENNIFER CABRERA

A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. Although the test is capable of detecting viruses, including SARS-CoV-2, only one virus was found on one mask (alcelaphine herpesvirus 1).

The analysis detected the following 11 dangerous pathogens on the masks:

* Streptococcus pneumoniae (pneumonia)

* Mycobacterium tuberculosis (tuberculosis)

* Neisseria meningitidis (meningitis, sepsis)

* Acanthamoeba polyphaga (keratitis and granulomatous amebic encephalitis)

* Acinetobacter baumanni (pneumonia, blood stream infections, meningitis, UTIs—resistant to antibiotics)

* Escherichia coli (food poisoning)

* Borrelia burgdorferi (causes Lyme disease)

* Corynebacterium diphtheriae (diphtheria)

* Legionella pneumophila (Legionnaires' disease)

* Staphylococcus pyogenes serotype M3 (severe infections—high morbidity rates)

* Staphylococcus aureus (meningitis, sepsis)

Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria. One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal

disease, Rocky Mountain Spotted Fever, and more.

The face masks studied were new or freshly-laundered before wearing and had been worn for 5 to 8 hours, most during in-person schooling by children aged 6 through 11. One was worn by an adult. A t-shirt worn by one of the children to school and unworn masks were tested as controls. No pathogens were found on the controls; samples from the front top and bottom of the t-shirt found proteins that are commonly found in skin and hair, along with some commonly found in soil.

A parent who participated in the study, Ms. Amanda Donoho, commented that this small sample points to a need for more research: "We need to know what we are putting on the faces of our children each day. Masks provide a warm, moist environment for bacteria to grow."

The parents contracted with the lab because they were concerned about the potential of contaminants on masks that their children were forced to wear all day at school, taking them on and off, setting them on various surfaces, wearing them in the bathroom, etc. This prompted them to send the masks to the University of Florida's Mass Spectrometry Research and Education Center for analysis.

https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/

Help ICWA4Education, our 501(c)(3) nonprofit, promote education about healthy immunity, informed consent, and medical freedom in Washington State. Donations are tax deductible to the fullest extent allowed by law.

Help fund ICWA's website
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-s%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0
, our Radio Show
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-g%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d0
, and our Public Policy efforts to support bills that protect or improve medical freedom and informed consent and to oppose legislation that threatens them by supporting our 501(c)(4), ICWA4Action. (These donations are not tax deductible.)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-yd%2F&data=04%7C01%7CWSBOH%40SBOH.WA.GOV%7C652e2c6eff084fb4b94108d93c1ae44c%7C11d

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Kirkland WA 98034-4399

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From: Lanet Shorack
Sent: 7/1/2021 7:24:25 AM
To: DOH WSBOH
Cc:
Subject: Political correct terms

External Email

I am getting tired of the state in general choosing to use terms that many dont identify with. Like Latinx renaming a whole people group. If you truly wanted to be inclusive you would be respectful to your Latino community especially the older generation. You could have used the term Latin even for english . Latino is ours And very powerful its not Hispanics ,its not American . More than 90 % identify with it. If you are going to insist then you must include the word Latino first since more than 90% identify and its respectful to the immigrants .

I also notice you changing breastfeeding to chest feeding , stop . Breastfeeding is exclusive to woman , and while there are some who can't its still part of many. If it doesn't come from a breast its bottle feeding . If men & women have breast lets call it that ok. Please to not send a condescending response back .
Yours truly a Latino Woman

Lanet

From: Liha Rinehardt
Sent: 6/30/2021 7:53:45 PM
To: DOH COVID-19 External Affairs
Subject: RE: Set the Children Free

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External Email

Masking children is simply NOT healthy or safe!!!!
https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743?fbclid=IwAR07BSguE6v2KksUMBfZIt
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Please!

Liha

From: DOH COVID-19 External Affairs [mailto:CovidExternalAffairs@doh.wa.gov]
Sent: Wednesday, June 30, 2021 4:01 PM
To: Liha Rinehardt
Cc: DOH Secretary's Office; Fehrenbach, Lacy M (DOH); Reykdal, Chris (DOHi); Tennille Jeffries-Simmons (OFM Guest); michaela.miller@k12.wa.us; Nishida, Nasue; Wicker, Kelly (GOV); Phillips, Keith (GOV); DOH WSBOH; Spitters, Christopher (DOHi); Frederick, Shawn (DOHi); Furness, Nancy (DOHi); Pamela Aguilar; Reykdal, Chris; jay@jayinslee.com
Subject: RE: Set the Children Free

Dear Liha,

Thank you for reaching out regarding face masks in schools during COVID-19 and for

sharing your concerns.

You may have seen the updated Secretary of State Health 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%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a
, which states that regardless of vaccination status, children and adults are no longer required to wear masks while outdoors. This outdoors-specific guidance applies to school settings as well as other outdoor settings.

We are currently carefully evaluating the K-12 guidance and will decide what we will integrate into Washington's K-12 school requirements for the next school year. If you are interested, please check our COVID-19 Resources and Recommendations <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FEmergencies
webpage for updated K-12 school guidance later this Summer.

We appreciate your voice and we continue to collect feedback from our local partners—like you. We will also continue to review all research that is coming out regarding safe practices for children, youth, and staff in schools. Together with data from our expansive data collection system in Washington state, we will use it to inform future recommendations. For now, the current health order remains in place. Thank you for continuing to take steps to protect yourself and others.

Kind best,

COVID-19 Guidance & External Affairs Team

Washington State Department of Health

COVIDExternalAffairs@doh.wa.gov <mailto:COVIDExternalAffairs@doh.wa.gov>

360-236-4501 | www.doh.wa.gov
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=04%7

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%

From: Liha Rinehardt <lrinehardt@gmail.com>
Sent: Thursday, June 17, 2021 9:54 AM
To: DOH Secretary's Office <DOH.Secretary@DOH.WA.GOV>; Fehrenbach, Lacy M (DOH) <lacy.fehrenbach-marosfalvy@doh.wa.gov>; Reykdal, Chris (DOHi) <superintendent@k12.wa.us>; tennille.jeffries-simmons@k12.wa.us; michaela.miller@k12.wa.us; Nishida, Nasue <nasue.nishida@k12.wa.us>; Wicker, Kelly (GOV) <kelly.wicker@gov.wa.gov>; Phillips, Keith (GOV) <Keith.Phillips@gov.wa.gov>; DOH WSBOH <WSBOH@SBOH.WA.GOV>; Spitters, Christopher (DOHi) <cspitters@snohd.org>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Furness, Nancy (DOHi) <nfurness@snohd.org>; Pamela Aguilar <paguilar@snohd.org>; Reykdal,

Chris <chris.reykdal@k12.wa.us>; jay@jayinslee.com
Subject: Set the Children Free

External Email

Please, read and consider the below email. This is current science, data and FACTS. Please be a voice for our children. Experimental vaccines and masking are detrimental to the health of our children.

