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Open Letter to WA State Board of Health on COVID19 Shots for Children

By Dr. Xavier A. Figueroa
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Region: USA
Theme: Law and Justice, Science and Medicine

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To:

Keith Grellner, R.S., Chair
Dr. Thomas Pendergrass, Vice Chair
Elisabeth L. Crawford, Mukilteo Council Woman
Temple Lentz, M.S., Clark County Council Woman
Vazaskia Crockrell, M.B.A candidate
Fran Bessermin, B.A.
Bob Lutz, MD, MPH
Umair Shah, M.D., M.P.H. and designee of Secretary Shah, Tao Sheng Kwan-Gett, M.D., M.P.H.

From: Xavier A. Figueroa, Ph.D.

Members of the Washington State Board of Health, Department of Health and the Office of the Secretary of Health,

I write to you today on the issue of COVID19 inoculations, mask mandates, and the use of lockdowns. You are all officers on the board of health for Washington State and two of you are elected officials in council member positions. Four of you have advanced medical and scientific training. All of you are failing in your designated duty to protect the health and safety of the citizens of Washington State and in upholding the rule of law.

The recent denial of ICWA's petitions on January 12th, 2022, that was meant to remind the Board of Health (BoH) that federal and state laws are required to be upheld, was summarily dismissed on the grounds that, to quote Dr. Pendergrass, "I do not want to be in the setting where I am preventing some future event from occurring." It is concerning that members of the board agreed and voted to allow future boards to potentially violate state, federal and international law. As the board should be aware, all the COVID19 inoculations are still under

E.U.A. and the provisions under 21 CFR section 360bbb3(a) are still in effect. It is impossible to provide informed consent if you do not have the necessary data (the totality of scientific evidence) to provide to physicians and recipients of medical products, as the clinical trial are ongoing.

A concerning aspect of the BoH's position on the COVID19 inoculations for children and the technical advisory group (TAG) convening is that the TAG should never have been formed in the first place. The BoH holds that the TAG was convened to review all the data on the COVID19 inoculations, but that cannot be possible. SARs-CoV-2, for our younger population, does not demonstrate a significant morbidity or mortality risk compared to pneumonia and influenza (P&I; Figure 1). The current totality of scientific evidence already demonstrates a far greater threat to the health and safety to our children from these experimental therapies (Pfizer/BioNTech, ModeRNA and Janssen) than the SARs-CoV-2 virus ever did (Figure 2). What is apparent is the bias displayed by the Washington State DoH in presenting data to the BoH and overreliance on the Western States Scientific Safety Review Workgroup. This does not relieve the BoH of its responsibility to demand a complete review of the existing data. If the Washington State BoH was solely reliant on the Western States Scientific Safety Review Workgroup recommendations, the BoH has left gaping holes in its review of the totality of scientific, epidemiological, safety and medical data that it needed to analyze.

I am sure that I do not need to remind the BoH that all PCR/NAAT and antigen tests are in the market under an emergency use authorization (E.U.A.). They are not cleared to diagnose or even have a guarantee of being accurate or reliable. Medical and technical publications on the reliability of the PCR/NAAT tests show a wide range of false positivity (See this; BMJ 2020;369:m1808 doi: 10.1136/bmj.m1808; see this), as well as the need of verifying the ability to culture virus in order to guarantee that PCR tests have a modicum of reliability at Ct values above 30 cycle times (see this). The indicated articles are just a sampling of what has been published questioning the reliability and accuracy of these tests.

The reliability of the 6 month results from the Pfizer clinical trial as an indicator of the outcomes of the general population have been questioned (see this) and the post-authorization (note: this is not a post-marketing surveillance report) review by Pfizer itself shows a higher than expected morbidity and mortality (***5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021***; see this): 1,223 deaths out of 42,086 patients (a 2.9% risk of death). This is unprecedented and concerning that the BoH has not addressed or acknowledged the Pfizer report and event. I am unaware that the Western States Scientific Safety Review Workgroup has even commented or reviewed this information.

The totality of evidence in the United States of America is indicating that there is a tightly linked correlation between COVID19 administration and reports to the VAERS system (Figure 2). Until coroners and local pathologist begin the critical autopsy work on these patients, we have to rely on these systems to make health policy choices. So far, the roll out of the COVID19 inoculations are indicating a higher rate of AEs, SAEs (stroke and myocarditis) and death than historical averages for all recent vaccine reports (Figure 3). Even comparing all VAERS deaths from 1990 up to 2021, the totality of deaths is orders of magnitude higher than the closest comparable year (2018-2019) and exceeds six-sigma deviations (Figure 4). I have not seen a single statement by the BoH and the Western States Scientific Safety Review Workgroup comment or review any of the data presented here in this letter.

