3490

From: Daniele Williard
To: IRRC
Subject: DOH Ruling on Comminicable and Non-communicable Diseases. Regulation number 10-242, IRRC number 3490
Date: Friday, August 14, 2026 3:30:00 PM

Good afternoon!
I am writing in regards to the above proposal and my thoughts.
My main concern is Section 27.60c(a)-(c), regarding contact tracing in schools, specifically allowing DOH unrestricted access to students in schools when it pertains to contact tracing or partner services. I object to this, as I am not comfortable with anyone having a medical conversation or medical exam of my child without my consent or my knowledge. I feel that this information should be given to the parents prior to any such exam or conversation so they have the option to be present if a situation like this was to arise.
Also in Section 27.60c, is the proposal to allow DOH or local health authorities access to essentially any building, public or private, to conduct an investigation. This is, in my opinion, equal to breaking and entering. NO government agency should have the ability to legally enter a private residence without a warrant. Imagine the power trip this would give the wrong individuals who could just enter any home they please with no checks and balances in place? They should have to follow the same process as law enforcement - lawfully obtain a warrant and follow the same or similar procedures when this situation were to arise.
Also concerning, is Section 27.60e and Section 27.44. These are both concerning violations of HIPPA privacy laws. Again, the government should never have unprecedented access to the private areas of citizens lives. The government should have to be responsible for obtaining legal release forms, not the citizen responsible for providing an “opt-out” form. I do not feel comfortable with anyone, including the government, obtaining mine or any of my family’s private records. As a nurse, I have to do a number of things to be sure that my patients’ information is well protected or I could lose my job and/or my license. So why should the government have a free pass?
Section 27.161-27.162 is also a concerning proposal. If we are going to “restrict based on suspicion,” where does it stop? As a consumer of raw milk products, I have a unique viewpoint of this concern. While I understand that there is a risk of consuming raw milk products, that risk is no different then consuming raw produce that I purchase from the grocery store. There is ALWAYS going to be a chance of contamination. So where do we draw the line? This is one of those regulations that will simply target the people already following the rules. If someone is selling a shoddy product, they probably aren’t following the current regulations and aren’t going to care much that their product may be restricted. However, a dairy farmer like mine, for example, who follows the regulations incredibly closely, tests his milk regularly, and maintains and incredibly clean operation, is a far more likely way to decrease the chances of having an outbreak. So let’s focus on the farmers who are putting profit over safety, and stop targeting the people who are just trying to do the best they can to provide a high quality product to their community as well as provide for their family. I also think this proposal is incredibly unfair to smaller, local producers. If there is legitimate evidence showing that a product is causing harm, then it is precedented to remove that item from the shelves. But without evidence? If the product is found to NOT be tainted, what will the DOH do to help these small producers recoup their losses? Larger businesses can eat those costs, while smaller, local businesses may be put out of business. And I, for one, trust my local producers far more then those large corporations shipping products thousands of miles and only being concerned about their bottom line.
Section 27.87(c) also infringes on religious liberties. No person should EVER have any medical treatment forced on them for ANY reason, no matter what is recommended or not. We have free will. Just because something is not “evidence-based” does not mean that someone shouldn’t be able to choose that course of action. Let’s really think about it .. there has been many times in history where “evidence-based” has been proven incorrect, so frankly, I don’t always trust the science, and I should be able to make the decision for myself and my family that I feel is the best for us based on our religious, moral, and personal beliefs.
Nevertheless, there are several proposals that I agree with, including the continued ability to object vaccination based on a strong moral, ethical, or religious conviction, as well as recognizing natural immunity/serologic evidence of immunity in several instances. I also support not accepting ACIP recommendations without going through appropriate procedures. I think that these portions of the proposal allow for citizens to be active participants in their healthcare decisions and help decrease the chance of the government overstepping boundaries.

As a Registered Nurse employed in a critical care unit for the past 15 years, I understand the importance of keeping the public safe from communicable disease. But I also know how I felt my rights were severely infringed upon during the COVID pandemic and I promised myself that I would not keep silent in the future. So I respectfully submit my thoughts as well as my concerns about this proposal. If there are any questions regarding the above, please feel free to reach out.
Thank you for your time,
Daniele Spicher