Thank you for reading,

Liha Rinehardt

From: Informed Choice Washington [mailto:contact=informedchoicewa.org@cmail20.com] On Behalf Of Informed Choice Washington

No images? Click here <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-e-cllkldl-jhjdpudtu-jl%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-r%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

Set the Children Free

Dear Liha,

The DOH and OSPI held an online "Conversation" this evening and announced that next year, schools will be in person, with children masked and distanced. They encouraged everyone to get vaccinated, they hoped young children would be eligible for vaccines soon, and they fully supported co-administration of covid shots with other shots--for convenience--in the absence any any safety science. The meeting was recorded and streamed to FB. You can watch HERE <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-y%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e
.

This is UNACCEPTABLE. In light of the serious health consequences now known, continuing mask requirements & vaccine coercion constitute willful misconduct. It is time for each of us to join with parents in our own districts and demand the end to masking, distancing, fear, and the end of vaccine coercion.

Stand For Health Freedom has created an Action Plan and we encourage you all to participate!

Join the Put Kids First Campaign!
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-j%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

Prior to today's "Conversation" the below information was emailed to: Chris Reykdal, Washington State Superintendent of Public Instruction; Dr. John Dunn, Medical Director for Preventative Care, Kaiser Permanente; SheAnne Allen, COVID-19 Vaccine Director, Washington State Department of Health Dr. Scott Lindquist, Acting State Health Officer for Washington State

EMAIL TEXT:

Dear Chris Reykdal, Dr. John Dunn, SheAnne Allen, & Dr. Scott Lindquist

Today (June 16), you will be presenting an online “Conversation” about the upcoming school year, vaccination, and masks.

As Public Policy Director of Informed Choice WA, I want to be sure you are aware certain important facts since they should impact your decisions about the coming school year.

Unprecedented numbers of adverse reactions and deaths have been reported to VAERS following exposure to the investigational COVID-19 vaccines (biologics). This week VAERS is reporting 6,246 deaths and 337,226 injuries. While VAERS data cannot be used to establish causality or frequency of events, it can be used to find red flags and safety signals. Reports include:

* Deaths Within 0-2 Days of Injection – 2,338 (+297 From Previous Week)

* Spontaneous Miscarriages – 652 (+81 From Previous Week)

* Deaths In Low Risk Ages (0 to 39) – 159 (+18 From Previous Week)

* Deaths In High Risk Ages (60 & Up) – 3,899 (+247 From Previous Week)

* People Hospitalized Post Inoculation – 19,597 (+705 From Previous Week)

* Emergency Room Visits – 43,848 (Not Reported Previously)

* Life Threatening – 5,884 (+223 From Previous Week)

* Permanent Disability – 4,583 (+284 From Previous Week)

* Heart Attacks – 2,190 (+298 From Previous Week)

* Heart Attacks 0 to 24 Age – 46 (+8 From Previous Week)

* Bell's Palsy – 1,737 (+172 From Previous Week)

* Severe Allergic Reaction – 15,052 (+1,478 From Previous Week)

* Stroke – 3,260 (As of 6.11.2021)

* Paralysis – 2,419 (As of 5.7.2021)

* Data Source – https://wonder.cdc.gov/vaers.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-t%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

Children are not at risk from SARS-CoV-2. According to the AAP:

*

* between 0.1%-1.9% of all child COVID-19 cases resulted in hospitalization

* Children were 0.00%-0.23% of all COVID-19 deaths, and 8 states reported zero child deaths

* In states reporting, 0.00%-0.03% of all child COVID-19 cases resulted in death

* SOURCE: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-i%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

Children are at risk of harm from face masks.

*

* Mask-wearing by symptom-free individuals for hours a day, every day, is a massive human experiment. It is known that surgical and cloth masks cannot block viruses, and that if not worn and used very carefully, masks can and do cause harm.

* Scientific Reports of Harms Caused by Face Masks: see
https://informedchoicewa.org/news/scientific-reports-of-harms-caused-by-face-masks/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-d%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* Review by Denis G. Rancourt (provided in link above) includes: physiological impacts of face masks; psychological harm in the general population; infants and school children; microbial pathogen from masks

* "During the pandemics caused by swine flu and by the coronaviruses which caused SARS and MERS, many people in Asia and elsewhere walked around wearing surgical or homemade cotton masks to protect themselves. One danger of doing this is the illusion

of protection. Surgical facemasks are designed to be discarded after single use. As they become moist they become porous and no longer protect. Indeed, experiments have shown that surgical and cotton masks do not trap the SARS□CoV□2 (COVID□19) virus, which can be detected on the outer surface of the masks for up to 7□days. Thus, a pre□symptomatic or mildly infected person wearing a facemask for hours without changing it and without washing hands every time they touched the mask could paradoxically increase the risk of infecting others." Isaacs D, Britton P, Howard-Jones A, et al. Do facemasks protect against COVID-19?. J Paediatr Child Health. 2020;56(6):976-977. doi:10.1111/jpc.14936

* "Conclusions This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection." https://bmjopen.bmj.com/content/5/4/e006577
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-h%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* An Oregon girl lost her pulse for four minutes after playing basketball with a face mask. "The ER doc looked me in the eye," Jessica Lay [mother] said, "and said, 'This is from the mask. It's an isolated incident. This is not due to her health, it's from extreme physical activity and having an obstruction of oxygen.'"
https://www.oregonlive.com/highschoolsports/2021/05/mother-calls-for-change-in-oregon-high-school-sports-mask-rules-after-daughter-collapses-at-basketball-tryouts.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-k%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* It is impossible for the general public, and especially children, to safely wear face masks for any length of time. They are continually touched, hands are not washed, the masks are not replaced when they become damp.

* The psychological and emotional impact of continuous face mask wearing is undermining the development and health our children. The risks of the masks — which are Emergency Use Authorized only — far exceed any perceived benefit, especially for children who are not at risk of poor outcome to COVID-19.

Children are at risk of harm from the investigational COVID-19 vaccines.

*

* Unprecedented numbers of adverse reactions and deaths reported to VAERS following exposure to the vaccines.

* Independent doctors are reporting on mechanisms of injury.
https://secureservercdn.net/198.71.233.86/7mw.a02.myftpupload.com/wp-content/uploads/2021/03/mRNA-VACCINE-INDUCED-DAMAGE-MECHANISMS_FRI_BOLGANv.2-clean.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-u%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* Contrary to the assurances of the vaccine makers that their products would stay at the injection site, documents attained via FOIA show that Pfizer's shot ingredients are distributed to every organ of the body, including the brain, ovaries, and spleen.https://www.lifesitenews.com/images/pdfs/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-o%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* And the spike protein ends up in the blood from the day of injection until two weeks later. https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-b%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* As of June 4, 2021, VAERS reports include 1,087 cases of myocarditis/pericarditis.

* Despite the authors stating that they interpreted their findings as negative, the data in a new preprint study showed a statistically significant increase in anti-syncytin-1 antibodies after getting the Pfizer shot. Syncsytin-1 is responsible for placenta formation. https://www.medrxiv.org/content/10.1101/2021.05.23.21257686v1.full.pdf
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-n%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* More information here: https://www.jennifermargulis.net/halt-covid-vaccine-research-scientist-urges-cdc/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-c%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

Natural Immunity is long-lasting.

