

**From:** [Tabatha L](#)  
**To:** [Health](#)  
**Subject:** Attn to: Board of Health Members  
**Date:** Tuesday, January 07, 2020 10:28:16 AM

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Hello,  
Please forward this email to all members of the Board of Health.  
Thank you! Tabatha

Dear Board Member,

Please vote against the proposed Immunization Policy Position Statement which supports the removal of all non-medical exemptions.

Rep. Lynn Morris, R-Nixa, said he is a pharmacist that isn't against vaccines, but said he is for safe vaccines and for the right of people to choose what they have done with their children.

**"I think it's a very slippery slope that we go down if we allow state governments, local governments and federal governments to mandate what they inject into our children and even into our adults," -Morris.**

This is about PARENTAL RIGHTS. This isn't a law like "wearing your seatbelt" (which also isn't a "one size fits all") this is a medical procedure in which you would be forced to inject your children with foreign DNA, neurotoxins, heavy metals, and possible retroviruses per the CDC schedule. The same CDC Schedule that has NEVER BEEN TESTED FOR SAFETY as administered. There would be no 'opting out' for even one- including the flu shot- or postponing. CANCER CAUSING RETROVIRUSES such as **SV40** which was discovered in the POLIO VACCINE years later. – See documents below.

Vaccine Manufactures and Doctors are not liable if your child dies or has an adverse reaction. Reactions are NOT always mild! Thousands of parents are grief stricken and pained after watching their healthy child develop a seizure disorder, auto-immune disease, food allergies, regress into autism DAYS after shots, etc, or die as a direct result of being vaccinated. WE DESERVE SAFE AND EFFECTIVE VACCINES- and VACCINE MANUFACTURERS NEED TO BE LIABLE AGAIN, BEFORE WE ARE MANDATED TO INJECT OUR CHILDREN.

**If there is risk, there should be a choice.**

- **Japan BANNED THE MMR VACCINE** years ago- because of so many adverse reactions!
- **The Flu Vaccine is roughly 30% effective and there are documented adult and child deaths due to the flu vaccine. Other reactions include: Blood and lymphatic system disorders, immune system disorders, anaphylactic shock, nervous system disorders, convulsions (including febrile seizures) encephalomyelitis, encephalopathy, transverse myelitis, (paralysis of limbs) Guillain-Barre Syndrome, vascular disorders, influenza- like illness, partial facial paralysis...**
- **13.1 of Vaccine Inserts read: Has not been tested for carcinogenic, mutagenic potential or for impairment of fertility.**
- **Harvard University conducted a million dollar study over 3 years which showed around 1% of vaccine injuries/reactions are reported.**
- **Merck Fighting Fraud Lawsuits** in U.S. Courts on MMR and Gardasil Vaccines

o According to the World Health Organization's (WHO) VigAccess database, as of

April 09, 2018, a total of 85,329 reports of adverse reactions have been filed regarding the HPV vaccination. These reports include 37,699 reports of nervous system disorders; 2450 cardiac disorders, (including 38 cardiac arrests) 533 reports of Postural orthostatic tachycardia syndrome (POTS); over 3200 reports of seizures or epilepsy, 8453 syncope and 389 deaths.

• **Published Peer Reviewed Vaccinated vs Unvaccinated Study:**

[https://www.ageofautism.com/2017/05/pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-12-year-old-us-children.html?fbclid=IwAR03qVLrP3ISJmsvxfJzaTiFhoTmlQvNWHNgwHvIte0o\\_1LazL7EMng4trQ](https://www.ageofautism.com/2017/05/pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-12-year-old-us-children.html?fbclid=IwAR03qVLrP3ISJmsvxfJzaTiFhoTmlQvNWHNgwHvIte0o_1LazL7EMng4trQ)

My younger sister had shingles at 8 years old as a result of getting the chickenpox vaccine.

I, myself, was vaccine injured after my second dose of Gardasil almost 10 years ago. The years that followed were full of pain and frustration- and thankfully I was able to heal many years later. I was always “Pro-Vax.” I first began to question vaccine safety after my experience but it was when I met a grieving mother that I gave my full attention to the issue.

I found it wasn't all too uncommon. The vast majority of vaccine injuries are ruled “SIDS” or “Unexplained/Undetermined” and the recurring statement from parents is that the Doctors scoff at, completely discredit, and deny ANY possible correlation to vaccination. Even in cases where their entirely healthy child was given their shots and hours later developed a high fever, had seizures, screamed unconsolably for hours, went to the ER, and as they ‘recovered’ they lost developmental milestones. These are children who were once perfectly healthy prior, who lost eye contact, motor skills, stopped smiling, stopped talking, and developed severe gastrointestinal issues. Some head bang, some stop using the bathroom as they once were, (are back in diapers) while some will remain in diapers for the rest of their lives. Doctors say it is a coincidence.

Thanks to the **National Childhood Vaccine Injury Act of 1986** we can no longer hold vaccine manufacturers liable for injuries and deaths. Instead these “Confirmed” cases are paid out by the Vaccine Adverse Event Reporting System (ESP:VAERS). **With a maximum compensation of \$250,000.** Since this took affect they've paid out **more than 4 BILLION dollars. (\$4,000,000,000+)**

**A Harvard Study showed an estimated 1% of vaccine reactions are ever reported.** This isn't surprising when parents are laughed at for voicing concerns of correlation. You do need a doctor to sign off after all!

**Please view the document I sent titled #WE VACCINATED- Faces of Vaccine Injury**

**It is no secret aborted fetal cells are necessary in the production of current and future vaccine development. There are many people who oppose abortion on moral grounds and do not claim any religious affiliation. Many vaccines are derived via aborted babies. By stating you can only oppose on religious grounds undermines the right of the individual and assumes they cannot have innate morals. I've attached a file on Abortion and Vaccines. Some articles are faith based but the bottom line is- you don't have to be religious to honor all life. And you should have the choice to do so. You don't have to be religious to stand on moral ground.**

<https://www.jpands.org/jpands2102.htm>

## Journal of American Physicians and Surgeons

- 47 Combining Childhood Vaccines at One Visit  
Is Not Safe  
*Neil Z. Miller*  
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<https://www.jpands.org/vol21no2/miller.pdf>

## **Combining Childhood Vaccines at One Visit Is Not Safe Neil Z. Miller**

### **ABSTRACT**

Although health authorities including the Centers for Disease Control and Prevention (CDC) claim that childhood vaccines are safe and recommend combining multiple vaccines during one visit, a review of data from the Vaccine Adverse Event Reporting System (VAERS) shows a dose-dependent association between the number of vaccines administered simultaneously and the likelihood of hospitalization or death for an adverse reaction. Additionally, younger age at the time of the adverse reaction is associated with a higher risk of hospitalization or death.

### **Background**

In the 1980s vaccine manufacturers were frequently sued by the parents of children who were permanently disabled or died following vaccination. After paying out millions of dollars in these lawsuits, vaccine manufacturers were prepared to stop producing vaccines unless the federal government provided them with immunity from jury verdicts. In response to pharmaceutical manufacturers' threat to close their own vaccine factories, in 1986 Congress passed the National Childhood Vaccine Injury Act (NCVIA), protecting vaccine manufacturers from most financial liability associated with their products. Under NCVIA, the National Vaccine Injury Compensation Program (VICP) was created to provide cost-effective arbitration for vaccine injury claims. Vaccine manufacturers can no longer be sued in a state or federal court for damages arising from a vaccine-related injury or death unless a petition for compensation under the new program is filed and denied. Compensation under the program is paid for by a 75-cent excise tax on every vaccine purchased. (MMR contains three vaccines, so the tax is \$2.25.) The money goes into a Trust Fund managed by the U.S. Department of the Treasury. As of Mar 1, 2016, more than \$3.2 billion had already been paid out, most of it to compensate parents whose children were severely disabled or died after receiving vaccines.<sup>1</sup> Today, vaccine manufacturers not only make millions of dollars annually from their lucrative business, but they have been disincentivized from producing safer vaccines, since they are shielded from liability when their mandatory products harm consumers.

### **Vaccine Adverse Event Reporting System (VAERS)**

The new federal law also required medical workers to report suspected vaccine reactions to a centralized reporting system. As a result, the Vaccine Adverse Event Reporting System (VAERS), jointly operated by CDC and the U.S. Food and Drug Administration (FDA), was established in 1990. VAERS is a national vaccine safety surveillance program that collects information about possible adverse reactions to vaccines. This large database is accessible to the general public, including independent researchers who may use it to look for patterns in the data that might indicate vaccine safety concerns or problems.<sup>2</sup>

VAERS is a passive surveillance system, which means that reports about adverse events are not automatically collected. VAERS relies on doctors and nurses to voluntarily submit reports, although vaccine recipients and parents may also file reports. Vaccine manufacturers are required to report all adverse events of which they become aware. Since 1990, the VAERS database has received more than 500,000 reports of suspected adverse reactions to vaccines. Although this represents a large number of people who may have been hurt by vaccines, under-reporting is a known limitation of passive surveillance systems. This means that VAERS only captures a small fraction of actual adverse events. In fact, shortly after VAERS was established, a large vaccine manufacturer, Connaught Laboratories, estimated "about a 50fold under-reporting of adverse events in the passive reporting system."<sup>3</sup> Perhaps 98% of all adverse reactions to vaccines are not included in the VAERS database, and up to 25 million

U.S. citizens could have been adversely affected by vaccines in the past 25 years. This well-known disadvantage of a passive reporting system, as opposed to an active surveillance system in which medical workers are trained to systematically collect all cases of suspected adverse vaccine reactions, is rarely acknowledged by health authorities when vaccine safety is discussed. Although VAERS collects information about adverse events that occur after vaccines are administered, it should be noted that a report is not a confirmation that a vaccine caused the event. Health authorities like to emphasize this point whenever VAERS data are used in a study with findings that are critical of vaccines. The implication is that studies using VAERS are unreliable and should be disregarded. However, CDC considers VAERS an important vaccine safety assessment tool and regularly conducts its own studies using VAERS data, often to justify maintaining national vaccination campaigns.

#### CDC Studies Utilizing VAERS

In May 2015, the CDC published a study in *Clinical Infectious Diseases* that analyzed the VAERS database for reports of serious adverse events after MMR vaccination in adults. CDC researchers found that the vaccine was often administered to pregnant women, a group in whom the vaccine is contraindicated, “suggesting the need for continued provider education on vaccine recommendations and screening.” Although 5% of reports were serious, including several deaths, CDC researchers concluded that “in our review of VAERS data, we did not detect any new or unexpected safety concerns for MMR vaccination in adults.”<sup>4</sup> In November 2014, CDC published a study in the journal *Vaccine* that analyzed VAERS reports associated with the live attenuated influenza vaccine (LAIV3). Although 8.9% of reports were classified as serious (e.g., cardiovascular events, neurological debilities, and fatalities) CDC researchers concluded that “review of VAERS reports are reassuring, the only unexpected safety concern for LAIV3 identified was a higher than expected number of Guillain-Barré syndrome reports in the Department of Defense population, which is being investigated [sic].”<sup>5</sup>

#### Combining Childhood Vaccines at One Visit Is Not Safe Neil Z. Miller

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In June 2013, the CDC published a study in the journal *Pediatrics* that analyzed the VAERS database to assess intussusception events in recipients of two rotavirus vaccines, RotaTeq and Rotarix. (Intussusception is a serious intestinal condition that may require emergency surgery and can be fatal.) Although there were hundreds of confirmed intussusception events after vaccination, and a statistically significant clustering of intussusception events 3 to 6 days after the first dose of RotaTeq vaccination, CDC researchers concluded that an increased risk of intussusception “is outweighed by the benefits of rotavirus vaccination.”<sup>6</sup> These studies and others confirm that CDC considers VAERS an important post-marketing vaccine safety surveillance tool. Therefore, nobody should be swayed into believing the VAERS database does not contain immensely valuable raw data to be used by independent researchers conducting studies that evaluate the safety of U.S. mandated vaccines. For example, Mark Geier, M.D., Ph.D., independent researcher and former professional staff member at the National Institutes of Health (NIH), published several studies utilizing the VAERS database showing that vaccines containing thimerosal (mercury) significantly increase the odds of developing neurological disorders, including autism.<sup>7-9</sup> Independent researchers Lai and Yew utilized the VAERS database and discovered that patients who received a Herpes zoster (shingles) vaccine were more than twice as likely to subsequently develop arthritis or alopecia compared to a nonvaccinated control group.<sup>10</sup> Other independent researchers have used VAERS to document numerous vaccine safety concerns; some of their peer-reviewed papers are summarized in Miller’s *Review of Critical Vaccine Studies*.<sup>11</sup>

#### The Safety of Simultaneous Vaccines

Although CDC recommends polio, hepatitis B, diphtheria, tetanus, pertussis, rotavirus, Haemophilus influenzae type B, and pneumococcal vaccines for two-, four-, and six-month-old infants, this combination of eight vaccines administered during a single physician visit was never tested for safety in clinical trials. This is at odds with a CDC report that found that mixed exposures to chemical substances and other stress factors, including prescribed pharmaceuticals, may produce “increased or unexpected deleterious health effects.” This CDC report also noted that “exposures to mixed stressors can produce health consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures.”<sup>12</sup> Thus, CDC is well aware that mixing several pharmaceutical products increases the likelihood of synergistic toxicity and unexpected adverse reactions. Nonetheless, CDC urges infants to receive multiple vaccines concurrently without scientific evidence to confirm the safety of this practice. Administering six, seven, or eight vaccine doses to an infant during a single physician visit is certainly more convenient for parents, as opposed to making additional trips to the doctor’s office, and increases the likelihood that the infant will receive all the vaccines, but vaccine safety must remain the highest priority. In 2002, the journal *Pediatrics* published a paper by Dr. Paul Offit, director of the Vaccine Education Center at Children’s Hospital of Philadelphia, in which he claimed that based upon certain immunological and mathematical assumptions, “each infant would have the theoretical capacity to respond to about 10,000 vaccines at any one time.”<sup>13</sup> Ten years later, in 2012, G.S. Goldman and I conducted a study that examined this astonishing claim.<sup>14</sup> We started by downloading the complete VAERS database from 1990 through 2010. There were more than 325,000 VAERS

reports. We then eliminated all case reports that were not associated with infants (babies aged up to one year). This left us with 38,801 VAERS reports in which infants had adverse events after receiving one or more vaccine doses. Next, we determined how many vaccine doses each infant received prior to the adverse event. (A computer program was written to make these calculations.) For example, if an infant received a hepatitis B vaccine and a rotavirus vaccine prior to the adverse event, it was recorded as two vaccine doses. DTaP is administered with one injection but contains three separate vaccine doses, for diphtheria, tetanus, and acellular pertussis. Thus, if an infant received a polio vaccine, a pneumococcal vaccine, and DTaP prior to the adverse event, it was recorded as five vaccine doses. Some babies received six, seven, or eight doses prior to an adverse event. This was not unusual because of the CDC recommendations noted above, plus its recommendation for two doses of an influenza vaccine during infancy. Finally, we isolated the “serious” adverse events— hospitalizations and death—from non-serious events, such as fever and local reactions. About 13% of all adverse events reported to VAERS are classified as serious, involving lifethreatening conditions, hospitalization, permanent disability, or death. We sought to determine whether there were any trends or patterns associated with the number of vaccine doses an infant received and the likelihood that the adverse event reported to VAERS would require hospitalization or result in death.