The reports submitted to VAERS are supported by over 1022 peer-reviewed medical article (see references) that align with the list of expected side effects that were disclosed at the FDA Vaccines and Related Biological Products Advisory Committee – 10/22/2020; (see this). The potential side effects are listed:

1. Guillain-Barré syndrome
2. Acute disseminated encephalomyelitis
3. Transverse myelitis
4. Encephalitis/encephalomyelitis/meningoencephalitis/meningitis/encepholapathy
5. Convulsions/seizures
6. Stroke
7. Narcolepsy and cataplexy
8. Anaphylaxis
9. Acute myocardial infraction
10. Myocarditis/pericarditis
11. Autoimmune disease
12. Death
13. Pregnancy and birth outcomes
14. Other acute demyelinating diseases
15. Thrombocytopenia
16. Disseminated intravascular coagulation
17. Venous thromboembolism
18. Arthritis and arthralgia/joint pain
19. Kawasaki disease
20. Multisystem Inflammatory Disease in Children
21. Vaccine enhanced disease

The table above highlights the most common reported post-vaccine associated side effects that are in the attached list of Articles/Reports. [[1]NOTE: the table does not reflect total reported adverse events in these categories. See more below.] The articles were collated and prepared by the Save us Now network (see this), but I was able to confirm that all are peer-reviewed articles or related to the post-vaccine effects or programs/policy to reduce vaccine hesitancy.

This should be more than sufficient to cause a moment of pause by the members of the BoH and to re-assess the appropriateness of continuing with the current path.

As part of my writing to you, I have a few questions that I would like answered by Secretary Shah, his designee or the members of the DoH and the BoH.

1. When the COVID19 vaccination program began in Washington State, were any members of the Secretary of Health's office, the Washington State DoH or the BoH provided with the list of potential side effects that were presented to the Vaccines and Related Biological Products Advisory Committee? Did the Western States Scientific Safety Review Workgroup review the data available or the known and unlisted components of the COVID19 inoculations?

2. If a potential list of side effects was not provided, what steps (if any) did the Secretary of Health's office, the Washington State DoH or the BoH take to

acquire a list of potential side effects and the ingredients in the injections? Was there a request sent to the Western States Scientific Safety Review Workgroup to provide you with such information?

3. What steps (if any) did the Secretary of Health's office, the Washington State DoH or the BoH take to ensure that physicians, clinicians, nurses, pharmacists, and other health care professionals could provide informed consent to individuals receiving these COVID19 inoculations?

4. Where there any discussions or meetings held by the Secretary of Health's office, the Washington State DoH or the BoH to establish a stopping condition for the COVID19 inoculation program?

5. Where there any attempts or recommendations by any members of the Secretary of Health's office, the Washington State DoH or the BoH to request or review deaths ore serious adverse events that may have been linked to any of the COVID19 inoculations in Washington State?

6. Have any members of the Secretary of Health's office, the Washington State DoH or the BoH attempted to collect or review autopsy or pathology data on adults or children reported to have died following or be suspected of dying from one of the COVID19 inoculations?

7. The Western States Scientific Safety Review Workgroup announced on May12, September 24, October 22, November 19 of 2021 and January 5, 2022 that they had reviewed the data from the Pfizer, ModeRNA and Janssen clinical trial and were continuing to recommend COVID19 inoculations from Pfizer, ModeRNA and Janssen, as well as the boosters. Has the Western States Scientific Safety Review Workgroup commented on or analyzed the Pfizer CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021? Has the Secretary of Health's office, the Washington State DoH or the BoH reviewed the same?

I am sure that I will have more questions as time and information from public and private sources become available. I look forward to receiving your information and learning more about the process and decision making used by the various offices and departments. I hope that this dialogue will help to support the health and safety for all Washingtonians.

Very Respectfully,

Xavier A. Figueroa, Ph.D.

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Notes

[1] The current total federal VAERS numbers matching the adverse events listed in the above table can be found using Medalerts.org. For example, a search of the term “myocarditis” and “COVID19 vaccine” found 10,959 mentions. These numbers do not include reports to the CDC’s V-Safe App.

Click here for a list of articles and reports pertaining to COVID-19.

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