*

* Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19 https://www.cell.com/cell/fulltext/S0092-8674(20)31008-4?rss=yes
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-q%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* "Overall, we show that SARS-CoV-2 infection induces a robust antigen-specific, long-lived humoral immune response in humans." https://www.nature.com/articles/s41586-021-03647-4
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-a%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

Treatments Exist.

* Ivermectin has been shown to both an effective preventative and treatment and is being used globally to save lives. https://covid19criticalcare.com <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-f%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* Early home/ambulatory treatment with known treatments and protocols that include repurposed drugs and nutrients have been shown to greatly reduce hospitalizations and deaths. https://c19early.com <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-z%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

* Doctors across the nation have been testifying before legislatures and federal agencies, calling for the adoption of early treatment as standard of care to drastically reduce hospitalizations, deaths, and the fear. https://informedchoicewa.org/news/mds-give-testimony-in-idaho-and-texas-covid-19-vitamin-d-treatments-and-vaccine-concerns/ <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-v%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e

In summary — children are not at risk from COVID-19, but they are at risk from harms of continued face-mask wearing, from the investigational vaccines, and from the continued fear-messaging and disruption of their lives.

It’s time to set the children free — from from restrictions, limitations, and fear. Let them breathe, laugh, play, and learn freely. They have paid too high a price already for a burden that should never have been placed upon them.

Sincerely,

Bernadette Pajer

ICWA Public Policy Director

The below information was also sent in a follow-up email:

A post today provides yet more data on the potential harm from mask-wearing:

Dangerous pathogens found on children’s face masks

BY JENNIFER CABRERA

A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. Although the test is capable of detecting viruses, including SARS-CoV-2, only one virus was found on one mask (alcelaphine herpesvirus 1).

The analysis detected the following 11 dangerous pathogens on the masks:

* Streptococcus pneumoniae (pneumonia)

* Mycobacterium tuberculosis (tuberculosis)

* Neisseria meningitidis (meningitis, sepsis)

* Acanthamoeba polyphaga (keratitis and granulomatous amebic encephalitis)

* Acinetobacter baumanni (pneumonia, blood stream infections, meningitis, UTIs—resistant to antibiotics)

* Escherichia coli (food poisoning)

* Borrelia burgdorferi (causes Lyme disease)

* Corynebacterium diphtheriae (diphtheria)

* Legionella pneumophila (Legionnaires' disease)

* Staphylococcus pyogenes serotype M3 (severe infections—high morbidity rates)

* Staphylococcus aureus (meningitis, sepsis)

Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria. One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal disease, Rocky Mountain Spotted Fever, and more.

The face masks studied were new or freshly-laundered before wearing and had been worn for 5 to 8 hours, most during in-person schooling by children aged 6 through 11. One was worn by an adult. A t-shirt worn by one of the children to school and unworn masks were tested as controls. No pathogens were found on the controls; samples from the front top and bottom of the t-shirt found proteins that are commonly found in skin and hair, along with some commonly found in soil.

A parent who participated in the study, Ms. Amanda Donoho, commented that this small sample points to a need for more research: "We need to know what we are putting on the faces of our children each day. Masks provide a warm, moist environment for bacteria to grow."

The parents contracted with the lab because they were concerned about the potential of contaminants on masks that their children were forced to wear all day at school, taking them on and off, setting them on various surfaces, wearing them in the bathroom, etc. This prompted them to send the masks to the University of Florida's Mass Spectrometry Research and Education Center for analysis.

https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/

Help ICWA4Education, our 501(c)(3) nonprofit, promote education about healthy

immunity, informed consent, and medical freedom in Washington State. Donations are tax deductible to the fullest extent allowed by law.

Help fund ICWA's website
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-s%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0e
, our Radio Show
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, and our Public Policy efforts to support bills that protect or improve medical freedom and informed consent and to oppose legislation that threatens them by supporting our 501(c)(4), ICWA4Action. (These donations are not tax deductible.)

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthchoice4action-wa.cmail20.com%2Ft%2Fi-l-cllkldl-jhjdpudtu-yd%2F&data=04%7C01%7CWSBOH%40sboh.wa.gov%7Cb771e802e9c34d36a2e308d93c3b25e1%7C11d0

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Informed Choice Washington
11410 NE 124th St #331
Kirkland WA 98034-4399

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From: Val Mullen
Sent: 7/19/2021 9:41:44 AM
To: elopez-
cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH
WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co
(DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard
(DOHi),Simranjit Narwal,lolinger@washingtonea.org,Britt Pfaff-
Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don't Mask Our Kids

External Email

July 19, 2021

Dear School and Health Officials,

This summer our children are finally able to act like children again. They can have play dates, attend church, and go to a movie without a mask. In two months, when they go back to school, children will again be required to wear masks, but only at school. Once they leave school for the day, they can remove their masks and go about life as usual. This is nonsense! The science certainly doesn’t support masking of children. If they do get Covid-19, children have mild or asymptomatic cases, and are unlikely to pass it on to adults. Schools are not hot spots for Covid-19. According to the CDC, there were zero Covid-19 deaths in Washington State since 2020 for kids age 0-19. Kids are being targeted for no reason.

Prolonged mask use is a major threat to a child’s physical and mental health and development. A recent literature review described the adverse effects of wearing masks, including oxygen drop, carbon dioxide rise, respiratory impairment, and headache. Under the mask, temperature and moisture levels rise, which could lead to bacterial infection.

According to the state tracker website, eight states have now banned mask mandates and more than 30 have mask policies that were decided at the local or district level. Local school boards in Washington State have the authority to make their own decisions about mask requirements. The OSPI website states, "the primary governing body of our K-12 schools are locally elected school boards." It is time to put our childrens' welfare first and make the mask policy optional for next year. Thank you.

Sincerely,

Val Mullen
Sedro Woolley

From: Hildi Parker
Sent: 7/19/2021 12:23:53 PM
To: Lindy Mullen
Subject: Re: Don't Mask Our Kids

External Email

We as a board have no control over the state’s mandate. You should be sending these emails to your Governors office as he is the one who has control over this! This is completely and totally out of our control.

Have a nice day,
Hildi Parker

Sent from my iPhone

> On Jul 19, 2021, at 12:18 PM, Lindy Mullen <lindy.mullen@gmail.com> wrote:
>
> □
> July, 21
>
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>
> Sincerely,
>
> Lindy Mullen Doyle

From: Lindy Mullen
Sent: 7/19/2021 12:41:46 PM
To: Hildi Parker
Subject: Re: Don't Mask Our Kids

External Email

Hildi,

Thank you for your response. As a school board, you DO have the power to work outside the GUIDELINES from OSPI and DOH. The mask recommendations are NOT requirements. See some below background on the related legal authority of various involved groups. This information was compiled by a fellow concerned parent.

Thank you,

Lindy Mullen Doyle

OSPI Website

“The primary governing body of our K–12 schools are locally elected school boards. School boards, with local superintendents, oversee their schools at the local level. OSPI supports school districts by sharing laws and policies, data and research, communication tools, best practices, and more.”