### Vaccine Doses and Hospitalizations

Of the 38,801 VAERS reports that we analyzed, 969 infants received two vaccine doses prior to the adverse event and 107 of those infants were hospitalized: a hospitalization rate of 11%. Of 1,959 infants who received three vaccine doses prior to the adverse event, 243 of them required hospitalization: 12.4%. For four doses, 561 of 3,909 infants were hospitalized: 14.4%. Notice the emerging pattern: Infants who had an adverse event reported to VAERS were more likely to require hospitalization when they received three vaccine doses instead of two, or four vaccine doses instead of three. The pattern continues: Of 10,114 infants who received five vaccine doses prior to the adverse event, 1,463 of them required hospitalization: 14.5%. For six doses, 1,365 of 8,454 infants were hospitalized: 16.1%. For seven doses, 1,051 of 5,489 infants were hospitalized: 19.1%. And for eight doses, 661 of 2,817 infants were hospitalized: 23.5%. The hospitalization rate increased linearly from 11.0% for two doses to 23.5% for eight doses.

Linear regression analysis of hospitalization rates as a function of the number of reported vaccine doses yielded a linear relationship, with an R2 of 0.91. Note: The hospitalization rate of infants who received just one vaccine dose was disproportionately high (16.3%) due to the hepatitis B vaccine administered at birth. As such, the hospitalization rate corresponding to one dose is an outlier and was excluded from the linear regression analysis.

#### Vaccine Doses and Mortality

Our study also calculated the case fatality ratio (mortality rate) among vaccinated infants, stratified by the number of vaccine doses they received. Of the 38,801 VAERS reports that we analyzed, 11,927 infants received one, two, three, or four vaccine doses prior to having an adverse event, and 423 of those infants died: a mortality rate of 3.6%. The remaining 26,874 infants received five, six, seven, or eight vaccine doses prior to the adverse event and 1,458 of them died: 5.4%. The

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**mortality rate for infants who received five to eight vaccine doses (5.4%) is significantly higher than the mortality rate for infants who received one to four vaccine doses (3.6%), with a rate ratio (RR) of 1.5 (95% CI, 1.4-1.7). Of infants reported to VAERS, those who had received more vaccines had a statistically significant 50% higher mortality rate compared with those who had received fewer.**

#### The Age Effect on Hospitalizations and Death

Our study also analyzed whether the age at which an infant received vaccines had an effect on hospitalizations and death. Of the 38,801 VAERS reports that we analyzed, 765 concerned infants six-weeks-old or younger who received one or more vaccine doses prior to the adverse event, and 154 of those infants were hospitalized: a hospitalization rate of 20.1%. Of 5,572 infants aged six months at vaccination, 858 were hospitalized: 15.4%. Of 801 infants who were nearly a year old when they were vaccinated, 86 were hospitalized: 10.7%. The hospitalization rate decreased linearly from 20.1% for neonates to 10.7% for older infants. Linear regression analysis of hospitalization rates as a function of patient age yielded an R2 of 0.95. In the 38,801 VAERS reports we analyzed, 26,408 infants were younger than six months. **After receiving one or more vaccine doses, 1,623 of those infants died: a mortality rate of 6.1%. The remaining 12,393 infants were between six months and one year of age. After receiving one or more vaccine doses, 258 of them died: 2.1%. The mortality rate for vaccinated infants younger than six months was significantly higher than the mortality rate for vaccinated infants aged between six months and one year,** with an RR = 3.0 (95% CI, 2.6-3.4). Infants who had an adverse event reported to VAERS were significantly more likely to be hospitalized or die if they were younger rather than older at the time of vaccination. Summary of Results and Media Response Our study showed that infants who receive several vaccines concurrently, as recommended by CDC, are significantly more likely to be hospitalized or die when compared with infants who receive fewer vaccines simultaneously. It also showed that reported adverse effects were more likely to lead to hospitalization or death in younger infants. These findings are so troubling that we expected major media outlets in America to sound an alarm, calling for an immediate reevaluation of current preventive health care practices. But 4 years after publication of our study, this has not happened. Could it be because, according to Robert Kennedy, Jr., about 70% of advertising revenue on network news comes from drug companies? In fact, the president of a network news division admitted that he would fire a host who brought on a guest that led to loss of a pharmaceutical account. That may be why the mainstream media won't give equal time to stories about problems with vaccine safety.<sup>15</sup> Conclusion The safety of CDC's childhood vaccination schedule was never affirmed in clinical studies. Vaccines are administered to millions of infants every year, yet health authorities have no scientific data from synergistic toxicity studies on all combinations of



vaccines that infants are likely to receive. National vaccination campaigns must be supported by scientific evidence. No child should be subjected to a health policy that is not based on sound scientific principles and, in fact, has been shown to be potentially dangerous.

Undesirable outcomes associated with childhood vaccination can be reduced by requiring national vaccination policies to be supported by scientific evidence, holding vaccine manufacturers accountable when their products harm consumers, and urging major news outlets that rely on pharmaceutical advertising revenue to change their business models so that crucial scientific research, regardless of how controversial it may be, is widely disseminated into the public domain. Meanwhile, the evidence presented in this study shows that multiple vaccines administered during one visit, and vaccinating young infants, significantly increase morbidity and mortality. Parents and physicians should consider health options associated with a lower risk of hospitalization or death.

Neil Z. Miller is a medical research journalist. Contact: [neilzmiller@gmail.com](mailto:neilzmiller@gmail.com). Disclosures: No conflicts of interest were disclosed.

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1. US supreme court ruled vaccines "unavoidably UNSafe" in 2011 . 1 Bruesewitz v. Wyeth LLC, <http://www.supremecourt.gov/opinions/10pdf/09-152.pdf>

2. According to David Kessler, former commissioner of the FDA, "only about one percent of serious events [adverse drug reactions] are reported." *Human and Experimental Toxicology*, 31(10) 1012-1021, DOI: 10.1177/0960327112440111, Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990-2010

3. In 1986 Congress passed the "National Childhood Vaccine Injury Act" which removed financial liability from vaccine manufacturers and placed it on taxpayers with a \$ 0.75 tax on every vaccine given. (42 U.S.C. § 300aa-1 et seq., and Bruesewitz, supra.) The National Vaccine injury compensation program has paid out over \$4.1 BILLION for vaccine injuries and deaths since 1989.

<http://www.hrsa.gov/vaccinecompensation/>

4. Approximately 5% of the vaccine injuries and deaths reported to VAERS.gov ever reach Vaccine Court. The majority of families are forced to carry the physical and financial burden of caring for an injured child themselves as are taxpayers via schools and Medicare. Only a FRACTION of the above cases ever receive payout from the NVICP because families are responsible to 'PROVE' the vaccine caused the death or injury. "while individuals may file VICP claims for these vaccines, each petitioner must demonstrate that the vaccine that was administered caused the alleged injury." 51% of Claims take 5+ years to Adjudicate. <http://www.gao.gov/assets/670/667135.pdf>

5. Vaccines Have "NOT been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility" – as stated in package inserts. (Take notice of section 13.1 ie: MMRII insert top page 6, and in the other vaccine inserts as well.)  
[http://www.merck.com/product/usa/pi\\_circulars/m/mmr\\_ii/mmr\\_ii\\_pi.pdf](http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf)

6. The pharmaceutical industry is the biggest defrauder of the federal government under the False Claims Act. (<http://www.fraudwhistleblowersblog.com/2014/02/>) 1 In a recent 5-year period, \$19.2 billion were returned from attempts to defraud federal health programs, more than twice that of the previous 5 years. (False Claims Act, Feb 2014 archive.)

7. Religious beliefs are protected under the US constitution:

14th Amendment (section 1) US Supreme court rulings state parents have the "right to parent their children" including Medical Decisions...without state intervention-unless the state has deemed them "unfit". (Troxel v. Granville, 530 U.S. 57 [2000])

1st Amendment of the US Constitution ONLY requires a "Religious Belief" to be "religious in nature" and "sincerely held." (Sherr and Levy vs. Northport East-Northport

Union Free School District, 672 F. Supp. 81, [E.D.N.Y., 1987]; Mason v. General Brown Cent. School Dist., 851 F.2d 47 [2nd Cir. 1988], Lewis v. Sobel, 710 F. Supp. 506, 512 [S.D.N.Y. 1989]; and Farina v. The Board of Education, 116 F. Supp.2d 503 [S.D.N.Y. 2000] are cases that cite United States v. Seeger, 380 U.S. 163, 85 S.Ct. 850 and other U.S. Supreme Court cases)

8. Universal Declaration on Bioethics and Human Rights:

U.N. Article 3 – Human dignity and human rights 1. Human dignity, human rights and fundamental freedoms are to be fully respected. 2. The interests and welfare of the individual should have priority over the sole interest of science or society.

U.N. Article 28 – Denial of acts contrary to human rights, fundamental freedoms and human dignity: Nothing in this Declaration may be interpreted as implying for any State, group or person any claim to engage in any activity or to perform any act contrary to human rights, fundamental freedoms and human dignity.

U.N. Article 6 – Consent: Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

[http://portal.unesco.org/en/ev.phpURL\\_ID=31058&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.phpURL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html)

Thank you,

Tabatha Lindle



**From:** [Jordan Lindle](#)  
**To:** [Health](#)  
**Subject:** Please forward to all members of the Board of Health  
**Date:** Tuesday, January 07, 2020 10:28:30 AM  
**Attachments:** [Christian Vaccine Waiver.docx](#)

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Hello,  
Please forward this email to all of the members of the Board of Health.  
Thank you,  
Jordan

Dear Board of Health Member,

Please vote NO on the proposed Immunization Policy Position Statement which supports the removal of all non-medical exemptions.

Every product in a free market has natural controls.

One of those is: If a product repeatedly causes harm, the manufacturer will lose money via lawsuits. This cuts into profits for them- and they will be forced make a better product.

They took that from us in 1986.

Another natural control is the demand for the product.

But, they are trying to take the freedom of CHOICE away, too.

Less and less people are purchasing this product because they have seen it injure or cause death, far too often. That, cuts into profits. (Ie: personal conviction waivers)

If manufacturers are (naturally) forced to make a safe and effective product, then we will be more willing to buy it.

These laws are taking away any accountability and motivation for them to do that.

If our elected officials keep making laws that protect corporate profits and harm consumers then THIS GENERATION will be the first to see the death of progress for the people.

Its looking less like a Government for the people, and more like the Government for corporate profit.

Harvard University conducted a 3 year study on the Vaccine Adverse Event Reporting System- they estimated roughly 1% of events are reported. VAERS has paid out over \$4,000,000,000. (Four Billion) for injuries and deaths.

Again, most of these reactions are obvious to parents but doctors completely dismiss any correlation and deem it a coincidence. Even when hours prior to shots they were perfectly healthy. They are taught vaccines are ALWAYS safe and effective.

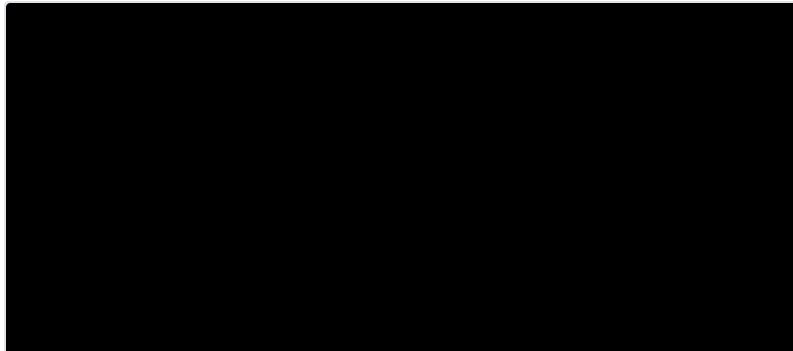
Please take a moment to review these short videos.

<https://m.youtube.com/watch?feature=youtu.be&v=FprO0hvXpeQ> – Understanding Both “Sides” -Childhood Epidemic Facts

<https://www.facebook.com/Yvette.Bronx/videos/10208403143635459/> - CDC’s ACIP vote on new vaccine. Understand “Post Marketing Data” – We are Guinea Pigs.

<http://www.vaxxed.com/home/> - Over 7,000 stories of vaccine injury.

[Don't Vaccinate to Protect My Cancer Kid](#)



**Don't Vaccinate to Protect My Cancer Kid**

I read with great interest the recent 'measles epidemic' articles that addressed the vaccine debate from the poi...

WE DESERVE SAFE AND EFFECTIVE VACCINES.

Just a reminder most people that use a personal conviction exemption only use it for one or a few vaccines. Some use it to postpone until the child is older- based on 3<sup>rd</sup> party studies. Many use it because they have personally experienced a vaccine reaction, permanent injury, or death.

Religious exemptions are used for a number of reasons- Please see attached.

Like myself, the vast majority were fully "Pro-Vax" before their experiences.

Many people died for our freedoms- including the right to say NO to a medical intervention based on personal convictions or their faith.

Thank you,

Jordan Lindle

To all concerned parties:

This letter is to serve as notification that \_\_\_\_\_ and \_\_\_\_\_, the parents of \_\_\_\_\_, born \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, are exercising our right to a religious waiver on all future childhood vaccinations because we find them to be in extreme violations of our personal religious beliefs.

The following are ways in which these violations manifest themselves in the vaccinations recommended by the Center for Disease Control.

The use of cells, cellular debris, protein, and DNA from willfully aborted human children found in Adenovirus, Influenza, Polio, Dtap/Polio/HiB Combo, Hep A, Hep A/Hep B Combo, MMR, MMRV Pro Quad, Rabies, Varicella, and the Shingles vaccines violate the very basic commands found in Exodus 20:13 and Deuteronomy 5:17 which instructs us to not murder. I have strong religious, moral, and philosophical convictions which find the development of modern vaccines using aborted fetal cell lines morally reprehensible and declare it a practice I cannot condone, support, or in any way participate in.

The following ingredients were derived from human souls who were sacrificed for social reasons and then used in past and ongoing vaccine research: PER C6, HEK293, WI-38 (RA 27/3), WI-1, WI-2, WI-3, WI-4, WI-5, WI-6, WI-7, WI-8, WI-9, WI-10, WI-11, WI-12, WI-13, WI-14, WI-15, WI-16, WI-17, WI-18, WI-19, WI-20, WI-21, WI-22, WI-23, WI-24, WI-25, WI-26, WI-27, WI-38, WI-44, and MRC-5 plus many other ingredients obtained from human children not required to be listed by FDA guidelines.

