PETITION FOR ADOPTION, AMENDMENT, OR REPEAL OF A STATE ADMINISTRATIVE RULE

Print Form

In accordance with RCW 34.05.330, the Office of Financial Management (OFM) created this form for individuals or groups who wish to petition a state agency or institution of higher education to adopt, amend, or repeal an administrative rule. You may use this form to submit your request. You also may contact agencies using other formats, such as a letter or email.

The agency or institution will give full consideration to your petition and will respond to you within 60 days of receiving your petition. For more information on the rule petition process, see Chapter 82-05 of the Washington Administrative Code (WAC) at http://apps.leg.wa.gov/wac/default.aspx?cite=82-05.

CONTACT INFORMATION *(please type or print)*

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COMPLETING AND SENDING PETITION FORM

- Check all of the boxes that apply.
- Provide relevant examples.
- Include suggested language for a rule, if possible.
- Attach additional pages, if needed.
- Send your petition to the agency with authority to adopt or administer the rule. Here is a list of agencies and their rules coordinators: http://www.leg.wa.gov/CodeReviser/Documents/RClist.htm.

INFORMATION ON RULE PETITION

Agency responsible for adopting or administering the rule: Board of Health

☒ **1. NEW RULE - I am requesting the agency to adopt a new rule.**

☒ The subject (or purpose) of this rule is: **ICWA is requesting the WA State Board of Health adopt a new, permanent Rule prohibiting the Board from adding to the daycare or school requirements any Emergency Use Authorized (EUA) product or any licensed product formulation which has not yet completed Phase 3 clinical trials. This new rule request pertains to any and all avenues through which the Board has authority to add medical intervention requirements, including through regular or emergency rule-making.**

☒ The rule is needed because: **Despite the absence of an FDA licensed COVID-19 vaccine w/ completed Phase 3 trial studies in children, and despite CDC-acknowledged risks of myocarditis and blood clots, the BOH has gathered a Technical Advisory Group (TAG) to examine adding COVID-19 vaccines to daycare & school requirements. This new rule is needed immediately to ensure that federal EUA regulations are upheld & to protect fully informed consent, which prohibits the use of coercion or undue influence, such as can be exerted by state requirements.**

☒ The new rule would affect the following people or groups: **All minor children, their parents and guardians in WA State.**

We have attached just a few of the many resources available to support this petition. We request adequate time to present more information and expert testimony to the BOH members in-person (or via an online meeting).

InformedCHOICEWA.org

Date: December 28, 2021

To: The Washington State Board of Health Members

From: The Board and Members of Informed Choice WA

Subject: Addendum to Petition Prohibiting Addition to Daycare or School Requirement any Emergency Use Authorization Product, or any licensed medical intervention product that has not completed Phase 3 clinical trials.

Dear Board of Health Members:

As noted in the Petition Filing, we are requesting the WA State Board of Health adopt a new, permanent rule prohibiting the Board from adding to the daycare or school requirements any Emergency Use Authorized (EUA) product or any licensed product formulation which has not yet completed Phase 3 clinical trials. This new rule request pertains to any and all avenues through which the Board has authority to add medical intervention requirements, including through regular or emergency rule-making.

We are requesting this Rule because despite the absence of an FDA licensed COVID-19 vaccine formulation with completed Phase 3 trial studies in children, and despite CDC-acknowledged risks of myocarditis and blood clots and the data showing children are not at high risk of severe disease or death from COVID-19, the BOH has gathered a Technical Advisory Group (TAG) to examine adding COVID-19 vaccines to daycare & school requirements. This new rule is needed immediately to ensure that federal EUA regulations are upheld & to protect fully informed consent, which prohibits the use of coercion or undue influence, such as can be exerted by state requirements.

This new rule would impact and protect all minor children, and their parents and guardians, in WA State.

The Addendum attached provides just a few of the many resources available to support this petition. We request adequate time to present more information and expert testimony to the BOH in person or via an online meeting.

Sincerely,

Xavier Figueroa, Ph.D.

On behalf of the ICWA Board and Members

ADDENDUM

1. **Federal Emergency Use Authorization statutes prohibit school mandates of EUA products**

   "The possible side effects of the vaccine are still being studied in clinical trials. . . Under the EUA, there is an option to accept or refuse receiving the vaccine." source: pp. 4-5 https://www.fda.gov/media/153717/download

   The option to accept or refuse an EUA product is not conditioned upon written assertion of exemption. Medical, personal, or religious exemptions are not required in order to exercise the right to refuse. Under EUA law, a parent or guardian may simply decline a shot for their minor child, without providing explanation or paperwork. A state-level daycare or school requirement introduces the need for filing of exemptions, unlawfully exceeding the parameters set forth by Congress for EUA products.