There seems to be confusion regarding a Superintendent answering to OSPI. Karen Conway, Executive Assistant to the Communications Director at OSPI, confirmed to me directly that this is not the case. OSPI is a resource for the Superintendent.

School Board:

RCW 28A.150.230
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefaul
District school directors' responsibilities.

(1) It is the intent and purpose of this section to guarantee that each common school district board of directors, whether or not acting through its respective administrative staff, be held accountable for the proper operation of their district to the local community and its electorate. In accordance with the provisions of Title 28A
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefaul
RCW, as now or hereafter amended, each common school district board of directors shall be vested with the final responsibility for the setting of policies ensuring quality in the content and extent of its educational program and that such program provide students with the opportunity to achieve those skills which are generally recognized as requisite to learning.

RCW 42.30.010
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefaul

Legislative declaration.

The legislature finds and declares that all public commissions, boards, councils, committees, subcommittees, departments, divisions, offices, and all other public agencies of this state and subdivisions thereof exist to aid in the conduct of the people's business. It is the intent of this chapter that their actions be taken openly and that their deliberations be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

Unions:

The bargaining entities create a legally binding agreement. For the 20-21 school year, they tied the district to OSPI, WA DOH, and Skagit DOH guidance through the COVID return to learning agreement. However, these three organizations have no legal jurisdiction over the district. Those negotiations are critical from a Superintendent and School Board perspective. What is agreed upon stands legally, even if it ties the district to entities by policy inappropriately. After all of this research, it would seem the real people holding the legal power at this time are our bargaining entities…our Board, and the Superintendent.

Insurance:

At the mention that a district acting against Skagit DOH recommendations/requirements would negate our liability coverage. According to TJ Kelley, OSPI finance officer, the WSRMP cannot withhold liability coverage for non-compliance with DOH guidance, since DOH guidance has been more restrictive than the CDC. (This would be a point to follow up on, since CDC school guidance is updated and WA state guidance is currently awaiting update.)

OSPI recommended I look at Mead school district in WA that has been open full time since fall, with no alarming concerns, and regardless of Phase, proving this can be done. Mead did coordinate with their local DOH, and I cannot speak on their mask policy and practical application from last school year, or their plans for fall.

Enrollment:

Our local Mt Vernon Christian school went from roughly 300 students to 500 students last fall….and are expecting to reach 600 students by fall 2021. (They will even be providing a bus to Anacortes in the fall to accommodate the increase generated from students leaving ASD.)

Nation-wide:

8 States are banning the mask mandates, and many other states (about 33) have varying policies on Masks decided at the local or district level. Currently 9 states have maintained the mask mandate, despite CDC summer update.

DOH:
DOH has no legal jurisdiction over school districts, even though they changed the latest K-12 wording to "requirements". DOH does have authority to "shut down" the state, but this requires appropriate cause, and not abiding by published guidance is not appropriate cause, it has to be for existing health concern. The same stands for Skagit County DOH.

The Dept of Health has no elected officials and can't be over the school boards as school boards ARE elected officials. See the case below:

School districts in Washington are considered to be municipal or quasi-municipal corporations. As such, they possess the powers contained in express legislative grants, together with those which are necessary, implied in, or incident to such expressed powers and those which are essential to the declared objects and
purposes of the district. Noe v. Edmonds Sch. Dist. 15, 83 Wn.2d 97, 103, 515 P.2d 977 (1973).

As I mentioned, the direct relationship and coordination with Skagit DOH school representative is beneficial, as you know. I believe the SWSD representative (there are 2) is Simron Narwal - snarwal@co.skagit.wa.us <mailto:snarwal@co.skagit.wa.us>

The current, July 6, DOH 820-105 states, "masks help prevent the spread of COVID-19", and that is the basis for the facial covering policy. Per our discussion and presentation, this basis has much evidence to the contrary.

This DOH publication references the Order of the secretary of health, amending order 20-03.3, which also states Exceptions to General Face Covering Requirement, which describe some school settings. It also mentions People Exempt from General Face Covering Requirement, and states: People with a medical condition, mental health condition, developmental or cognitive condition, or disability that prevents using a face covering. This includes, but is not limited to, people with a medical condition for whom wearing a face covering could obstruct breathing, or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.

The mandatory mouth mask in schools is a major threat to a child's development. It ignores the essential needs of a growing child. The well-being of children and young people is highly dependent on the emotional connection with others. Masks create a threatening and unsafe environment, where emotional connection becomes difficult.
https://www.world-today-news.com/70-doctors-in-open-letter-to-ben-weyts-abolish-mandatory-mouth-mask-at-school-belgium/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.world-

today-news.com%2F70-doctors-in-open-letter-to-ben-weyts-abolish-mandatory-mouth-mask-at-school-belgium%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f5ebb6d18644d254fd008d94aed39e0%7C1
[i] <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmobile-webview.gmail.com%2F-226095478%2F-411645214767892712%23m_5992145754134798388__edn1&data=04%7C01%7Cwsboh%40sboh.wa.gov

Decisions have been made in the absence of evidence which may be detrimental to a child's physical health, mental health, development (physical, social, and emotional development), learning and education. Face masks worn long term may impact the social-emotional development of children as they will be unable to 'read' the faces of others who are all wearing masks each day. Understanding facial expressions is an important skill that allows children to share and adapt emotions with others during social interactions. Children begin to read faces in infancy and continue to learn how to interpret facial expressions even in late childhood and early adolescence (Grossard 2018 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894457/#!po=0.54347 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2
). Capacity for empathy is impaired when the ability to read faces is altered. Society needs greater empathy not less!

Teachers have already begun reporting that students under duress are more likely to reach out to their teachers from previous years because they do not feel comfortable approaching their new teachers that have been masked all year.

Mental Health:

DOH has already moved to correct for fall with their publication on May 13th: "Physical distancing recommendations should not prevent a school from offering full-time, in person learning to all students/families in the Fall."

Mr. Kelley mentioned the full support of getting kids back in school and has noted the Emergency Proclamation from the Governor (dated March 15th, 2021) regarding Children and Youth Mental Health Crisis. This includes 4 pages of how the WA state response to COVID has created an emergency for our youth. OSPI was more than helpful in answering my concerns. I believe they would be even MORE helpful in answering yours.

I provided the data regarding youth suicide from APD records alone: 12/58 suicide attempts in 2020 and 6/14 attempts so far in 2021 belong to youth in our town. Here in Anacortes, we've gone from 20.6% to 42.9% of suicide attempts belonging to youth. This is fairly consististant with the 250% increase in suicide attempts among youth being reported on a national level. (Not updated since May 21.)

If you have any legislation or documentation counter to these statements, please help me to know what that is specifically. I'm happy to have further conversation anytime.

Face coverings is 1 of 5 mitigating measures. As I mentioned in my fitness center example, the other measures of ventilation, cleaning, and quarantine/reporting have been absolutely sufficient at preventing ANY cases of transmission (we've had ZERO cases of transmission since last June 2020, with over 99,800 check ins).

Our children deserve, and are looking forward to, a more appropriately educational school year.