The research and final production of the Rubella Vaccine included the use of over 80 elective abortions. The total number of children used in vaccine production, cumulatively, will never be known. The most recent cell line, Walvax-2, was a baby girl aborted in China via the "water bag" abortion- specifically selected so that she would be born alive when her organs were harvested.

Jeremiah 1:5 demonstrates that the deceased children used in the aforementioned vaccinations were recognized by God as human souls from the point of conception in the same way that I, as a parent, recognized each of my children as a human from the moment I was aware of their presence in my womb.

Supporting vaccinations and vaccination development is an endorsement of the murder and sacrifice of those innocent souls, and the continuing sacrifice of, other unique and helpless human souls.

Genesis 1:27 - 28, 2 Kings 17:17-18, Psalm 22:10, Psalm 106:37-38, Psalm 127:3, Psalm 139:13-16, Amos 1:13, Matthew 18:1-4, and Matthew 19:13-15 are just a few verses that illustrate the aforementioned children as blessings from God that are valued and loved by him, their Creator, in whose image they were created, and that their killing is condemned and causes God's destructive anger to burn against their murderers and those complicit in those murders.

Exodus 20:13, Leviticus 18:21 & 20:2-5, Deuteronomy 12:30-32, 18:10, 2 Kings 16:3, and Psalm 106:38 illustrate that all child sacrifice is condemned with no exception clauses allowing for the greater good or public exception clauses found anywhere in the sacred scriptures.

Genesis 9:4, Leviticus 17:10-11, 17:14, Deuteronomy 12:23, Acts 15:20 and 29 inform us that blood represents the life force of human and animal species and that human blood was to be kept pure under all circumstances and free from contaminants such as animal cells, parts, and blood.

1 Corinthians 6:19-20 and 10:31 remind us that we are to regard our bodies as temples of God's Holy Spirit and that we are to honor God, our Creator and possessor of our very bodies by not defiling them. Notwithstanding the presence of socially sacrificed human cells and debris in vaccinations, I firmly believe that the presence of neurotoxins, hazardous substances, attenuated viruses, animal cells, foreign DNA, albumin from human blood, carcinogens, and chemical wastes is in strict violation of our imperative to treat our bodies as holy temples of the very Spirit of God.

In direct contrast to God's commands, documents from the CDC (Center for Disease Control) website and the individual vaccine inserts published by manufacturers reveal:

- Vaccines contain monkey, dog, cow, mouse/hamster, chicken, and insect DNA, and this has **never** been tested for safety or adverse effects on humans.
- Vaccines contain DNA from aborted human fetuses, and this has also **never** been tested for safety or adverse effects on humans.
  - 13.1 On vaccine inserts state: "Has not been evaluated for impairment of fertility or mutagenic potential."
- Vaccines contain numerous potential allergens including, but not limited to, antibiotics (such as streptomycin, neomycin, polymyxin B, gentamicin sulfate), food allergens (egg, chicken, soy, peanuts, casein from cow's milk, gelatin from pigs and cows), fetal bovine serum (from the blood derived from the fetuses of cows found pregnant at slaughter), mercury (still used in flu vaccines), latex, yeast, monosodium glutamate (MSG), Polysorbate 80, and Glyphosate.
- Vaccines contain toxic, poisonous, and carcinogenic substances including, but not limited to, acetone, aluminum, formaldehyde, alcohol, phthalates, and preservatives (sodium metabisulfite, phenoxyethanol).
- Vaccines contain neurotoxins such as aluminum and thimerosal that far exceed the safe levels determined by the FDA.
- Additionally, getting any vaccine does not ensure that my child would be protected from the disease, and in fact, he could get the very disease he was vaccinated for either in spite of or directly because of the vaccine. (Example: My sister was vaccinated for chickenpox and then had shingles at 8 years old because of the vaccine)

Further Objection to:

- Lack of safety studies on the CDC Schedule of Vaccinations. The schedule has never been proven to be safe and effective as it is administered (Numerous shots at one time).
- Lack of vaccine manufacture liability (since 1986) if their product causes injury or death.

We thank you for respectfully adhering to our first amendment rights guaranteed as citizens of the United States of America by her great Constitution and reinforced on a state level by the fourteenth amendment without prejudice.

Maternal Parent printed name: \_\_\_\_\_

Maternal Parent signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Paternal Parent printed name: \_\_\_\_\_

Paternal Parent signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**From:** [Sarah Hardison](#)  
**To:** [Health](#)  
**Subject:** Please oppose the resolution to remove personal conviction waiver for vaccination  
**Date:** Tuesday, January 07, 2020 10:28:13 AM

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Please forward this letter to the Board of Health members in preparation for the meeting on January 8. Thank you so much!

Dear Dane County Board of Health Representative,

I am a Licensed Professional Counselor, Licensed Behavior Analyst, and mother of healthy 6 year old daughter. I have worked with individuals with Autism and other differing abilities since 1998. I have spent the past 14 years independently researching vaccines and immunology. My motivation at first were the children I worked with then my only motivation was making sure I gave my own child the best chance at health. I am writing to request that you oppose passing the resolution to remove personal conviction waivers for immunization. This resolution represents government overreach by removing freedom from parents to make medical decisions for their children.

The message perpetuated by mainstream media, doctors, politicians, and other healthcare professionals is that vaccines are nothing but “safe and effective” as they are credited for being the “greatest medical advancement in history”. At the same time, vaccine hesitancy is growing rapidly because people are doing their own independent research and determining that the risks outweigh the benefits. Instead of merely looking for a strategy to increase immunization rates, it is imperative to look at the reasons behind growing hesitancy.

Please consider these facts before voting on this resolution:

- 1) **Vaccine manufacturers and providers who administer vaccines are shielded from liability for vaccine injuries and deaths.** Following the National Childhood Vaccine Injury Act of 1986, the right for victims of vaccine injury/death to sue manufacturers was removed (1). Consequently, pharmaceutical companies lack incentive to conduct proper safety testing on these products. As a result of this Act, the childhood vaccine schedule increased from 11 to 72 vaccines. In addition, this Act was the result of a class action lawsuit brought by parents of children injured by the DTP vaccine. The pharmaceutical companies approached the government and indicated that without freedom from liability, they would be unwilling and unable to continue with the vaccination program because the financial liability would be too great.
- 2) **Vaccines cause injury and death.** As with any other medical procedure, vaccines carry a certain amount of risk. Since 1989, the US Government has paid out over \$4.1 BILLION to victims of vaccine injury through the National Vaccine Injury Compensation Program (2). Rather than holding pharmaceutical companies fiscally responsible for the harm of their products, NVICP is funded by US taxpayers through a 75 cent tax levied on all vaccines (3).
- 3) **The growing vaccine schedule has never been safety tested.** The CDC recommends that all children receive 50 doses of 14 vaccines between birth and 6 years old and at least 69 doses of 16 vaccines between birth and age 18 (4). This more than doubles the childhood schedule of 34 doses of 11 vaccines in the year of 2000 (5). In the past 15 years, 35 doses of 5 unique vaccines have been added. The CDC has never conducted a single study on whether or not this schedule is safe for our children (6). They have never looked at the cumulative effects of the neurotoxic ingredients including aluminum, formaldehyde, polysorbate 80, African green monkey kidneys, aborted fetal cell lines (WI-38 human diploid lung fibroblasts), and chick cell embryo just to name a few.

4) **The vaccine market is a lucrative business, which presents a significant conflict of interests.** The US vaccine market was \$36.45 BILLION in 2018 and expected to reach \$50.42 BILLION by 2023 (7). This is a powerful industry with endless resources to lobby and influence policy. In the first 3 months of 2019, the 10 largest pharmaceutical companies have spent over \$31 MILLION on Congressional Lobbying. Merck, the maker of the MMR vaccine, has spent over \$4.36 MILLION dollars lobbying Congress (8).

5) **All pharmaceutical products contain risk.** As of May 31, 2019, in Wisconsin alone, there have been more than 11,794 reports of vaccine reactions, hospitalizations, injuries and deaths following vaccinations made to the federal Vaccine Adverse Event Reporting System (VAERS). This includes 65 related deaths, 648 hospitalizations, and 208 related disabilities (9). VAERS is a voluntary reporting system and a 3 year review completed by the Harvard Medical School and funded by the US Department of Health and Human Services (HHS) found that “fewer than 1% of vaccine adverse events are reported” to VAERS (10).

6) **Herd immunity is a myth and does not apply to vaccine induced immunity.** The term “herd immunity” was coined by researcher A W Hedrich after he studied the epidemiology of measles in the USA between 1900 and 1931. His study published in the May, 1933 American Journal of Epidemiology concluded that when 68% of children younger than 15 years old became immune to measles via natural infection, measles epidemics ceased. For several reasons, this natural, pre-vaccine “herd immunity” differed greatly from today’s vaccine induced “herd immunity” (11)

With the current push to remove exemptions across the county, we have seen that the removal of personal exemptions leads to the removal of religious and then finally medical exemptions. Once exemptions are gone, every child be required to get all 72 doses of the current vaccine schedule. This includes the Hep B vaccine and HPV vaccine, which many vaccinating parents choose to skip. They will also be required to get all additional vaccines added to the schedule by the CDC, of which there are over 200 in the making. Vaccines are not adequately tested for safety and the cumulative effect of current schedule has never been tested. In addition, removal of exemptions will not allow parents to choose a modified schedule, spacing vaccines over a longer period of time. Since every person’s genetic make-up is different, we have to allow for variation to medical procedures rather than taking the “one size fits all” approach.

People often justify mandates and removal of exemptions by referencing the immunocompromised or protecting others from illness. What has to be acknowledged is that vaccination carries its own risk that can and does lead to lifelong chronic illness for many families. I have worked with so many families who had completely normal children and following vaccinations they saw them regress into Autism, develop asthma, eczema, seizures or other lifelong illnesses. I have seen video documentation of completely normal, talkative, engaged children blowing out the candy on their 1 year birthday cake. Then, after their well child visit, they regressed into their own world. We can’t expect parents be required to take the chance on making their children one of the immunocompromised that others are advocating we protect.

It is wrong to assume vaccines work 100% of the time. Outbreaks of vaccine addressed illness are occurring in populations with 95%+ vaccination rates. One reason for this is that “herd immunity” cannot apply to vaccine induced immunity due to vaccine failure and waning of efficacy over time. At one time, only one MMR vaccine was supposed to protect an individual for life. Now, as we have learned, this is not true and several boosters are required to account for waning immunity. You very likely are not part of “the herd” since most adults are not up to date on the number of vaccines expected to induce continued immunity. Also, because live virus vaccines shed exposing others, including the immunocompromised, to the illness, and because the vaccines can cause the illness. Research shows the pertussis vaccine does not



prevent people from getting whopping cough but rather it masks the symptoms making people asymptomatic carries, unknowingly spreading the illness. It is unfair and incorrect to blame these outbreaks on children who have opted out of vaccines. There has been no documented evidence showing that these illnesses are spread by unvaccinated children. The immune system is highly complex and our understanding of it is in its infancy.

The parents you will be hearing from asking you to oppose this resolution and thousands of others fighting to protect our rights to make medical decisions for our children have only one motivation....our children. You could say that we are the most unbiased researchers around. We are not bought by pharma and have no alternative agenda to benefit ourselves or any industry. We have seen numerous examples in history that have influenced us to do our own research rather than believing the media, our regulatory agencies and our doctors. Tobacco was once recommended by doctors to pregnant women, Vioxx was approved and then taken off the market for killing tens of thousands people, Zantac was just exposed for causing cancer, and what about the Opioid crisis? There are so many conflicts of interests between government and the pharma industry that the only checks and balances in place are allowing parents to make these decisions for our children.

Please vote no on the resolution to remove personal conviction waivers and help Wisconsin be a model for other states. Let me know if there is any other information that you may find helpful as you research this very important issue. Hopefully, everyone will go into the meeting next week well informed and able to make a decision based on facts. Thank you so much for taking the time to read this.

Sincerely,

Sarah Hardison, LPC, BCBA

Mother and Licensed Behavior Analyst

References

1 U.S. Code 42 USC CHAPTER 6A, SUBCHAPTER XIX, Part 2: National Vaccine Injury Compensation

Program From Title 42—THE PUBLIC HEALTH AND WELFARE - CHAPTER 6A—PUBLIC HEALTH SERVICE

SUBCHAPTER XIX—VACCINES (<https://tinyurl.com/y3w4mhn4>)

2 U.S. Department of Health and Human Services. National Vaccine Injury Compensation Program

Data—Sept 1, 2019. National Vaccine Injury Compensation Program. Sept. 1, 2019.

(<https://tinyurl.com/y2t3vg6e>)

3 U.S. Department of Health and Human Services. About the National Vaccine Injury Compensation

Program. National Vaccine Injury Compensation Program. June 2019.

(<https://tinyurl.com/yy5u2wy2>)

4 CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger,

United States, 2019 Feb. 5, 2019. (<https://tinyurl.com/zmpul2y>)

5 CDC Notice to Readers: Recommended Childhood Immunization Schedule -- United States, 2000

MMWR Jan. 21, 2000; 49(02);35-38,47. (<https://tinyurl.com/yy6nkadw>)

6 Institute of Medicine Committee on the Assessment of Studies of Health Outcomes Related to the

Recommended Childhood Immunization Schedule. The Childhood Immunization Schedule and Safety:

Stakeholder Concerns, Scientific Evidence and Future Studies. Conclusions About Scientific Findings.

Summary: Pages 10-11 Washington, DC: The National Academies Press 2013. (<https://tinyurl.com/y45odlrB>)

7 Markets and Markets Vaccines Market worth \$50.42 billion by 2023 Press Release. No Date.

(<https://tinyurl.com/y2gg78ss>)

8 Blankenship K, Pharma lobbyists flood the zone in D.C., with Pfizer and Amgen leading the way

Fierce Pharma Apr. 23, 2019. (<https://tinyurl.com/y5yqowa7>)

9 Vaccine Adverse Events Reporting System. Wisconsin VAERS Data as of May. 31, 2019. (Accessed

Sept 17, 2019). (<https://tinyurl.com/y5yqowa7>)

10 AHRQ Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)

Dec 1, 2007-Sep. 30, 2010. (<https://tinyurl.com/lzecs3v>)

11. Monthly estimates of the child population ‘susceptible’ to measles, 1900-1931, Baltimore, Maryland; A W Hedrich; American Journal of Epidemiology; May 1933-Oxford University Press

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization policy position  
**Date:** Monday, January 06, 2020 2:36:06 PM

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**From:** Sarah Lewis <sarahlewis484@outlook.com>  
**Sent:** Monday, January 06, 2020 1:21 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Immunization policy position

Please pass this email on to all members of the board, thank you!