   "FDA believes that the terms and conditions of an EUA issued under section 564 preempt state or local law, both legislative requirements and common-law duties, that impose different or additional requirements on the medical product for which the EUA was issued in the context of the emergency declared under section 564." Source: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/vaccine-eua-questions-and-answers-stakeholders

2. **Phase 3 clinical trials of COVID-19 vaccines are not yet completed.** C4591007—the main clinical trial in children and young adults with BNT162b2—has an estimated completion date of May 5, 2026. Source:**https://clinicaltrials.gov/ct2/show/NCT04816643**

3. **The vaccine formulation now being given to U.S. children aged 5-11 is NOT the same formulation used in the clinical trials, and NOT the same formulation that has been administered to all other age groups under EUA.** So even when current ongoing clinical trials are complete, the results cannot be assumed to be relevant to the safety or effectiveness of the new formulation.

   "The vaccine that is authorized for use in children 5 through 11 years of age includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has

been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials." Source: p. 2 https://www.fda.gov/media/153717/download

The participants in clinical trials involving children aged 5-11 received "two doses of 10 µg BNT162b2 or placebo (saline)", not the new formulation. Source: Pg. 17 https://www.fda.gov/media/153447/download

Pfizer requested approval of the new formulation when they requested EUA for children 5-11. "Authorization is being requested for a modified formulation of the Pfizer-BioN-Tech COVID-19 Vaccine. Each dose of this formulation contains 10 µg of a nucleoside-modified messenger RNA (mRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2 that is formulated in lipid particles and supplied as a frozen suspension in multiple dose vials. . . To provide a vaccine with an improved stability profile, the Pfizer-BioN-Tech COVID-19 Vaccine for use in children 5-11 years of age uses tromethamine (Tris) buffer instead of the phosphate- buffered saline (PBS) as used in the previous formulation and excludes sodium chloride and potassium chloride." Source: Pg. 14 https://www.fda.-gov/media/153447/download

4. **FDA admits safety unknown.** Children are being used as test subjects, with their parents acquiescing under fraudulent marketing pressure. Public Health messaging does not match the reality of the current knowledge base. At the October 26 VRBPAC meeting, FDA Advisor Dr. Eric Rubin admitted: ". . . .but we're never going to learn about how safe this vaccine is unless we start giving it." Source: @6:52:33 **https://youtu.be/laaL0_xKmmA**

5. **The International Alliance of Physicians and Medical Scientists has declared that children should be excluded from vaccine mandates:**

   "*Consensus is clear among MDs and medical PhDs: following 20 months of exhaustive research, millions of patients treated, hundreds of clinical trials performed and scientific data shared worldwide, they conclude that healthy children and the COVID-recovered should be excluded from restrictions and vaccine mandates."*

   Source: https://globalcovidsummit.org/news/thousands-of-physicians-and-scientists-reach-consensus-on-vaccinating-children-and-natural-immunity

Physicians Declaration II – Updated
Global Covid Summit
International Alliance of Physicians and Medical Scientists
October 29, 2021

WE, THE PHYSICIANS OF THE WORLD, united and loyal to the Hippocratic Oath, recognizing the imminent threat to humanity brought forth by current Covid-19 policies, are compelled to declare the following:

WHEREAS, after 20 months of research, millions of patients treated, hundreds of clinical trials performed and scientific data shared, we have demonstrated and documented our success and understanding in combating COVID-19;

WHEREAS, in considering the risks vs. benefits of major policy decisions, thousands of physicians and medical scientists worldwide have reached consensus on three foundational principles;

NOW THEREFORE, IT IS:

RESOLVED, THAT HEALTHY CHILDREN SHALL NOT BE SUBJECT TO FORCED VACCINATION (view supporting evidence)

- Negligible clinical risks from SARS-CoV-2 infection exist for healthy children under eighteen.
- Long term safety of the current COVID vaccines in children cannot be determined prior to instituting such policies. Without high-powered, reproducible, long term safety data, risks to the long-term health status of children remain too high to support use in healthy children.
- Children risk severe, adverse events from receiving the vaccine. Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children.
- Healthy, unvaccinated children are critical to achieving herd immunity. Natural immunity is proven to tolerate infection, benefiting community protection while there is insufficient data to assess whether Covid vaccines assist herd immunity.

Read the full Declaration complete with hyperlinked citations: https://doctorsandscientistsdeclaration.org