On Mon, Jul 19, 2021, 12:23 PM Hildi Parker <hparker@concrete.k12.wa.us <mailto:hparker@concrete.k12.wa.us> > wrote:

We as a board have no control over the state's mandate. You should be sending these emails to your Governors office as he is the one who has control over this! This is completely and totally out of our control.

Have a nice day,
Hildi Parker

Sent from my iPhone

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>
> Sincerely,
>
> Lindy Mullen Doyle

From: Michelle Anderson
Sent: 7/15/2021 9:11:03 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for the Environmental Health Committee

External Email

I just would like to remind the ENTIRE board that the people of Spokane have already voted repeatedly to NOT have florideation put into our drinking water! WE DO NOT WANT IT!

This is still a free country. If you want to wear a mask or have a vaccine, that is still your CHOICE!

There will ALWAYS be some new plague. We are not going to live in bubbles. That isn't healthy either! The best things we can do are to strengthen our immune systems. Spend more time outside! Recess for the kids is essential for good health! We need WAY more fresh fruits and vegetables in our schools! Our Cannabis money is supposed to be going to free breakfast and lunch for every single child! Guess everyone forgot that after we legalized it!

Bring back field trips! We used to do 6 a year when my kids were in school! Not everything is learned in classrooms!!

Bring back manual toilet flushing and BASIC hygiene teaching! Tooth brushing in the classroom!

Sometimes the things that we do to make our lives easier, leave us lacking BASIC skills!

We need WAY more teacher assistants and classroom volunteers!! (And LESS administration)

Please try to remember your common sense for whatever things you are voting on this year!

Keep up the great work!
Michelle

From: Lindy Mullen
Sent: 7/19/2021 12:19:33 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s

Mickelson,wbarrett@concrete.k12.wa.us,hparker@concrete.k12.wa.us,mbrondi@concrete.k12.wa.us,jculver
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,lolinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don't Mask Our Kids

External Email

July, 21

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Sincerely,

Lindy Mullen Doyle

From: Elizabeth Willard
To: DOH WSBOH
Subject: Amelia Clark
Date: Thursday, July 22, 2021 2:18:32 PM

External Email

Dear Washington State Board of Health Board Members,

As Covid 19 delta variant spikes, we are saddled with a Spokane Regional Health Director that is inept and seemingly not qualified for the important position she holds.

I am one of nearly 15,000 Spokane residents who have signed a petition to remove Ms. Clark from head of the organization. We need someone who is believable and not running her own agenda.

On your website, it is mentioned having a judge look at this situation. It has been nearly a year. When will this be completed? When will and how will you be informing the Spokane public? I am pleading with you to wrap up this investigation and give the people of Spokane Region the leadership it deserves. Please!

Sincerely,
Elizabeth Willard
A concerned taxpaying citizen

Washington State
Dairy Federation

July 20, 2021

To: Stuart Glasoe, Policy Advisor Washington Board of Health (Stuart.Glasoe@sboh.wa.gov)

From: Dan Wood, Executive Director, Washington State Dairy Federation

CC: AnimalWasteRuleSBEISsurvey@sboh.wa.gov , wsboh@sboh.wa.gov

RE: Concerns with cost survey on draft keeping of animals rule.

We write to you regarding the Board of Health outreach to stakeholders on the economic costs of the proposed “keeping of animals” rule. A number of our dairy farmer members are struggling to understand how to estimate the costs of this rule. The Washington State Dairy Federation has represented Washington State dairy farmer interests since 1892. We have been involved stakeholders in this long process to rewrite this rule, we are concerned about problems with the rule, in this case as it applies to the economic impact survey. We understand you are not taking comments on the draft rule, so we will confine our concerns and comments to the problems associated with estimating the potential economic impacts on our members.

Our first observation is your survey is missing a question regarding the cost of compliance to store manure to control odors and not be attractive to flies and rodents (3.d.i.).

Our second observation after numerous conversations with farmers and other interested stakeholders, is we do not think our farmers can accurately answer several of these questions for the following reasons:

a. Using the above language as an example. Our farmers do not know if they will be inspected for adequately controlling odors and preventing attracting flies and rodents. Will they be required to keep records? What best management practices will be acceptable? Will the BOH or local Health jurisdictions be inspecting and enforcing this rule on a routine basis? On a complaint basis?

   There are problems with ambiguity. Above is one example, another is found in the first question of the survey. What does “sanitary conditions” mean? Who will be the judge and how often will someone come out to our farms and judge if our farmers are collecting manure sufficiently frequently “to maintain sanitary conditions…”?

b. Do our farms have to keep records? What standards are acceptable? Some parts of the rule language overlap other regulatory schemes such as regulations by and at the Washington State Department of Agriculture (RCW 90.64) and the Department of Ecology (State Clean water Act - RCW 90.48 as well as solid waste handling rules- WAC 173.350) and the Environmental Protection Agency (Federal Clean Water Act). Our farms have a long history of using USDA Natural Resource Conservation Service standards as well as the talents and expertise of the Conservation Districts around the state. Are all those records, best management practices, designs, plans and activities acceptable if there is any enforcement of this rule by state or local health officials?

Our Association along with many others have asked that commercial livestock farms should be exempt from this rule since they are already regulated by multiple other agencies and multiple other laws with regard to keeping of animals and manure management. Exempting professional farms is a sure way to ensure our farms do not need to duplicate time, records and suffer more expense simply for a duplicative exercise.

This economic survey highlights the fact that your agency's statutory authority and this draft rule are redundant to vastly more comprehensive and specific regulatory schemes our farms already must comply with.

The ambiguity of words and process make it impossible to know how large the financial and time commitment our farmers will have to dedicate to compliance with this rule. Simply put, our farmers and several folks who are professional farm management advisors do not know how to answer the questions because the draft rule has ambiguous wording, and the process of who conducts oversight and enforcement, how often, and using what standards is completely nebulous.

Questions, feel free to contact us.

Washington State Dairy Federation 360-482-3485 Elma, Washington

Dan Wood, Executive Director | Jay Gordon, Policy Director

Dan@wastatedairy.com | Jay@Wastatedairy.com

From: Elizabeth Rasmussen
To: DOH WSBOH
Subject: PFAS Drinking Water Standards
Date: Wednesday, July 21, 2021 8:39:55 PM

External Email

Dear WA Board of Health WA State Board of Health,

Please move forward with adopting strong drinking water standards for PFAS. It's crucial we act now to reduce these immune-compromising toxics and follow the lead of other states that have started turning the tap off PFAS pollution. The draft rule is a positive step to begin to address PFAS in drinking water supplies, but I urge you to keep the process moving and incorporate the following recommendations into the final rule:

1. Ensure the state action levels address all PFAS. The rule should recognize that other harmful PFAS may be present in water and should establish monitoring, limits, and action requirements designed to capture as many of the large PFAS class as possible.
2. All Group A water systems should be required to test on an ongoing basis to make sure contaminated water sources are identified; the rule should not exclude important water systems such as churches, motels, or allow for waivers.
3. Since detection of any of these compounds is an indicator of the presence of other PFAS, the final rule should require that water systems take action to address all PFAS when drinking water exceeds the state action levels.
4. Finally, resources should be sought from the state legislature to support testing of other water systems and private wells and to address contamination.