Dear Dane County Board of Health member,

Upon seeing the new Immunization Policy Position statement, I am greatly troubled as a member of this community. Removing basic personal and religious rights goes against the 1<sup>st</sup> Amendment of the United States. Wisconsin has long been known to honor these rights due to Marge Grant fighting hard for these rights after her son Scottie was tragically injured from childhood vaccines in 1961 and it became necessary for her to tend to his daily needs. Marge has since passed away, but Scottie still needs daily care. Is the goal of this community to have more injuries after children and adults are forced to have vaccines which may go against their personal or religious beliefs? On the publichealthmdc.com website it states:

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“Working with the community to enhance, protect, and promote the health of the environment and the well-being of all people.” If this line is true, then I truly hope you understand what the meaning of “all people” is, and not just a preferred group of people. Thank you.

A concerned citizen,

Sarah Lewis

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization Policy Statement  
**Date:** Monday, January 06, 2020 2:35:37 PM

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**From:** Amanda Theys <astheys22@gmail.com>  
**Sent:** Monday, January 06, 2020 1:30 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Immunization Policy Statement

Good morning,

I am writing to you today to respectfully ask you NOT to support the new Immunization Policy Position Statement. Although I do not live in your county, what happens in your county could very well ultimately affect what happens in the rest of the state, and that directly concerns me.

I have 2 vaccine injured (as confirmed by 2 different doctors) children and they were denied medical exemptions by the same doctors. Medical exemptions are not as easily obtained as you might think. If you do not believe me, I challenge you to call a couple of different medical facilities and inquire about them.

Vaccines pose a very real risk with very harmful side effects and where there is RISK, there MUST be a choice. Please do not support the removal of the exemptions of the people that you serve. The rights of the majority should not outweigh the rights of the minority.

Amanda Theys,  
South Milwaukee. WI. .

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Please vote against this resolution  
**Date:** Monday, January 06, 2020 2:34:53 PM

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**From:** Kristin Hein <kristincarity@gmail.com>  
**Sent:** Monday, January 06, 2020 1:39 PM  
**Subject:** Please vote against this resolution

Dear County Board Member,

Like prescription drugs, vaccines are pharmaceutical products that carry risks. These include the risk that the vaccine product will fail and the risk that it will cause harm. However, unlike with over the counter and prescription drugs, vaccine manufacturers and doctors who administer vaccines have no liability when a person is injured or dies after being given a recommended childhood vaccine licensed by the FDA.

In reports published between 1991 and 2013, the Institute of Medicine (IOM) affirmed that scientific evidence demonstrates that vaccines can cause injury and death and that some people are biologically, genetically, and environmentally at higher risk for being harmed by vaccines, but doctors do not have the ability to identify them prior to vaccination. Even so, federal health officials have narrowed contraindications to vaccination and eliminated nearly all health conditions from qualifying for a medical exemption to vaccination.

When liability free pharmaceutical products can cause injury and death, especially when some people are biologically and genetically more vulnerable to suffering harm, and doctors can't predict who they are, the protection of the human right to informed consent and vaccine choice becomes vital. The legal right to flexible medical, religious and personal belief exemptions to vaccination ensures that our human rights are protected in public health policies and laws.

**I urge you to vote against the resolution to support the removal of the personal and/or any religious conviction exemption in Wisconsin as it is a gross overreach. I urge you to protect our basic human and constitutional rights.**

Sincerely,  
Kristin Hein

**From:** [Judith Jolly](#)  
**To:** [Health](#)  
**Subject:** Opposition to the proposed immunization policy statement.  
**Date:** Monday, January 06, 2020 10:06:32 AM

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I am expressing my opposition to your immunization policy statement and respectfully request that you vote against the policy as it is currently written.

I am very much interested to know why there is such an urgency to create a policy to target and marginalize a class of people who do not wish to receive one or more liability-free pharmaceutical products. Wisconsin's current law which allows for religious and personal conviction exemptions to vaccination has been in place for over 35 years – yet now there is suddenly this overwhelming push to change this law and restrict a person's right to decide what gets injected into their body or that of their children. Or come up with policy statements to support this.

There is no public health crisis to support the need to take away the rights of people who choose not to receive one or more liability-free vaccines – which are products that come with both known and unknown risks, and for some, the risk outweigh any potential benefit.

Your policy states that the goal of public health is to improve the health of children. Our children are not currently experiencing a health crisis related to infectious disease – and have not in my lifetime or that of my parents. The real health crisis affecting our youth is the overwhelming increase in neurological and auto-immune disorders, life-threatening food allergies, ADHD, asthma, and more. What is public health doing to curb this health crisis? Nothing. These serious and lifelong health issues are affecting an ever-growing number of children and yet they are not being addressed by public health officials who claim to be concerned about improving the health of children.

Proper nutrition and regular exercise have been proven to make children healthier. You have community initiatives aimed at improving nutritional health and encouraging physical exercise. Will you be putting out a policy statement that would support the removal of the rights of children to eat chips and candy bars? And force them to eat 5 to 8 servings of fruits and vegetables and exercise for at least an hour a day? My guess is that this policy won't ever be written because there is no powerful industry pushing for it.

Public health in Dane County has every right to put out policy statements on their views of vaccination. It, however, oversteps its charge when it makes recommendations to force that everyone within the county agree with their beliefs. And then supports oppressing those who do not agree or wish to comply.

Your support of the removal of the rights of persons to decide what gets injected into them as a condition to be part of this community has no impact on me. Even if oppressive laws were passed in this state, I have the financial means to ensure that I will never be affected.



I can homeschool my children. I can move out of state or even out of this country. But what about those who can't? What about the minorities, the single moms, and those who live on a fixed income or below the poverty level? These families will be the ones who will be oppressed and coerced into receiving these products because they do not have the means to avoid them.

I urge you to vote against implementing this policy statement. Dane County has never had an "immunization policy statement" and there is no reason for one now. Especially one that discriminates against a class of people for not agreeing that each and every vaccine is right for their child or themselves.

Sincerely,

Judith Jolly

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Vaccine Exemptions  
**Date:** Monday, January 06, 2020 9:27:28 AM  
**Attachments:** [r18hs017045-lazarus-final-report-2011.pdf](#)

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**From:** Jessamyn Kovacs <jessamynkovacs@gmail.com>  
**Sent:** Sunday, January 05, 2020 3:49 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Vaccine Exemptions

Please forward to each Dane Co BOH member- thank you!

Hello Dane County Board of Health Member,

I am aware of the proposed legislation to remove the personal conviction exemption for vaccinations in WI. In addition, I am also aware of Dane County's Immunization Policy Position in regards to the removal of all non-medical exemptions as well as proposed "counseling" for those filing any exemption. I'm reaching out to you today in opposition of any removal of any vaccine exemptions. I can not believe we live in a country where we even need such exemptions, shouldn't any medical procedure or ingesting/injecting medications/biologics be personal choice? Taking away such choice is in direct violation of the Nuremberg Code that was set in place during World War II.

Removal of any exemption is a direct removal of our rights as citizens. All vaccines have neither proven to be safe nor effective! In fact some vaccines have been proven to be just the opposite. I certainly will not consent to something so irresponsibly dangerous for myself or my children. In addition to no proof of safety or efficacy, vaccine ingredients include numerous potential allergens including, but not limited to, antibiotics (such as streptomycin, neomycin, polymyxin B, gentamicin sulfate), food allergens (egg, chicken, soy, peanuts, casein from cow's milk, gelatin from pigs and cows), fetal bovine serum (from the blood

derived from the fetuses of cows found pregnant at slaughter), mercury (still used in flu vaccines), latex, yeast, monosodium glutamate (MSG), Polysorbate 80, and Glyphosate.

In addition to my personal conviction beliefs, I hold religious beliefs that would be in direct opposition of injecting elective aborted fetal cells into myself and my children. Why would I not be able to utilize my right to religious freedom?

Are vaccinations really effective if "outbreaks" have occurred in 100% vaccinated populations like naval ships (mumps)? What about the recent "outbreaks" in WI schools (Ladysmith Elementary) where 4 of the 5 children were confirmed to have "breakthrough chickenpox," meaning they had been previously vaccinated for the infection?

To date there has been over 4 BILLION dollars paid out to thousands of vaccine injured children and adults and to families of those who ultimately lost their life due to vaccinations and these payouts have not been made by pharmaceutical companies, they have been paid out by you and I. In addition, Harvard did a study (see attachment page 6) and found that less than 1% of vaccine adverse events are even reported. Why? Because physicians and healthcare providers are NOT mandated to do so.

I am a medical professional and I am a mom. I'm also a mom of a vaccine injured child. No one, not me, not my pediatrician or the pediatric nurses knew my son was having a reaction and ultimately an injury in 2017, everyone denied it could have been from vaccines hence no one was able to help me and I continued to vaccinate until my son's situation became life threatening. I now know better because I have spent over 2 years doing the research for myself. We now live with a life altering condition/injury in which there is no current cure for. How can we take away a choice that has no liability and no one is educated on the danger of? Please seriously think about this. No liability and no true safety testing against an inert placebo- which is the true standard in medicine and no vaccines have been tested against this.

We have all seen the slippery slope that states like California and New York have been on. They first lose their personal conviction right, then their religion exemption right, and finally their doctors ability to write a medical exemption when it then gets handed over to the bureaucratic system. Now what is their choice? Home school? I for one can not afford to stay home and home school my kids with over \$200,000 in student loan debt. And now I've seen publication that New York is in the process of trying to eliminate homeschooling. Such legislation to eliminate exemptions is very discriminatory against people like me, single parents, and those who simply can not afford to home school.

I went to nursing school, I was an honor student, I passed my boards, I am an RN and now am also an Optometric Physician... not ever was I taught about the potential side effects of vaccines or really anything other than the vaccine schedule, I can promise you that this is common in nursing programs across the state and country. I AM the healthcare professional and I'm telling you, we are not taught the information you think I know. Please do not defer to me, the "expert." Instead, you should actually defer to me, the parent, as I have spent over 2.5 years researching vaccines, their ingredients, their side effects, reading vaccine inserts... everything.

I encourage you to do your do diligence and do your own research too, you will be surprised about what you find.

Please feel free to contact me shall you have any questions.

Thank you for your attention and time to this important matter,  
Jessamyn Kovacs OD, RN  
Madison, WI

[learntherisk.org](http://learntherisk.org)

[vaers.hhs.gov](http://vaers.hhs.gov)

National Vaccine Information Center ([nvic.org](http://nvic.org))

*Grant Final Report*

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Grant ID: R18 HS 017045

**Electronic Support for Public Health–Vaccine Adverse  
Event Reporting System (ESP:VAERS)**

**Inclusive dates:** 12/01/07 - 09/30/10

**Principal Investigator:**

Lazarus, Ross, MBBS, MPH, MMed, GDCompSci

**Team members:**

Michael Klompas, MD, MPH

**Performing Organization:**

Harvard Pilgrim Health Care, Inc.

**Project Officer:**

Steve Bernstein

**Submitted to:**

**The Agency for Healthcare Research and Quality (AHRQ)**

**U.S. Department of Health and Human Services**

**540 Gaither Road**

**Rockville, MD 20850**

**[www.ahrq.gov](http://www.ahrq.gov)**

# Abstract

**Purpose:** To develop and disseminate HIT evidence and evidence-based tools to improve healthcare decision making through the use of integrated data and knowledge management.

**Scope:** To create a generalizable system to facilitate detection and clinician reporting of vaccine adverse events, in order to improve the safety of national vaccination programs.

**Methods:** Electronic medical records available from all ambulatory care encounters in a large multi-specialty practice were used. Every patient receiving a vaccine was automatically identified, and for the next 30 days, their health care diagnostic codes, laboratory tests, and medication prescriptions were evaluated for values suggestive of an adverse event.

**Results:** Restructuring at CDC and consequent delays in terms of decision making have made it challenging despite best efforts to move forward with discussions regarding the evaluation of ESP:VAERS performance in a randomized trial and comparison of ESP:VAERS performance to existing VAERS and Vaccine Safety Datalink data. However, Preliminary data were collected and analyzed and this initiative has been presented at a number of national symposia.

**Key Words:** electronic health records, vaccinations, adverse event reporting

The authors of this report are responsible for its content. Statements in the report should not be construed as endorsement by the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services of a particular drug, device, test, treatment, or other clinical service.



# Final Report

## Purpose

This research project was funded to improve the quality of vaccination programs by improving the quality of physician adverse vaccine event detection and reporting to the national Vaccine Adverse Event Reporting System (VAERS), via the following aims:

**Aim 1.** Identify required data elements, and develop systems to monitor ambulatory care electronic medical records for adverse events following vaccine administration.

**Aim 2.** Prepare, and securely submit clinician approved, electronic reports to the national Vaccine Adverse Event Reporting System (VAERS).

**Aim 3.** Comprehensively evaluate ESP:VAERS performance in a randomized trial, and in comparison to existing VAERS and Vaccine Safety Datalink data.

**Aim 4.** Distribute documentation and application software developed and refined in Aims 1 and 2 that are portable to other ambulatory care settings and to other EMR systems.

## Scope

Public and professional confidence in vaccination depends on reliable postmarketing surveillance systems to ensure that rare and unexpected adverse effects are rapidly identified. The goal of this project is to improve the quality of vaccination programs by improving the quality of physician adverse vaccine event detection and reporting to the national Vaccine Adverse Event Reporting System (VAERS). This project is serving as an extension of the Electronic Support for Public Health (ESP) project, an automated system using electronic health record (EHR) data to detect and securely report cases of certain diseases to a local public health authority. ESP provides a ready-made platform for automatically converting clinical, laboratory, prescription, and demographic data from almost any EHR system into database tables on a completely independent server, physically located and secured by the same logical and physical security as the EHR data itself. The ESP:VAERS project developed criteria and algorithms to identify important adverse events related to vaccinations in ambulatory care EHR data, and made attempts at formatting and securely sending electronic VAERS reports directly to the Centers for Disease Control and Prevention (CDC).

Patient data were available from Epic System's Certification Commission for Health Information Technology-certified EpicCare system at all ambulatory care encounters within Atrius Health, a large multispecialty group practice with over 35 facilities. Every patient receiving a vaccine was automatically identified, and for the next 30 days, their health care diagnostic codes, laboratory tests, and medication prescriptions are evaluated for values

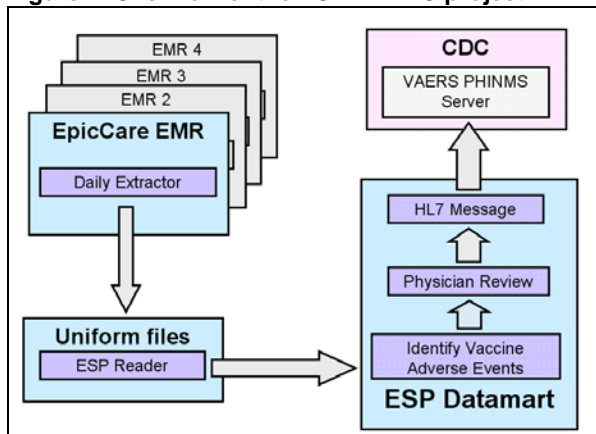
suggestive of an adverse vaccine event. When a possible adverse event was detected, it was recorded, and the appropriate clinician was to be notified electronically.