Sincerely,
Elizabeth Rasmussen
3500 25th ave w
Seattle, WA 98199

From: Briana G
To: dlowell@be.wednet.edu; rhoward@be.wednet.edu; hnielsen@be.wednet.edu; rwesen@be.wednet.edu; twright@be.wednet.edu; lbrowning@be.wednet.edu; drsusanareyes@gmail.com; maryfertakissbe@gmail.com; jbrownsbe@gmail.com; pmaiersbe@gmail.com; hariumsbe@gmail.com; kevinwangwasbe@gmail.com; pattywoodsbe@gmail.com; ryanbraultsbe@gmail.com; Reykdal, Chris; DOH WSBOH; DOR Skagit County Leg Authority; garlyk@uw.edu; Johnson, Jennifer / Skagit Co (DOHi); codavis@skagitregionalhealth.org; jwolf@washingtonea.org; Leibrand, Howard (DOHi); Simranjit Narwal; LOlinger@washingtonea.org; Britt Pfaff-Dunton; eh@co.skagit.wa.us
Subject: Please reconsider masking requirements
Date: Friday, July 2, 2021 9:46:14 AM

External Email

Dear School and Health Officials,

Please allow our kids to remain uncovered and free to breathe as they return to school full-time. The amount of stress and anxiety the masks are causing children of all ages is becoming more extreme than the risks of Covid itself. The stress comes out at home - most children are so desperate to be back at school with their friends that in the spring they were willing to do whatever it took to be there. But after a few weeks, my and my friends kids were resisting. Since almost all students' families are comfortable with the risk of in-person interactions, it makes far more sense to offer accommodations for those who need special protections instead of this blanket policy putting every kids at risk.

Given the number of states that were fully open and operational without masks and with no evidence of outbreaks based on in-school transmissions, it doesn't make sense to mask our children. Dr. Fauci also admitted in a February 23 email that "children have a very low rate of infection." Researchers for the Centers for Disease Control and Prevention have found scant coronavirus transmission in schools operating in-person. Even if a child gets Covid, the risks are far lower for children. As of June 16, 2021, the CDC report that 322 kids age 0-17 have died of Covid-19. Every death is a tragedy, but during the 2018-2019 flu season, 477 kids in that age range died of the regular flu, and we didn't take to masking our kids at that time.

Prolonged mask use has serious consequences in children. I have seen babies who don't smile, 5 year olds who don't know how to play with other kids, middle school kids with extreme anxiety over social interactions, and teens who have anxiety if not full-blown mental breakdowns. Masks interfere with their social learning, distorts verbal speech, and removes visual cues for the hard of hearing. Face covering policies also inhibit peer-to-peer learning. Additionally, the way more kids wear masks is dangerous. Masks provide a warm, moist environment for bacteria to grow. Recently, parents had 6 “used” face masks tested for pathogens at the University of Florida; they discovered that those face masks harbored bacteria that cause food poisoning, pneumonia, tuberculosis, and meningitis. Our children MUST be protected against wearing these reservoirs of disease on their faces!

Contrary to what we are constantly, told, there is no science or data that justifies masking our children. Kids are being punished, and for no reason! In America, parents have the right to choose what's best for their child, including any medical therapies, such as masks, that will be used on that child! It's time for those parental rights to be acknowledged, respected and restored. Our public schools must open in the fall, full-time, in person, and without the mask mandate. Thank you.

Sincerely,
Briana Gulas

From: Michelle Anderson
To: DOH WSBOH
Subject: Re: CR-103E Alert: Emergency Rule Adoption, Chapter 246-101 WAC – Notification and Reporting of COVID-19
Date: Monday, July 26, 2021 1:55:49 PM

External Email

When it is time for it to expire, LET IT!!
We don't need to be told what to do! We are not stupid! Stop treating us like it!
Adults can make their own damn decisions!!

On Jul 26, 2021 11:23 AM, DOH WSBOH <WSBOH@SBOH.WA.GOV> wrote:

> The Washington State Board of Health (Board) has adopted a fourth emergency rulemaking order to continue the requirements established in WAC 246-101-017 – Novel Coronavirus (SARS-CoV-2), Coronavirus Disease 2019 (COVID-19) Reporting. The emergency rule is effective July 23, 2021 and will be in effect for 120 days. The CR-103E announces the emergency rulemaking order, filed as WSR 21-16-014 (document attached).
>
> This emergency rule:
>
> - Continues the designation of Novel Coronavirus (SARS-CoV-2), also known as Coronavirus Disease 2019 (COVID-19), as a notifiable condition.
> - Continues the requirement for health care providers, health care facilities, laboratories, and local health jurisdictions to report essential demographic and testing data with COVID-19 test results.
> - Requires animal case reporting of COVID-19 by the Department of Agriculture to the Department of Health.
>
> For more information on the emergency rule:
>
> 1. Visit our Notifiable Conditions – COVID-19 Reporting web page
> 2. Contact Kaitlyn Donahoe, 360-584-6737, Policy Advisor for the Board
>
> The emergency rule is separate from the revised permanent rules for chapter 246-101 WAC, Notifiable Conditions, which go into effect January 31, 2022.
>
> Thank you,

Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

Location · Website · Email · Facebook · Twitter · Subscribe

Please send us an email with the subject “unsubscribe” if you no longer wish to receive communications from us.

From: Hildi Parker
Sent: 7/19/2021 12:23:53 PM
To: Lindy Mullen
Subject: Re: Don't Mask Our Kids

External Email

We as a board have no control over the state’s mandate. You should be sending these emails to your Governors office as he is the one who has control over this! This is completely and totally out of our control.

Have a nice day,
Hildi Parker

Sent from my iPhone

> On Jul 19, 2021, at 12:18 PM, Lindy Mullen <lindy.mullen@gmail.com> wrote:
>
> □
> July, 21
>
>
> Dear School and Health Officials,
>
> This summer our children are finally able to act like children again. They can have play dates, attend church, and go to a movie without a mask. In two months, when they go back to school, children will again be required to wear masks, but only at school. Once they leave school for the day, they can remove their masks and go about life as usual. This is nonsense! The science certainly doesn’t support masking of children. If they do get Covid-19, children have mild or asymptomatic cases, and are unlikely to pass it on to adults. Schools are not hot spots for Covid-19. According to the CDC, there have been zero Covid-19 deaths in Washington State since 2020 for kids age 0-17. Kids are being targeted for no reason.
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>
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>
> Sincerely,
>
> Lindy Mullen Doyle

From: Valentin Caspaar
Sent: 8/2/2021 4:44:08 PM
To: DOH WSBOH
Cc:
Subject: Fw: Val- Make Vaccines mandatory !!!

External Email

----- Forwarded Message -----
From: Valentin Caspaar <vcaspaar@yahoo.com>
To: maria.wood@kingcounty.gov <maria.wood@kingcounty.gov>; kcexec@kingcounty.gov <kcexec@kingcounty.gov>; lchew@uw.edu <lchew@uw.edu>; arpj@uw.edu <arpj@uw.edu>; rohlenaj@uw.edu <rohlenaj@uw.edu>
Sent: Monday, August 2, 2021, 07:41:14 PM EDT
Subject: Val- Make Vaccines mandatory !!!