Clinicians in-basket messaging was designed to provide a preview a pre-populated report with information from the EHR about the patient, including vaccine type, lot number, and possible adverse effect, to inform their clinical judgment regarding whether they wish to send a report to VAERS. Clinicians would then have the option of adding free-text comments to pre-populated VAERS reports or to document their decision not to send a report. The CDC's Public Health Information Network Messaging System (PHIN-MS) software was installed within the facilities so that the approved reports could be securely transferred to VAERS as electronic messages in an interoperable health data exchange format using Health Level 7 (HL7).

## Methods

The goal of Aim 1: *Identify required data elements, and develop systems to monitor ambulatory care electronic medical records for adverse events following vaccine administration,* and Aim 2: *Prepare, and securely submit clinician approved, electronic reports to the national Vaccine Adverse Event Reporting System (VAERS),* was to construct the below flow of data in order to support the first two Aims:

Figure 1. Overview of the ESP:VAERS project



Existing and functioning ESP components are shown on the left, and Aims 1 and 2 on the right. ESP:VAERS flags every vaccinated patient, and prospectively accumulate that patient's diagnostic codes, laboratory tests, allergy lists, vital signs, and medication prescriptions. A main component of Aim 1 was to *Develop AE criteria to assess these parameters for new or abnormal values that might be suggestive of an adverse effect.* A reporting protocol & corresponding algorithms were developed to detect potential adverse event cases using diagnostic codes, and methods were tested to identify prescriptions or abnormal laboratory values that might be suggestive of an adverse effect. These algorithms were designed to seek both expected and unexpected adverse effects.

This reporting protocol was approved by both internal & external partners. We initially prepared a draft document describing the elements, algorithms, interval of interest after vaccination, and actions for broad classes of post-vaccination events, including those to be reported immediately without delay (such as acute anaphylactic reaction following vaccination), those never to be reported (such as routine check-ups following vaccination) and those to be reported at the discretion and with additional information from the attending physician through a feedback mechanism. The draft was then widely circulated as an initial / working draft for comment by relevant staff in the CDC and among our clinical colleagues at Atrius. In addition to review by the internal CDC Brighton Collaboration liaison, this protocol has also received review & comment via the CDC's Clinical Immunization Safety Assessment (CISA) Network.

The goal of Aim 2 was the *Development of HL7 messages code for ESP:VAERS to ensure secure transmission to CDC via PHIN-MS*. The HL7 specification describing the elements for an electronic message to be submitted to Constella, the consultants engaged by CDC for this project was implemented. Synthetic and real test data was been generated and transmitted between Harvard and Constella. However, real data transmissions of non-physician approved reports to the CDC was unable to commence, as by the end of this project, the CDC had yet to respond to multiple requests to partner for this activity.

The goal of Aim 3 was to *Comprehensively evaluate ESP:VAERS performance in a randomized trial, and in comparison to existing VAERS and Vaccine Safety Datalink data*.

We had initially planned to evaluate the system by comparing adverse event findings to those in the Vaccine Safety Datalink project—a collaborative effort between CDC's Immunization Safety Office and eight large managed care organizations. Through a randomized trial, we would also test the hypothesis that the combination of secure, computer-assisted, clinician-approved, adverse event detection, and automated electronic reporting will substantially increase the number, completeness, validity, and timeliness of physician-approved case reports to VAERS compared to the existing spontaneous reporting system; however, due to restructuring at CDC and consequent delays in terms of decision making, it became impossible to move forward with discussions regarding the evaluation of ESP:VAERS performance in a randomized trial, and compare ESP:VAERS performance to existing VAERS and Vaccine Safety Datalink data. Therefore, the components under this particular Aim were not achieved.

Aim 4 *Distribution of documentation and application software developed and refined in Aims 1 and 2 that are portable to other ambulatory care settings and to other EMR systems* has been successfully completed. Functioning source code is available to share under an approved open source license. ESP:VAERS source code is available as part of the ESP source code distribution. It is licensed under the LGPL, an open source license compatible with commercial use. We have added the ESP:VAERS code, HL7 and other specifications and documentation to the existing ESP web documentation and distribution resource center <http://esphhealth.org>, specifically, the Subversion repository available at: <http://esphhealth.org/trac/ESP/wiki/ESPVAERS>.

## Results

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference.

In addition, ESP:VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians’ usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs.

Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.

### Inclusion of AHRQ Priority Populations

The focus of our project was the Atrius Health (formerly HealthOne) provider & patient community. This community serves several AHRQ inclusion populations, specifically low-income and minority populations in primarily urban settings.

Atruis currently employs approximately 700 physicians to serve 500,000 patients at more than 18 office sites spread throughout the greater Metropolitan Boston area. The majority of Atruis physicians are primary care internal medicine physicians or pediatricians but the network also includes physicians from every major specialty.

The entire adult and pediatric population served by Atruis was included in our adverse event surveillance system (ESP:VAERS). Atruis serves a full spectrum of patients that reflects the broad diversity of Eastern Massachusetts. A recent analysis suggests that the population served by Atruis is 56% female, 16.6% African American, 4% Hispanic. The prevalence of type 2 diabetes in the adult population is 5.7%. About a quarter of the Atruis population is under age 18.

## List of Publications and Products

ESP:VAERS [source code available as part of the ESP source code distribution]. Licensed under the GNU Lesser General Public License (LGPL), an open source license compatible with commercial use. Freely available under an approved open source license at: <http://esphealth.org>.

Lazarus, R, Klompas M, Hou X, Campion FX, Dunn J, Platt R. Automated Electronic Detection & Reporting of Adverse Events Following Vaccination: ESP:VAERS. The CDC Vaccine Safety Datalink (VSD) Annual Meeting. Atlanta, GA; April, 2008.

Lazarus R, Klompas M Automated vaccine adverse event detection and reporting from electronic medical records. CDC Public Health Informatics Network (PHIN) Conference August 27, 2008.

Klompas M, Lazarus R ESP:VAERS Presented at the American Medical Informatics Association Annual Symposium; 2009 November 17th.

Lazarus R, Klompas M, Kruskal B, Platt R Temporal patterns of fever following immunization in ambulatory care data identified by ESP:VAERS Presented at the American Medical Informatics Association Annual Symposium; 2009 November 14–18: San Francisco, CA.

Linder J, Klompas M, Cass B, et al. Spontaneous Electronic Adverse Event Reporting: Perspectives from Clinicians, EHR Vendors, Biopharma, and the FDA. Presented at the American Medical Informatics Association Annual Symposium; 2009 November 14–18: San Francisco, CA.

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Position Paper Discussion  
**Date:** Monday, January 06, 2020 9:53:23 AM

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**From:** Joel Kirchberg <kirchberg25@hotmail.com>  
**Sent:** Monday, January 06, 2020 9:52 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Position Paper Discussion

I am contacting you to express my strong opposition to the proposed position statement regarding immunization policy. Giving up freedom and civil liberties and using coercion is something that should never happen in the state of Wisconsin or the United States of America.

Parent's rights to make any and all medical care decisions for themselves and their children should be strengthened not removed. I stand on behalf of my own family and others for freedom of choice, body autonomy, and firmly against any government control of our bodies. Your position statement clearly intends on taking away fundamental inalienable human rights and forcing parents to allow the government to have control over our and our children's bodies. The decision of when and whether we vaccinate ourselves and our children is a fundamental human right.

Historically public health has played an enormous role in the reduction of preventable diseases. According to the CDC data in 1900 the top three causes of death were from infectious diseases. According to CDC data death from all infectious diseases plummeted to an all-time low and has remained statistically the same before the implementation of the vaccine program. Clean water, proper sewage treatment, cleaner air, hygienic practices, proper nutrition, housing improvements, child labor laws, and other improvements in socio-economic status were the reasons for this exponential decline in deaths from infectious diseases. Looking at the graphs of all infectious disease rates mortality provided by the CDC it is clear that these aforementioned improvements were the reason for this decline not vaccinations.

The American Medical Association defines informed consent as the patient's right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care. The process of informed consent occurs when communication between a patient and physician results in a patient's authorization and agreement or the patient's non-authorization and non-agreement to undergo a specific medical intervention. Should a physician breach informed consent they could be subject to litigation for potential civil and/or criminal offenses. Your proposed position statement seeks to supersede this intimate doctor patient relationship



and force unreasonable measures on parents who choose an alternative to government medical recommendations.

It is very well documented that all vaccines unequivocally do come with side effects and risks. For example, serious complications reported by Merck from the MMR vaccine product insert includes: encephalitis, encephalopathy, panniculitis, atypical measles, syncope, diabetes mellitus, thrombocytopenia purpura, Henoch-Schonlein purpura, acute hemorrhagic edema of infancy, leukocytosis, anaphylaxis, bronchial spasms, pneumonia, pneumonitis, arthritis and arthralgia, myalgia, polyneuritis, measles inclusion body encephalitis, subacute sclerosing panencephalitis, Guillan-Barre Syndrome, acute disseminated encephalomyelitis, transverse myelitis, aseptic meningitis, erythema multiform, urticarial rash, measles like rash, Steven-Johnson Syndrome, nerve deafness, otitis media, retinitis, optic neuritis, conjunctivitis, ocular palsies, epididymitis, paresthesia, and **DEATH**.

Government officials, CDC, and physicians stand by the premise that vaccine injuries do occur although are extremely rare. However, it has been well documented that fewer than 1% of vaccine adverse events are actually reported. As of May 31, 2019 there have been 94,972 reports of measles-vaccine reactions, hospitalizations, injuries and death following the measles vaccinations made to the federal Vaccine Adverse Events Reporting System, including 468 related deaths, 7,127 hospitalizations, and 1,820 related disabilities.

Given the fact that it is estimated only **1% of vaccine injuries are reported** it is statistically probably that the true number of injuries, hospitalizations, reactions and death is substantially higher.

To date almost 4 billion dollars have been awarded by the federal government to children and adults who have been injured by a vaccine. It should be emphasized here that 4 billion dollars represents the amount of money paid out for acknowledgement by the Vaccine Injury Compensation Program for the less than 1% who have filed claims in the vaccine adverse events reporting system. Also, this money is not paid out from the pharmaceutical industry. It is common knowledge that in 1986 our government removed all liability from the pharmaceutical industry in regard to vaccine injuries.

Where there is risk there must be informed consent. With informed consent there must be a choice. This choice must remain between the patient-doctor and or parent-doctor. This choice should not be and never be a decision by our government. A deviation from our constitutional abilities to make medical choices for ourselves and our children is a violation of our civil and human rights.

I appreciate the role of public health policies in the past. However, I strongly feel that this position statement on immunizations is far over-reaching and personal rights as individuals and parents are being oppressed.

I feel public health officials could continue to serve our children well by assisting in other issues such as; opioid crisis, distracted young drivers awareness, increasing outdoor activity time for kids, better school nutrition, more exercise, gun safety, less screen time, reduced chemical/toxic environment surrounding schools and more.

I ask that the Public Health Madison and Dane County organization withdraw their position paper which would remove human and civil rights and focus their resources on more important issues impacting our children.

Thank you in advance for your consideration.

Sincerely,

Dr. Joel Kirchberg

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization Policy Statement  
**Date:** Monday, January 06, 2020 9:52:05 AM

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

From: Kimberly Wright <kimberlywright2016@outlook.com>  
Sent: Friday, January 03, 2020 10:51 PM  
To: Health <Health@publichealthmdc.com>  
Subject: Immunization Policy Statement

Dear Dane County Board of Health,

I have edited my email as I had incorrect information in the first. I apologize for any duplications.

I would like to please request that you oppose the Immunization Policy Position Statement that presently supports the removal of all non-medical exemptions.

The issue is not about vaccines. The issue is about personal and parental choice.

I firmly believe in parental choice and am opposed to the involvement of government in private medical decisions. This choice needs to remain between parents or guardians and their healthcare provider.

Government should have no right to require parents to force their children to receive pharmaceutical products, which come with risks, as a condition for receiving an education in the state of Wisconsin.

Vaccine manufacturers, the doctors, and providers who administer vaccines are completely shielded from liability for vaccine injuries and deaths. The law passed by Congress in 1986 establishing the National Vaccine Injury Compensation Program 1 and the 2011 Supreme Court Decision BRUESEWITZ ET AL. v. WYETH LLC, FKA WYETH, INC., ET AL 2 took away the right for those injured or killed by vaccines to sue the vaccine manufacturer in a civil court of law. There are NO incentives for pharmaceutical companies to assure that their products are safe.

Since 1989, the U.S. Government has paid out over \$4.1 billion dollars to vaccine victims through the National Vaccine Compensation Program.<sup>3</sup> This money does not come from the pharmaceutical companies who make the vaccines that cause these injuries and death. The program is funded by U.S. taxpayers, through a 75-cent tax levied on all administered vaccines.<sup>4</sup>

The CDC currently recommends that all children receive 50 doses of 14 different vaccines between the day of birth and age six and at least 69 doses of 16 vaccines between the day of birth and age eighteen.<sup>5</sup> This more than doubles the government childhood schedule of 34 doses of 11 different vaccines in the year 2000.<sup>6</sup> In the past 15 years, 35 doses and 5 more unique vaccines have been added to the schedule. While adding vaccine after vaccine and dose after dose, the CDC has yet to do a single study on whether or not this ever-growing vaccine schedule is actually safe for our children. There is no end in sight to the number of vaccines that could be added to the schedule, with over 260 vaccines currently in development.<sup>7</sup> This exemption protects us from any future vaccines which could potentially be added to the schedule.

Data from the Wisconsin Department of Health reports that vaccines don't always work and that vaccinated individuals can still get sick and even spread illness on to others. Mumps outbreaks are occurring in highly vaccinated populations. People vaccinated for pertussis can still spread the disease, even without symptoms.<sup>8</sup> <sup>9</sup> <sup>10</sup> <sup>11</sup>

While public health officials often use the argument that everyone should be vaccinated to protect those who can't be, the reality is, according to the CDC, nearly all persons with chronic illness, including immunocompromised children, can receive vaccines. Few school children qualify for medical exemptions to vaccination.<sup>12</sup> <sup>13</sup> Wisconsin's own data reports on the failure of vaccines to work and immunocompromised school children at risk for diseases from both vaccinated and unvaccinated schoolmates, and at risk for developing diseases that we don't vaccinate for. The removal of exemptions to vaccination in Wisconsin will not solve this problem.

Thank you for your time and consideration.