UW made Vaccine mandatory, for both student and staff.

We need to protect the unvaccinated kids below 12.
but everybody above needs to be vaccinated, or stay home

Adults and parents are supposed to protect kids.

Let's not AGAIN be late, the 5th time around !!!

Valentin Caspaar
CEO, Inorex Inc
http://www.Corona2019.org
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.corona2019.org%2F&data=0

Known from December 2019 by WHO and me(Got Wuhan friends) ,

at least I shouted out the Alarm since Jan 7th, 2020,

and did not call it the Flu in Feb 7th 2020

and did not wait till March 7th, 2020 to act !

And then only half measure ! SHAME ON YOU, TRUMP & ALL GOV's

N95 masks could have avoided the 1st wave, the second wave,

the 3rd weave and the 4th wave !!!

We didn't pay attention to Wuhan, and said it would not come here = NAIVE

(With 10,000 flights/day what do you expect?)

We did not believe Italy's outbreak = STUPID

(I bought face masks in January 2020 for all 100 employees for 6 month)

We didn't react to NY, CA, WA = INSANITY

We must like "give me Freedom or give me Death"... and we will have COVID forever

till a mutation really kills 1/2 the population... Cleans the gene-pool, Darwin was right!

IT DOESN"T HAVE TO BE THIS WAY!!!!!!

From: Lindy Mullen
Sent: 7/19/2021 12:41:46 PM
To: Hildi Parker
Subject: Re: Don't Mask Our Kids

External Email

Hildi,

Thank you for your response. As a school board, you DO have the power to work outside the GUIDELINES from OSPI and DOH. The mask recommendations are NOT requirements. See some below background on the related legal authority of various involved groups. This information was compiled by a fellow concerned parent.

Thank you,

Lindy Mullen Doyle

OSPI Website

"The primary governing body of our K–12 schools are locally elected school boards. School boards, with local superintendents, oversee their schools at the local level. OSPI supports school districts by sharing laws and policies, data and research, communication tools, best practices, and more."

There seems to be confusion regarding a Superintendent answering to OSPI. Karen Conway, Executive Assistant to the Communications Director at OSPI, confirmed to me directly that this is not the case. OSPI is a resource for the Superintendent.

School Board:

RCW 28A.150.230
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefaul
District school directors' responsibilities.

(1) It is the intent and purpose of this section to guarantee that each common school district board of directors, whether or not acting through its respective administrative staff, be held accountable for the proper operation of their district to the local community and its electorate. In accordance with the provisions of Title 28A
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefaul
RCW, as now or hereafter amended, each common school district board of directors shall be vested with the final responsibility for the setting of policies ensuring quality in the content and extent of its educational program and that such program provide students with the opportunity to achieve those skills which are generally recognized as requisite to learning.

RCW 42.30.010
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefaul

Legislative declaration.

The legislature finds and declares that all public commissions, boards, councils, committees, subcommittees, departments, divisions, offices, and all other public agencies of this state and subdivisions thereof exist to aid in the conduct of the people's business. It is the intent of this chapter that their actions be taken openly and that their deliberations be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

Unions:

The bargaining entities create a legally binding agreement. For the 20-21 school year, they tied the district to OSPI, WA DOH, and Skagit DOH guidance through the COVID return to learning agreement. However, these three organizations have no legal jurisdiction over the district. Those negotiations are critical from a Superintendent and School Board perspective. What is agreed upon stands legally, even if it ties the district to entities by policy inappropriately. After all of this research, it would seem the real people holding the legal power at this time are our bargaining entities…our Board, and the Superintendent.

Insurance:

At the mention that a district acting against Skagit DOH recommendations/requirements would negate our liability coverage. According to TJ Kelley, OSPI finance officer, the WSRMP cannot withhold liability coverage for non-compliance with DOH guidance, since DOH guidance has been more restrictive than the CDC. (This would be a point to follow up on, since CDC school guidance is updated and WA state guidance is currently awaiting update.)

OSPI recommended I look at Mead school district in WA that has been open full time since fall, with no alarming concerns, and regardless of Phase, proving this can be done. Mead did coordinate with their local DOH, and I cannot speak on their mask policy and practical application from last school year, or their plans for fall.

Enrollment:

Our local Mt Vernon Christian school went from roughly 300 students to 500 students last fall….and are expecting to reach 600 students by fall 2021. (They will even be providing a bus to Anacortes in the fall to accommodate the increase generated from students leaving ASD.)

Nation-wide:

8 States are banning the mask mandates, and many other states (about 33) have varying policies on Masks decided at the local or district level. Currently 9 states have maintained the mask mandate, despite CDC summer update.

DOH:
DOH has no legal jurisdiction over school districts, even though they changed the latest K-12 wording to “requirements”. DOH does have authority to “shut down” the state, but this requires appropriate cause, and not abiding by published guidance is not appropriate cause, it has to be for existing health concern. The same stands for Skagit County DOH.

The Dept of Health has no elected officials and can't be over the school boards as school boards ARE elected officials. See the case below:

School districts in Washington are considered to be municipal or quasi-municipal corporations. As such, they possess the powers contained in express legislative grants, together with those which are necessary, implied in, or incident to such expressed powers and those which are essential to the declared objects and purposes of the district. Noe v. Edmonds Sch. Dist. 15, 83 Wn.2d 97, 103, 515 P.2d 977 (1973).

As I mentioned, the direct relationship and coordination with Skagit DOH school representative is beneficial, as you know. I believe the SWSD representative (there are 2) is Simron Narwal - snarwal@co.skagit.wa.us <mailto:snarwal@co.skagit.wa.us>

The current, July 6, DOH 820-105 states, ”masks help prevent the spread of COVID-19”, and that is the basis for the facial covering policy. Per our discussion and presentation, this basis has much evidence to the contrary.

This DOH publication references the Order of the secretary of health, amending order 20-03.3, which also states Exceptions to General Face Covering Requirement, which describe some school settings. It also mentions People Exempt from General Face Covering Requirement, and states: People with a medical condition, mental health condition, developmental or cognitive condition, or disability that prevents using a face covering. This includes, but is not limited to, people with a medical condition for whom wearing a face covering could obstruct breathing, or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.

The mandatory mouth mask in schools is a major threat to a child’s development. It ignores the essential needs of a growing child. The well-being of children and young people is highly dependent on the emotional connection with others. Masks create a threatening and unsafe environment, where emotional connection becomes difficult. https://www.world-today-news.com/70-doctors-in-open-letter-to-ben-weyts-abolish-mandatory-mouth-mask-at-school-belgium/
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.world-

today-news.com%2F70-doctors-in-open-letter-to-ben-weyts-abolish-mandatory-mouth-mask-at-school-belgium%2F&data=04%7C01%7Cwsboh%40sboh.wa.gov%7C1f5ebb6d18644d254fd008d94aed39e0%7C1
[i] <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmobile-webview.gmail.com%2F-226095478%2F-411645214767892712%23m_5992145754134798388__edn1&data=04%7C01%7Cwsboh%40sboh.wa.gov

Decisions have been made in the absence of evidence which may be detrimental to a child's physical health, mental health, development (physical, social, and emotional development), learning and education. Face masks worn long term may impact the social-emotional development of children as they will be unable to 'read' the faces of others who are all wearing masks each day. Understanding facial expressions is an important skill that allows children to share and adapt emotions with others during social interactions. Children begin to read faces in infancy and continue to learn how to interpret facial expressions even in late childhood and early adolescence (Grossard 2018 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894457/#!po=0.54347 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2
). Capacity for empathy is impaired when the ability to read faces is altered. Society needs greater empathy not less!

Teachers have already begun reporting that students under duress are more likely to reach out to their teachers from previous years because they do not feel comfortable approaching their new teachers that have been masked all year.

Mental Health:

DOH has already moved to correct for fall with their publication on May 13th: "Physical distancing recommendations should not prevent a school from offering full-time, in person learning to all students/families in the Fall."

Mr. Kelley mentioned the full support of getting kids back in school and has noted the Emergency Proclamation from the Governor (dated March 15th, 2021) regarding Children and Youth Mental Health Crisis. This includes 4 pages of how the WA state response to COVID has created an emergency for our youth. OSPI was more than helpful in answering my concerns. I believe they would be even MORE helpful in answering yours.

I provided the data regarding youth suicide from APD records alone: 12/58 suicide attempts in 2020 and 6/14 attempts so far in 2021 belong to youth in our town. Here in Anacortes, we've gone from 20.6% to 42.9% of suicide attempts belonging to youth. This is fairly consististant with the 250% increase in suicide attempts among youth being reported on a national level. (Not updated since May 21.)

If you have any legislation or documentation counter to these statements, please help me to know what that is specifically. I'm happy to have further conversation anytime.

Face coverings is 1 of 5 mitigating measures. As I mentioned in my fitness center example, the other measures of ventilation, cleaning, and quarantine/reporting have been absolutely sufficient at preventing ANY cases of transmission (we've had ZERO cases of transmission since last June 2020, with over 99,800 check ins).

Our children deserve, and are looking forward to, a more appropriately educational school year.

On Mon, Jul 19, 2021, 12:23 PM Hildi Parker <hparker@concrete.k12.wa.us <mailto:hparker@concrete.k12.wa.us> > wrote:

We as a board have no control over the state's mandate. You should be sending these emails to your Governors office as he is the one who has control over this! This is completely and totally out of our control.

Have a nice day,
Hildi Parker

Sent from my iPhone

> On Jul 19, 2021, at 12:18 PM, Lindy Mullen <lindy.mullen@gmail.com <mailto:lindy.mullen@gmail.com> > wrote:
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> □
> July, 21
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>
> Sincerely,
>
> Lindy Mullen Doyle

From: Val Mullen
Sent: 7/19/2021 9:41:44 AM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,lolinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don't Mask Our Kids

External Email

July 19, 2021

Dear School and Health Officials,

This summer our children are finally able to act like children again. They can have play dates, attend church, and go to a movie without a mask. In two months, when they go back to school, children will again be required to wear masks, but only at school. Once they leave school for the day, they can remove their masks and go about life as usual. This is nonsense! The science certainly doesn't support masking of children. If they do get Covid-19, children have mild or asymptomatic cases, and are unlikely to pass it on to adults. Schools are not hot spots for Covid-19. According to the CDC, there were zero Covid-19 deaths in Washington State since 2020 for kids age 0-19. Kids are being targeted for no reason.

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Sincerely,

Val Mullen
Sedro Woolley

From: Michelle Anderson
Sent: 7/15/2021 9:11:03 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for the Environmental Health Committee

External Email

I just would like to remind the ENTIRE board that the people of Spokane have already voted repeatedly to NOT have floridеation put into our drinking water! WE DO NOT WANT IT!

This is still a free country. If you want to wear a mask or have a vaccine, that is still your CHOICE!

There will ALWAYS be some new plague. We are not going to live in bubbles. That isn't healthy either! The best things we can do are to strengthen our immune systems. Spend more time outside! Recess for the kids is essential for good health! We need WAY more fresh fruits and vegetables in our schools! Our Cannabis money is supposed to be going to free breakfast and lunch for every single child! Guess everyone forgot that after we legalized it!

Bring back field trips! We used to do 6 a year when my kids were in school! Not everything is learned in classrooms!!

Bring back manual toilet flushing and BASIC hygiene teaching! Tooth brushing in the classroom!

Sometimes the things that we do to make our lives easier, leave us lacking BASIC skills!

We need WAY more teacher assistants and classroom volunteers!! (And LESS administration)

Please try to remember your common sense for whatever things you are voting on this year!

Keep up the great work!
Michelle

From: Jacklin Edwards
Sent: 8/3/2021 12:05:00 AM
To: DOH WSBOH
Cc:
Subject: PFAS Drinking Water Standards

External Email

Dear WA Board of Health WA State Board of Health,

Please move forward with adopting strong drinking water standards for PFAS. It's crucial we act now to reduce these immune-compromising toxics and follow the lead of other states that have started turning the tap off PFAS pollution. The draft rule is a positive step to begin to address PFAS in drinking water supplies, but I urge you to keep the process moving and incorporate the following recommendations into the final rule:

1. Ensure the state action levels address all PFAS. The rule should recognize that other harmful PFAS may be present in water and should establish monitoring, limits, and action requirements designed to capture as many of the large PFAS class as possible.
2. All Group A water systems should be required to test on an ongoing basis to make sure contaminated water sources are identified; the rule should not exclude important water systems such as churches, motels, or allow for waivers.
3. Since detection of any of these compounds is an indicator of the presence of other PFAS, the final rule should require that water systems take action to address all PFAS when drinking water exceeds the state action levels.
4. Finally, resources should be sought from the state legislature to support testing of other water systems and private wells and to address contamination.

Sincerely,
Jacklin Edwards
15907 Ash Way
Lynnwood, WA 98087

From: Lindy Mullen
Sent: 7/19/2021 12:19:33 PM
To: elopez-cisneros@swsd101.org,cjepperson@swsd101.org,darussell@swsd101.org,ejohnson@swsd101.org,bbond@s

Mickelson,wbarrett@concrete.k12.wa.us,hparker@concrete.k12.wa.us,mbrondi@concrete.k12.wa.us,jculver
board@lc.k12.wa.us,sdeyo@lc.k12.wa.us,erieger@asd103.org,mcutter@asd103.org,mhanesworth@asd103
Chris,venkatakrishnanpavan@gmail.com,mckennarobertssbe@gmail.com,DOH WSBOH,DOR Skagit County Leg Authority,garlyk@uw.edu,Johnson, Jennifer / Skagit Co (DOHi),codavis@skagitregionalhealth.org,jwolf@washingtonea.org,Leibrand, Howard (DOHi),Simranjit Narwal,lolinger@washingtonea.org,Britt Pfaff-Dunton,eh@co.skagit.wa.us
Cc:
Subject: Don't Mask Our Kids

External Email

July, 21

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Sincerely,

Lindy Mullen Doyle