Sincerely,

Kimberly Wright

#### References

1 U.S. Code 42 USC CHAPTER 6A, SUBCHAPTER XIX, Part 2: National Vaccine Injury Compensation Program From Title 42—THE PUBLIC HEALTH AND WELFARE - CHAPTER 6A—PUBLIC HEALTH SERVICE SUBCHAPTER XIX—VACCINES 2 U.S. Supreme Court. *Bruesewitz v. Wyeth* 09-152; Feb. 22, 2011. Justices Sotomayor and Ginsberg Dissenting (pg. 30). 3 U.S. Department of Health and Human Services. National Vaccine Injury Compensation Program Data—May 1, 2019. National Vaccine Injury Compensation Program. May. 1, 2019 4 U.S. Department of Health and Human Services. About the National Vaccine Injury Compensation Program. National Vaccine Injury Compensation Program. March 2019 5 CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019 Feb. 5, 2019 6 CDC Notice to Readers: Recommended Childhood Immunization Schedule -- United States, 2000 MMWR Jan. 21, 2000; 49(02):35-38, 47 7 Pharmaceutical Research and Manufacturers of America (PHRMA) VACCINES: HARNESSING SCIENCE TO DRIVE INNOVATION FOR PATIENTS Oct. 2017 8 Vaccine-Preventable Diseases Surveillance Summary Wisconsin, 2018 Wisconsin Dept. of Health - P-02321 (April 2019) 9 Fields VS, Safi H, Waters C et al. Mumps in a highly vaccinated Marshallese community in Arkansas, USA: an outbreak report. *Lancet Infect Dis.* 2019 Feb;19(2):185-192 10 Peltola H, Kulkarni PS, Kapre SV et al. Mumps outbreaks in Canada and the United States: time for new thinking on mumps vaccines. *Clin Infect Dis.* 2007 Aug 15;45(4):459-66 11 CDC Pertussis (Whooping Cough) – Pertussis Frequently Asked Questions – Apr. 1, 2019 12 Centers for Disease Control and Prevention. Recommendations of the Advisory Committee on Immunization Practices (ACIP): Use of Vaccines and Immune Globulins in Persons with Altered Immunocompetence. *Morbidity and Mortality Weekly Report* Apr. 9, 1993. 13 CDC Contraindications and Precautions - General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) Aug. 20, 2019

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization Policy Position Statement (for Wednesday meeting)  
**Date:** Monday, January 06, 2020 9:51:13 AM

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**From:** Tracy Jane Comer <tracyjanecomer@gmail.com>  
**Sent:** Friday, January 03, 2020 11:57 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Immunization Policy Position Statement (for Wednesday meeting)

I am writing to ask the Board to **OPPOSE** the Immunization Policy Position Statement.

Please do not take Wisconsin **BACKWARDS**. Parents must always retain their rights to make healthcare choices for their children. Vaccines are liability-free pharmaceutical products (since 1986). **NO LIABILITY-FREE PRODUCT SHOULD EVER BE MANDATORY WITHOUT EXEMPTIONS.**

#### GOVERNMENT ROLE

The role of government should **NEVER** be to coerce or force medical products, and that includes the threat of withholding public education. Government can assume a role of conveying information, but should never coerce...not in a free society. Our country is based on individual rights, and medical bullying should not be encouraged or even tolerated.

#### VACCINE INJURIES ARE REAL

Vaccines come with risks that **CAN** and **DO** cause injury and death. The exact number is not known because the reporting system that is supposed to capture injuries and deaths (VAERS) is grossly underused, and in fact many medical providers do not even know of its existence. A Harvard study determined that less than 1% of true vaccine injuries are reported to VAERS. Where there is risk, there **MUST** be choice. Even the Supreme Court acknowledges that vaccines are inherently unsafe and carry risks, and that is reason that the Vaccine Court was established as

part of the 1986 National Childhood Vaccine Act.

#### SLIPPERY SLOPE OF RIGHTS REMOVAL

Removal of ANY exemption is a slippery slope as evidenced by what has happened in CA and NY already, with other states likely following suit. The end result in CA is that it is virtually impossible even for children with a history of severe or potentially deadly vaccine reactions to get medical exemptions because physicians are ALSO effectively losing their rights to issue exemptions as they deem fit.

#### MOST PARENTS ARE NOT "ALL OR NOTHING."

The right for a parent to evaluate and make a choice for each individual vaccine on the schedule is essential. Parents should always be entitled to evaluate the relative risks and benefits of ANY medical procedure including vaccines. Even the most pro-vaccine parents would surely understand that their child may not need 100% of the vaccines and doses offered. In fact many simply want to decline one or two vaccines.

#### BLANKET POLICIES ARE POOR POLICIES.

A blanket policy with a mixed bag of products that happen to be grouped under a term called "vaccines" is a terrible policy, because even if the vaccine program of today had been proven completely safe (AND IT HAS NOT), such a policy would encompass additional vaccines and doses which are constantly being added. In the current schedule, every vaccine is different, made with different ingredients and single or combined antigens, and they can be manufactured by different sources with different protocols, so even loosely saying "vaccines are safe" is like saying "all drugs are safe." It is ridiculous to consider all vaccines equivalent. Yet a blanket policy would not only encompass today's vaccines, it would include tomorrow's as well, continually adding new products with dubious safety profiles. The CDC "schedule" would be interpreted under a blanket policy as "mandatory" when the schedule itself is intended to be a recommendation erring on the side of the MOST product usage.

The ever-growing and rapidly growing vaccine schedule is a moving target. Today's version certainly has never been properly tested for safety as a whole (nor have the individual vaccines been properly tested using inert placebos). The schedule is an arbitrary creation not based on science but rather based on how many limbs are available for injections at a given time. New ingredients are added to vaccines continually, such as new adjuvants, and those ingredients are not individually tested properly for safety, nor are they tested in combination with the other vaccines and other ingredients with which they will be given.

#### QUESTIONABLE PRACTICES OF ADDING NEW VACCINES

There are video records of the meetings of ACIP where the committee members (a committee overflowing with conflicts of interest) fully acknowledge the lack of safety testing and still approve new vaccines anyway, with a wink and nod to the plan of just monitoring the "post-marketing data" -- meaning they will see how bad the injuries are after the new vaccine is released. (Then, of course, as the Harvard study found, vaccine injuries are grossly underreported.)

#### MIXED MOTIVES? IS THE POLICY STATEMENT REALLY ABOUT PREVENTING INFECTIONS IN PUBLIC SPACES, OR RATHER USURPING PARENTAL RIGHTS?

Further, a blanket policy is ill advised because there is no clear motive for such a policy, when you look at the details. It may sound nice as a "big picture" statement

about public health, but the devil is in the details. For instance, some of the vaccines on the current schedule are for infections that are NOT transmissible by casual contact, so what is the basis for including such vaccines in a blanket policy? Their inclusion cannot be about protecting students from infection while on school grounds. (EX: HepB, HPV) Other vaccines on the schedule do not even purport to prevent infection, they merely suppress symptoms (Ex., DTaP - for pertussis), making it possible and in fact even likely that vaccinated individuals can become asymptomatic carriers. Silent carriers are more dangerous than even those with symptomatic infection, since having no symptoms means a person can spread an infection for an extended period of days or even weeks without knowing it, whereas symptomatic individuals would stay at home or be kept home. In other cases, live virus vaccines are used and can "shed" and spread infection, so vaccinating during the school year can actually contribute to outbreaks and there are cases of this happening around the country (ex., chicken pox, measles, mumps in schools with no exemptions allowed).

So in closing, I again urge the board to OPPOSE the Immunization Policy Position Statement.

Thank you,  
Tracy Comer  
Madison, WI

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Medical Freedom  
**Date:** Monday, January 06, 2020 9:49:20 AM

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**From:** Rachel McCardle <rachelmccardle@gmail.com>  
**Sent:** Saturday, January 04, 2020 10:19 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Medical Freedom

My name is Rachel McCardle. I graduated from UW River Falls and am a lifelong WI resident.

Please forward my email on to the members of the Dane County Health Board.

I'd like to emphasize the importance of maintaining the personal exemption waiver for vaccinations in WI. I believe a very important thing to look at when discussing vaccines is the current recommended CDC childhood vaccine schedule.

Did you know that today's vaccine schedule is triple what it was a generation ago?

Consider these facts:

- The complete CDC-recommended vaccine schedule now contains **69 vaccine doses** throughout childhood
- 32 of these doses are completed by 1 year of age
- In the 1980s, kids only received a total of about 24 vaccine doses by 18 years of age. Today, infants receive **24 doses by 6 months**
- Infants today receive as many as **9 vaccines in one day**

Removing exemptions would impact many WI families. Keep in mind that it isn't just the vaccinated and the unvaccinated. You or someone you know may be utilizing the same medical choice and not even realize it.

Do you or anyone you know fit into the following?

- I vaccinate but not the flu shot.
- I vaccinate but not the HPV shot.
- I vaccinate but not the chicken pox shot.
- I vaccinate but not Hep B.
- I vaccinate but on a modified schedule

According to the CDC:

- 73.1% of adults opt out of the flu vaccine.
- 51% of teens opt out of the full HPV series.
- 15% of parents opt out of the chicken pox vaccine.
- 10% of parents opt out of the Hepatitis B Vaccine.

Do any of these scenarios include you? What if you couldn't decline, delay or modify? What if your Choice was removed?

Every time even one dose of a recommended vaccine is declined a person is exercising medical choice.

We have seen multiple states that have removed exemptions then add more vaccines to the already large schedule. The scary thing is once the exemptions are gone you can't say no to the current schedule but you also won't be able to say no to any other vaccines added to the schedule in the future.

I'd like to stress that vaccine exceptions are not a public health issue. This is however a human rights issue. Medical freedom is our right. Body autonomy is our right. A public education is our right.

Please support a parents right to make medical decisions for their children.  
Please OPPOSE the removal of the personal conviction waiver.

Thank you for serving Dane Co.

Rachel McCardle



**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: exemptions  
**Date:** Monday, January 06, 2020 9:48:33 AM

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**From:** Beth Schlueter <bschluet@gmail.com>  
**Sent:** Saturday, January 04, 2020 2:10 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** exemptions

Good afternoon,

Please forward the following message to the members of the Dane County Board of Health....

My name is Beth Schlueter. I have lived in WI my entire life and in Dane County for most of that time.

Please DO NOT support the resolution to AB248 and SB262 or any similar legislation to remove the personal exemption or other exemptions to vaccines.

Removing the personal exception takes freedom away from parents and families. It also takes away informed consent. No medical procedure should be forced upon children and families. Removing exemptions is government over-reach.

The Nuremberg Code defined the ethical principle of informed consent making it clear that the rights of the individual cannot, ethically, be sacrificed to the needs of society. It also states recipients should be situated as to be able to exercise free power of choice, without the intervention of any element of force. Vaccine mandates violate this.

According to the CDC, no vaccine is 100% safe or 100% effective. It cannot be guaranteed that a person will not suffer a serious adverse event. There is no way to know how an individual will react to a vaccination, either immediately or long term. In this regard vaccination is experimental every time it is given. International agreements forbid medical experimentation on human subjects without informed

consent.

Also, there are many individuals who should not receive vaccinations because of personal health or family history. Even though these individuals should qualify for a medical exemption, they often cannot get one. It is practically impossible to get medical exemptions even if an individual has been damaged by a previous vaccine. Parents should have the right to decline any medical procedure they feel is not in the best interest of their child(ren).

Bottom line is, this is about medical freedom. This is about being able to do what is best for our own selves and our own children without getting permission from a doctor. We should be allowed to make our own decisions. Did you know that the vaccine manufacturers have zero liability for their products? That means, they have no incentive for making them safe or effective and when the government takes our rights away to refuse them, the manufacturers get unlimited profits with no responsibility. This is not ok.

Thank you for your time!

Beth Schlueter

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Removal of Personal Exemptions  
**Date:** Monday, January 06, 2020 9:47:37 AM

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**From:** Emmy Chaves <echaves23@hotmail.com>  
**Sent:** Saturday, January 04, 2020 5:21 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Removal of Personal Exemptions

Hi there,

I am Emmy Chaves, a nursing student and mother of three. Please vote not to remove personal exemptions for vaccinations. We as parents maintain our right to choose what medical treatments our children are subjected to. There are risks to vaccination and while there are risks there should always be a choice. Those who say the risks are rare are quite frankly wrong. I was vaccine injured as a child and am still unable to obtain a medical exemption. I now risk being forced to either drop out of nursing school or being injected with the same substances that caused many health issues I deal with today.

Herd immunity is not something that can be obtained through artificial immunity as we have seen with the numerous outbreaks among highly vaccinated populations. Those who are immunocompromised (because of chemo treatments, etc.) should not be attending schools where they will be exposed to much more than what we currently vaccinate for. Mandating vaccines will not keep them safe. Therefore, we would do best to stop using them to justify stripping our citizens of their right to choose how to keep themselves healthy.

I don't wish for anyone to experience an infection. Notice I said infection and not disease because an infection is temporary and treatable. I, like other health care providers understand that a person's first line of defense against infection is their immune system and not some chemical laden substance injected into our bloodstream. An external second line of defense would be our excellent health care system. We are privileged to live in a country that has a health care system that can handle the rare complication so let's stop pretending that we live in a country that doesn't have that resource. Healthy people do not die of things like hand foot and mouth (which has no vaccine yet is much more uncomfortable than chicken pox) and they do not die from measles in America either.

Thank you for your time and I urge you again to vote not to remove personal exemptions.

Emmy Chaves

Some of my  
sources:

**Ingredients**

<https://www.learntherisk.org/ingredients/>

**Infant's immune system**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4707740/>

**Dr shaw injected aluminum**

<https://thevaccinereaction.org/2016/08/the-effect-of-aluminum-in-vaccines-on-humans-chris-shaw-phd/>

**Injected aluminum and motor functions**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819810/>

**The only thing close to a vaxxed/unvaxxed study with DTP**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/>

**Allergies and vaccines**

<https://www.ncbi.nlm.nih.gov/pubmed/16387585>

**Pertussis vax does not stop spread of pertussis**

<http://www.pnas.org/content/111/2/787>

**Food allergies and vaccines**

<https://vaccinesafetycommission.org/pdfs/08-2015-Journal-Food-Allergies.pdf>

**Flu shot info and Fudenberg's study as relates to Alzheimers**

[http://www.vaclib.org/basic/nov24\\_tenpenny.htm](http://www.vaclib.org/basic/nov24_tenpenny.htm)

Emmy Chaves

920-723-8786

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization Policy Position Statement  
**Date:** Monday, January 06, 2020 9:46:52 AM

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**From:** Larah Haas <larahhaas@hotmail.com>  
**Sent:** Saturday, January 04, 2020 5:33 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Immunization Policy Position Statement

To those whom it may concern,

I would like to thank you for serving your community and county, while also urging you to please oppose or amend your Immunization Policy Position Statement. It is your job to protect rights not take them away. You would do dishonor to your positions and to all this nation stands for by taking away the right of parents to make medical decisions for their children and you would be putting us on the slippery slope toward even adults losing body autonomy.

How would you like to be told that you can't skip even one vaccine? Right now it's just kids that might possibly be forced to have every single vaccine that the corrupt cdc recommends and right now it is 'only' the DTap and or DTP, chickenpox, hepatitis b, mmr, polio, and hib (multiple doses of each mind you) that would be required. If you think all of those vaccines are of equal importance please think again. Also eventually the very controversial hpv vaccine and the meningitis vaccine might be added to that list of required vaccines. Ever skip the flu vaccine, maybe the pneumonia one, how about the shingles one? What if some day you weren't allowed to?

If you read the vaccine inserts it becomes very clear that it is not as black and white as vaccines simply being safe and effective as we are so often told. Each and every insert that I've read has many possible side effects and complications listed as well as a disclaimer that the vaccine has never been studied to determine it's effects on fertility and to see whether or not it causes cancer. Cancer and infertility rates are on the rise maybe because of vaccines maybe not but until we know should we be forcing these possible risks onto people?

Also vaccine free children and those children who are selectively vaccinated are not the only ones who could potentially spread disease in fact those who receive the live virus vaccines are potentially a danger to the immune compromised such as those who are elderly, infants and those who are ill or undergoing chemo. In fact those who live with immune compromised people are advised not to get certain vaccines in order to prevent infecting their family member.

I would also like to say that my youngest sister had a severe reaction to one of the vaccines that she received in order to become a cna. She developed symptoms of arthritis that she still deals with 2 years later. She also had a very high fever and her legs swelled and turned purple that only lasted a day but still it was quite scary. Also she developed severe stomach problems that lasted for weeks and lost her appetite. Her health deteriorated very quickly since her vaccines and hasn't been the same since. Her symptoms were listed as possible side effects on the vaccine insert and her doctor (while surprisingly unwilling to admit that her symptoms were vaccine related) advised her not to get the next doses of the two vaccines she had previously received.

I've said a lot about the concerns I have with vaccines and I hope you'll consider them but at the end of the day this is really a question about whether or not parents deserve the right to make medical decisions for their families. The greatest treasure we have in this country is freedom but it is slowly being stripped away in the name of policies and bills and profits. Please help us keep the freedoms we still have.

Thanks so much for taking the time to read what I have to say, sincerely,

Larah Bierman

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: parental choice freedom - please forward to board members  
**Date:** Monday, January 06, 2020 9:46:23 AM

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**From:** Matt and Kara Paske <mattpaske@gmail.com>  
**Sent:** Saturday, January 04, 2020 6:20 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** parental choice freedom - please forward to board members

Good afternoon, thank you for your community service. I reside in Columbia County Wisconsin.

I am sure you are getting plenty of research information from others, please read it with an open mind. Our medical provider strongly urged us a decade ago to research the vaccines and how to treat our family to match our special needs, I am grateful they did. Our boys are very healthy with natural immune systems. I ask to you please not take this FREEDOM of PARENTAL CHOICE away from us by eliminating the personal conviction waiver. Loss of this freedom would take away any options to delay or modify the schedule.

I oppose this loss of FREEDOM to choose what matches our family. What does this mean for my family? We will NOT be compiling if this passes at the state. One of us will lose our jobs, my children will withdraw from daycare and school, as private schools follow that same as public. My kids are very healthy, they are seen for their well child visits and rarely get sick. They are in 4H, love the outdoors and are amongst the most athletic and highest academics in their schools. **Please keep our freedoms.** Allow families to delay or modify. Please represent your community, as the world changes don't lock the future generation into limitations.

Please feel free to contact me, Matt and Kara Paske 608-697-4360.



**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Opposition Letter  
**Date:** Monday, January 06, 2020 9:45:38 AM

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

From: Kalli Matthies <kalli.matthies@gmail.com>  
Sent: Saturday, January 04, 2020 7:26 PM  
To: Health <Health@publichealthmdc.com>  
Subject: Opposition Letter

To whom it may concern,

I am writing to express a strong opposition to the Immunization Policy Position Statement that supports the removal of ALL non-medical exemptions (AB248 & SB262).

An entire essay could be contained within this email examining all the reasons why this is so dangerous but I will leave you with a few key points:

1. Vaccines can and DO cause injury and death. Per the National Vaccine Injury Compensation Program, over 4 billion dollars have been paid out to families experiencing these very real side effects. In 2019 alone, \$225 million was paid — no small amount.

Source : [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_\\_www.hrsa.gov\\_sites\\_default\\_files\\_hrsa\\_vaccine-2Dcompensation\\_data\\_data-2Dstatistics-2Dvicp.pdf&d=DwIFaQ&c=byefhD2ZumMFFQYPZBagUCDuBiM9Q9twmxaBM0hCgII&r=A-pBm8QVHJber6PLoTFzfL4VWkZYR\\_kaQznDIGCZvjE&m=IR1rb\\_YFxzWCPR39Q-Ewx7vF5wlm-HnJzQYuJs5eEo&s=di6p7OesV4i9J37WQMds12nEz7u6a-lAUWzeBsoyXTA&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.hrsa.gov_sites_default_files_hrsa_vaccine-2Dcompensation_data_data-2Dstatistics-2Dvicp.pdf&d=DwIFaQ&c=byefhD2ZumMFFQYPZBagUCDuBiM9Q9twmxaBM0hCgII&r=A-pBm8QVHJber6PLoTFzfL4VWkZYR_kaQznDIGCZvjE&m=IR1rb_YFxzWCPR39Q-Ewx7vF5wlm-HnJzQYuJs5eEo&s=di6p7OesV4i9J37WQMds12nEz7u6a-lAUWzeBsoyXTA&e=)

2. Testifying before Congress, the CDC explicitly stated that the ever growing vaccine schedule has NEVER been tested for cumulative safety.

3. Removing exemptions paves the way for liability-free pharmaceutical products to be added to the schedule at any time and thus removing the option to opt-out on any of these (ie flu vaccine, Gardasil etc.)

4. Most importantly, individual freedom is the cornerstone of both our God-given and American rights. The government has no place medically kidnapping our bodies and deciding what is best.

Please consider these important points expressed from concerned citizens who aim to maintain medical freedom.

Kalli Matthies

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Oppose  
**Date:** Monday, January 06, 2020 9:28:28 AM

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**From:** Stephanie Kichak <stephaniekichak@gmail.com>  
**Sent:** Sunday, January 05, 2020 10:50 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Oppose

I oppose the removal of the non medical exemption.

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Exemption letter  
**Date:** Monday, January 06, 2020 9:25:05 AM

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**From:** Jim Kichak <jkichak@hotmail.com>  
**Sent:** Sunday, January 05, 2020 5:38 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Fwd: Exemption letter

I am forwarding this letter to vote to Not support taking away exemptions.  
Jim Kichak

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**From:** Stephanie Kichak <[stephaniekichak@gmail.com](mailto:stephaniekichak@gmail.com)>  
**Sent:** Sunday, January 5, 2020, 6:21 PM  
**To:** [jkichak@hotmail.com](mailto:jkichak@hotmail.com)  
**Subject:** Fwd: Exemption letter

----- Forwarded message -----

**From:** **Jessamyn Kovacs** <[jessamynkovacs@gmail.com](mailto:jessamynkovacs@gmail.com)>  
**Date:** Sun, Jan 5, 2020, 2:59 PM  
**Subject:** Exemption letter  
**To:** Stephen Kichak <[stephen.kichak@gmail.com](mailto:stephen.kichak@gmail.com)>, <[danimcnamer85@gmail.com](mailto:danimcnamer85@gmail.com)>, Mom  
Kichak <[stephaniekichak@gmail.com](mailto:stephaniekichak@gmail.com)>

TO: [Health@publichealthmdc.com](mailto:Health@publichealthmdc.com)

Please forward to all board of health members, thank you.

Dane County Board of Health member,

I am aware of your proposal to remove all non-medical vaccine exemptions despite current legislation (AB262/SB262).

I would like to maintain my current parental rights regarding what medical procedures are performed and what pharmaceuticals/biologics are injected into my child(ren).

I would like to point out a few reasons WHY exemptions have their place in WI:

- Vaccines contain DNA from aborted human fetuses, and this has also never been tested for safety or adverse effects on humans.
- 13.1 On vaccine inserts state: "Has not been evaluated for impairment of fertility or mutagenic potential."
- Vaccines contain numerous potential allergens including, but not limited to, antibiotics (such as streptomycin, neomycin, polymyxin B, gentamicin sulfate), food allergens (egg, chicken, soy, peanuts, casein from cow's milk, gelatin from pigs and cows), fetal bovine serum (from the blood derived from the fetuses of cows found pregnant at slaughter), mercury (still used in flu vaccines), latex, yeast, monosodium glutamate (MSG), Polysorbate 80, and Glyphosate.
- Vaccines contain toxic, poisonous, and carcinogenic substances including, but not limited to, acetone, aluminum, formaldehyde, alcohol, phthalates, and preservatives (sodium metabisulfite, phenoxyethanol).
- Vaccines contain neurotoxins such as aluminum and thimerosal that far exceed the safe levels determined by the FDA.
- Additionally, getting any vaccine does not ensure that my child would be protected from the disease, and in fact, he could get the very disease he was vaccinated for either in spite of or directly because of the vaccine.

Further Objection to:

- Lack of safety studies on the CDC Schedule of Vaccinations. The schedule has never been proven to be safe and effective as it is administered (Numerous shots at one time).
- Lack of vaccine manufacture liability (since 1986) if their product causes injury or death.

I thank you for respectfully adhering to our first amendment rights guaranteed as citizens of the United States of America by her great Constitution and reinforced on a state level by the fourteenth amendment without prejudice.

Please vote "NO" to support the removal of both the personal conviction and religious vaccination exemption waivers.

Thank you.  
Sincerely,

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Vaccine exemptions  
**Date:** Monday, January 06, 2020 9:24:23 AM

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

From: Linda Vick <lvick49@gmail.com>  
Sent: Sunday, January 05, 2020 6:08 PM  
To: Health <Health@publichealthmdc.com>  
Subject: Vaccine exemptions

> Please forward to al board of health members:  
>  
> Dane County Board of Health members,  
>  
> I recently became aware of your proposal to remove all non-medical vaccine exemptions despite the current legislation (AB248/SB262).  
> I urge you to maintain our current religious and personal rights. As a Christian, I do not approve of the use of aborted fetal cells as well as animal cells in many of the current vaccines as this is in direct conflict of my Christian faith.  
>  
> Please vote "no" to the removal of the personal conviction and religious waiver removal in WI.  
>  
> With grave concern,

Linda Vick

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Letter from a concerned family  
**Date:** Monday, January 06, 2020 9:24:09 AM

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**From:** Lindsey Renee <2lindseyhenry@gmail.com>  
**Sent:** Sunday, January 05, 2020 6:44 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Letter from a concerned family

Dane Co. Board of Health members,

I am aware of your proposal to remove all non-medical vaccine exemptions despite the current legislation (AB248/SB262).

I urge you to maintain our current religious and personal rights. As a Christian, I do not consent to the use of aborted fetal cells as well as animal cells in many of the current schedule as this is in direct conflict of my Christian faith.

By removing this waiver, the right to choose the medical treatments for my children is being removed. This would invade on the freedom my husband has fought for as part of the military and many of his friends have died for. The amazing joy of living in the United States is the right to choose what will be done to our own bodies and the bodies of our children.

Please vote no to the removal of the personal conviction and religious waiver removal in WI.

Sincerely,

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Oppose position statement  
**Date:** Monday, January 06, 2020 9:23:45 AM

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**From:** pattie yets <jpyand3@gmail.com>  
**Sent:** Sunday, January 05, 2020 10:42 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Oppose position statement

Hello,

I would like to make you aware that as a life long Wisconsin resident I oppose any mandated vaccines. I would like to see all Wisconsin support our individual right to choice. No one should ever be subjected to any mandated medical intervention!

Thank you,  
Pattie Yets

**From:** [Temte Jonathan L](#)  
**To:** [Halverson, Jerry](#); [SReece@publichealthmdc.com](mailto:SReece@publichealthmdc.com)  
**Subject:** December Board of Health Meeting  
**Date:** Tuesday, November 26, 2019 4:20:58 PM  
**Attachments:** [Temte BoH Statement.pdf](#)

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To: Steve Reece and Jerry Halverson

Dear Steve and Jerry:

I am unable to attend the upcoming December Board of Health meeting. I am, however, submitting the attached letter in support of the policy statement from the directors of Public Health Madison & Dane County pertaining to elimination of non-medical waivers for mandated vaccines.

Should you have any questions or comments, please do not hesitate to contact me.

Kind Regards,

Jon

Jonathan L. Temte, MD/PhD  
Associate Dean for Public Health and Community Engagement  
University of Wisconsin School of Medicine and Public Health  
Health Sciences Learning Center, Room 4260  
750 Highland Drive  
Madison, Wisconsin 53705

[jon.temte@fammed.wisc.edu](mailto:jon.temte@fammed.wisc.edu)



26 November 2019

Health Board of- for Madison and Dane County

Dear Health Board Members:

I write to strongly support the removal of non-medical waivers for mandated vaccines. I am unable to be at your meeting in person as I am in Atlanta attending the CDC Office of Infectious Diseases Board of Scientific Counselors meeting.

First some background. I am a long-term, practicing family physician serving a diverse and medically-underserved community. I participated in the 2000 CDC Measles Elimination Meeting, the 2004 CDC Rubella Elimination Meeting, and as a member of the expert panel that, in 2012, recertified measles elimination in the United States. I served as the American Academy of Family Physicians' liaison to the U.S. Advisory Committee on Immunization Practices (ACIP) for four years, and then as a voting member for the following eight years, becoming the chair of this federal advisory committee for my last three years. I currently serve as the chair of the Wisconsin Council on Immunization Practices and am a member of the CDC Office of Infectious Diseases Board of Scientific Counselors. I have just been asked to co-chair the CDC-OID-BSG work group on vaccine hesitancy and will also review the current measles elimination status in the U.S. Finally, I am the Associate Dean for Public Health and Community Engagement for the University of Wisconsin School of Medicine and Public Health.

My words in this letter, however, are my own and are not intended to represent the organizations with which I am affiliated.

In my opening comments at my first ACIP meeting as chair, I emphasized the need for ACIP—as a federal advisory committee—to openly listen to all viewpoints, including those of the anti-vaccine movement. At my last meeting as chair, I openly read a letter regarding meningococcal vaccine from an anti-vaccine adherent who was unable to attend the public comment portion of our meeting. Whereas I was criticized by some for these actions, I feel strongly that all voices—in a public arena—need to be heard, listened to, and considered.

First and foremost, there is a shared commitment, by both pro- and anti-vaccine voices, to the health and well-being of children. This is a fundamental commonality and needs acknowledgement. From there, paths diverge, and different sets of information are used to support one's viewpoint. Sadly, the anti-vaccine movement has chosen to overwhelmingly use misinformation. There has been a long history of manipulation by external forces, and avoidance of what health care providers would consider an evidence-based approach.

What we may hear from those seeking broad waivers from vaccination is the inherent danger of autism and other neurological disorders stemming from the use of MMR. What we do not hear is that the promoter of the "autism" theory has been defrocked of his medical license, his paper expunged from the medical literature, and his work deemed fraudulent and self-serving. We do not hear of the multitude of high-quality studies showing no effect whatsoever of MMR (or

other vaccines) on the genesis of autism. What we do not hear is of the thousands of unnecessary cases of measles, with associated hospitalization and deaths across the globe due to vaccine hesitancy.

We hear of the purported long-term immune effects of vaccines and the immune overload imposed by vaccination. What we do not hear is the lack of any evidence for immune overload through dozens of well-designed epidemiological studies. We do not hear of the severe immunological amnesia imparted by natural measles infection, rendering those affected susceptible to infectious diseases from which they were once protected by prior infection or through vaccination. We do not hear of the incredible benefits through herd effects of vaccines, thus protecting the 10 million Americans, who at any given time are immunocompromised and unable to attain protection from vaccines. We do not hear of the recent action of ACIP to remove PCV13 vaccine from our routine adult schedule as this strategy offered little additional protection for elders beyond the herd effect attained through vaccination of infants with this vaccine. We do not hear of the tremendous reductions in human papillomavirus infection—the cause of cervical cancer—not only in vaccine recipients but in other community members.

I live in, and practice medicine in a world that is far different than the world of my parents and far different than that of many of my mentors and teachers. Smallpox has been globally eradicated. Polio is nearly gone. Until recently, the Western Hemisphere was measles and rubella free. The U.S. almost joined the ranks of Venezuela this past year in becoming the second Western Hemisphere nation to lose measles elimination status due to vaccine avoidance. Our pediatric wards are no longer home to children suffering from meningitis and pneumococcal sepsis. Within two years of the introduction of rotavirus vaccine in infants, Wisconsin witnessed a 90% reduction in hospitalizations—of all ages—from rotavirus diarrhea.

Vaccines and sound immunization policies have made the world safer for millions of children and older individuals. Waiving required vaccinations poses a threat to both individual and public health.

I simply ask the Board of Health to consider open, accessible, and unbiased information when making decisions on whether there should non-medical waivers for mandated vaccines. I ask that you carefully consider the evidence-basis and highly favorable balance among the benefits and risks of vaccination for those who can and those who cannot received vaccines. Thank you.

Kind Regards,



Jonathan L. Temte, MD/PhD

Professor of Family Medicine and Community Health  
Associate Dean for Public Health and Community Engagement  
University of Wisconsin School of Medicine and Public Health  
Medical Director – Public Health Madison and Dane County

**From:** [Ann Lewandowski](#)  
**To:** [Reese, Steven](#)  
**Subject:** Support for PCW removal  
**Date:** Tuesday, December 03, 2019 12:30:59 PM

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Dear Mr Reese,

I am writing to you to express my support for Dane County to pass a resolution to eliminate the personal conviction waiver.

My professional experience in working on immunization issues for the past 10 years, including pandemic planning and preparedness, has shown me the science is extremely clear, vaccines are safe and effective at preventing disease. I work closely with many of the members of the ACIP and they are extremely cautious when it comes to both cost to the consumer and effectiveness of vaccines.

No doubt you will encounter the well-intentioned but very confused group, Wisconsin for Medical Freedom tonight. I ask you as a resident of Dane County to review the sources they provide and validate their claims. One such claim is that vaccines are "liability free", while the Vaccine Compensation Fund and the Court of the Special Masters adds a layer of confusion, I hope you will take the time to review the attached article that explains the court, the process, and how people who are denied claims can continue to pursue compensation through the normal court process if their claim is denied.

As much as I feel strongly about this as a professional, I wish to address my personal reasons for wishing to see non-medical exemptions eliminated. I live in Waunakee, and I have multiple sclerosis.

We place many restrictions on freedom in our society when individual behavior creates risk to others. Some examples I can provide are the following: car seats, seat belts, mandatory handwashing for food preparers, and banning drunk driving. In the instance of drunk driving, we demand as a society that they give up their keys and do not drive to ensure the safety of others. We require food service workers wash their hands to decrease the potential of contamination from fecal matter. No one shouts loudly that the drunk driver or the food preparer should have the freedom to opt out. Vaccines are the same.

I regularly read claims against herd immunity online. I am sure you will receive information that we have not had cases of measles in Wisconsin. I must be blunt. This is cognitive dissonance at its finest. We do not see disease because we have had typically high levels of immunizations that allow protection through herd immunity, if we fall short we do not have circulating or introduced disease. Anyone who testifies against herd immunity has been duped by a sophisticated anti-science movement. I understand the hesitation and the desire to explain why bad things happen, but correlation between vaccination does not equal causation to things such as auto-immune disease, fainting, or any other of the many claims against vaccines I have seen.

I depend on herd immunity. I am unable to join you to speak in person tonight because today I have a treatment with Ocrevus for multiple sclerosis, which kills part of my immune system that would activate my immune system in case of illness (B cells).

My health condition, like many health conditions including lupus, rheumatoid arthritis, inflammatory bowel disease, and psoriasis, prohibits me from receiving a live vaccine. As I watched measles outbreaks reported across our nation this spring, I prepared myself the best I could. I followed the advice I was giving to all health care workers, I attempted to find my immunization record to prove I was immune. Having moved cross country, I could not locate it immediately. If I had been exposed during the period of time when I was unable to locate my record, I would have been quarantined in my home for many weeks by statutory requirement. I would not get the choice to opt out. Nothing inhibits my freedom more than a quarantine.

My situation is not unique or special in any way. There are thousands of patients like myself who would have their liberty curtailed. They have the potential to be confined to their homes simply because a patient who

potentially never knew they were ill exposed them at a public location. I enjoy the freedom from communicable disease that vaccines have given me. Please protect my right not to be exposed to disease.

You are not banning children from receiving an education, you are simply requiring that if they attend in person that they not be freeloaders and compromise herd immunity. You are simply saying the science is clear that vaccines work and herd immunity is real. If you chose to deny the science, there are multiple options to obtain an education online or via homeschooling that does not place other children or community members at risk.

Thank you for your attention in this matter,  
Ann Lewandowski

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization Policy Concern  
**Date:** Tuesday, December 03, 2019 9:04:01 AM

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**From:** Amanda Theys <astheys22@gmail.com>  
**Sent:** Monday, December 02, 2019 7:07 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Immunization Policy Concern

Good morning,

My name is Amanda Theys and I live in the greater Milwaukee area. Although I do not live in your area, I am very carefully watching what is happening with our medical rights throughout the entire state (and country). I am contacting you to respectfully ask you NOT to support the new immunization policy that is being presented to you. What happens in your county has effect on what happens in our state, and that does greatly concern me.

I have 2 children who reacted negatively to their vaccines at their 12 month doctor appointments (as confirmed by 2 different doctors, however, we were denied medical exemptions by both). I can assure you that informed consent is not common practice in medical offices and that obtaining a vaccination medical exemption is not as easy as you might think. Since learning about the personal conviction exemption choice a few years ago, I am now able to customize their vaccine schedules to what I am comfortable with (at a slower pace as to not overwhelm their already fragile immune systems). As a mother, I can assure you that this fight is to do what is in the best interest of our children.

Thank you for your time and understanding. I look forward to seeing the outcome of the meeting.

Yours very truly,

Amanda Theys  
South Milwaukee, WI

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization policy  
**Date:** Tuesday, December 03, 2019 11:31:49 AM

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**From:** eginos@yahoo.com <eginos@yahoo.com>  
**Sent:** Tuesday, December 03, 2019 9:39 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Immunization policy

Please fwd this on to Dane BOH

I oppose removing personal and religious exemptions for vaccinations. This should be a parents right to choose for their children. It's not about anti or pro vaccine, it's about choosing for our children and it's not a one size fits all approach just like anything in life. Every body is different and reacts differently to things (foods, things we put on or in our bodies, allergens etc) and a vaccine is no different! We deserve the right to choose! We have the right to send our children to public school no matter their vaccination status.

We matter and our children matter! Their health matters. Vaccine reactions are real and having a child with epilepsy and vaccinated on schedule I NEED that choice! We work so hard to prevent more seizures and another vaccine could put him back to that place of having more. We all have the right to decide what we put into our bodies and nobody should be forced. It is my constitutional right to choose!

Sincerely,  
Erin Ginos

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Please forward to members of the Board of Health  
**Date:** Tuesday, December 03, 2019 11:32:12 AM

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**From:** Anna Muro <apmuro2007@gmail.com>  
**Sent:** Tuesday, December 03, 2019 10:51 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Please forward to members of the Board of Health

Dear Board Members,

I am writing you because of your position on the Dane County Health Board. This Wednesday you will be discussing and possibly voting on a resolution to remove the “personal conviction” option that we currently have the freedom to use for vaccine exemption. I am asking that you vote against this resolution as it severely compromises our freedom.

As I am sure you are aware, the Vaccine industry is a liability free industry. Since 1986 they have enjoyed this freedom. In that time they have increased the number of vaccines a child receives from birth to age 18 from 24 to over 72 doses, with many more in the pipeline. Also, in that time tax payers have paid out over \$4 billion in vaccine injury compensation. We can not allow money and the greed of large, liability free corporations to dictate whether or not we have choice in what we inject into our children's bodies.

I encourage you to ask yourself the hard questions. Take some time before Wednesday to read through the package inserts, ingredients and warnings. [http://www.vaccinesafety.edu/package\\_inserts.htm](http://www.vaccinesafety.edu/package_inserts.htm) Look into the risks involved with these ingredients. Are you ok to live in a nation that strips away the freedom of their people, a nation that does not allow people to choose if they are injected with known carcinogenic material, preservatives and DNA from other humans and animals?

Please vote no on Wednesday and do not pass this resolution to support our loss of freedom.

Anna Muro

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Vaccine Exemptions  
**Date:** Wednesday, December 04, 2019 10:27:11 AM

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**From:** Melanie Metz <melaniermetz@gmail.com>  
**Sent:** Tuesday, December 03, 2019 8:37 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Vaccine Exemptions

To whom it may concern, please forward my comments to the entire Dane County Board of Health. (I can only find a few email addresses)

I wanted to voice my opposition to the sudden and drastic changes being proposed regarding your position on vaccine exemptions. It is my understanding that you will be recommending to remove all non-medical exemptions for vaccination. This, in a state that currently has all 3 exemptions, seems to be a bit extreme. Both the personal conviction waiver and religious exemptions should remain available for parents who wish to use them. I know many parents who have very valid reasons for using each. I am surprised the Board of Health would even consider stripping the religious rights of a person. Please, reconsider your position on this. I am not able to attend the meeting to give a public comment tomorrow, but I hope you listen to the comments and really think about what this would mean if you were to change your position so drastically. Other counties have discussed resolutions for removing the personal conviction waiver, but you are the first to suggest a threat to religious freedom. I respectfully ask you to reconsider and think about what that would mean for families in Dane County, and ultimately, the state of Wisconsin.

Thank you for your time. If possible, please confirm this comment was received and that it will be passed to each board member individually.

Melanie

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Melanie Metz  
262-385-7653



**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Please forward to Dane BOH  
**Date:** Wednesday, December 04, 2019 10:26:25 AM

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**From:** Anne Orso <anneorso@gmail.com>  
**Sent:** Tuesday, December 03, 2019 8:31 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Please forward to Dane BOH

Please forward the following e-mail to the Dane BOH...

Dear Dane County Board Member,

I understand you will be discussing a change to the immunization policy position statement. These changes that are being proposed are alarming and I hope you will vote no to the recommendation to remove non-medical exemptions. This is an important vote and your vote is key.

I am a retired pediatric nurse and question the safety of some vaccines. It is shocking to think that our rights to medical exemptions may be removed. This is what our freedom is all about...our ability to choose what we believe to be right. There are many credible people questioning vaccine safety especially for some vulnerable children who might be harmed if they received the vaccine. I hope you are reading both sides of the issue and realize how much money big pharmaceutical companies are making off vaccines...and even more profit if they are mandated for everyone. Safety testing has not been done except some by the pharmaceutical companies making profits from the vaccines...this is not right! Also do you realize that 4 billion dollars has been paid out since November 2019 to families of vaccine injured children. Not by pharmaceutical companies who are not held responsible, but by we the tax payers. This is so wrong.

So please, please vote no to the recommendation to remove non-medical exemptions. If you read both sides of the issues, there is no risk to children who are immunized, right? They are immunized and shouldn't be worried about exposure even though children not immunized are some of the healthiest children I've seen over the years.

Thank you for considering what I am saying and I hope your vote is a huge "no".

Sincerely,  
Anne Orso

E10627 Gore Hollow Rd  
Viola, WI 54664  
314-910-7898  
[anneorso@yahoo.com](mailto:anneorso@yahoo.com)

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Philosophical Conviction  
**Date:** Tuesday, December 03, 2019 9:04:33 AM

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**From:** Dana Woods <skarletteetchings@hotmail.com>  
**Sent:** Sunday, December 01, 2019 10:45 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Philosophical Conviction

Please forward the following email to all Health Board members for Dane Co.

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Dear County Board Members,

I am writing today to ask that you vote against the proposed resolution to support removing the personal conviction vaccine exemption for school and day care in Wisconsin. The issue is not about vaccines. The issue is about personal and parental choice. I firmly believe in parental choice and am opposed to the involvement of government in private medical decisions. This choice needs to remain between parents or guardians and their healthcare provider. Government should have no right to require parents to force their children to receive pharmaceutical products, which come with risks, as a condition for receiving an education in the state of Wisconsin. Vaccine manufacturers, the doctors, and providers who administer vaccines are completely shielded from liability for vaccine injuries and deaths. The law passed by Congress in 1986 establishing the National Vaccine Injury Compensation Program (1) and the 2011 Supreme Court Decision BRUESEWITZ ET

AL. v. WYETH LLC, FKA WYETH, INC., ET AL (2)

took away the right for those injured or killed by vaccines to

sue the vaccine manufacturer in a civil court of law. There are NO incentives for pharmaceutical companies to assure that their products are safe.

Since 1989, the U.S. Government has paid out over \$4.1 billion dollars to vaccine victims through the National Vaccine Compensation Program. (3) This money does not come from the pharmaceutical companies who make the vaccines that cause these injuries and death. The program is funded by U.S.

taxpayers, through a 75-cent tax levied on all administered vaccines. (4)

The CDC currently recommends that all children receive 50 doses of 14 different vaccines between the

day of birth and age six and at least 69 doses of 16 vaccines between the day of birth and age eighteen. (5) This more than doubles the government childhood schedule of 34 doses of 11 different vaccines in the year 2000. (6)

In the past 15 years, 35 doses and 5 more unique vaccines have been added

to the schedule. While adding vaccine after vaccine and dose after dose, the CDC has yet to do a single

study on whether or not this ever-growing vaccine schedule is actually safe for our children. There is no end in sight to the number of vaccines that could be added to the schedule, with over 260 vaccines

currently in development. (7) This exemption protects us from any future vaccines which could potentially be added to the schedule.

Data from the Wisconsin Department of Health reports that vaccines don't always work and that vaccinated individuals can still get sick and even spread illness on to others. Mumps outbreaks are occurring in highly vaccinated populations. People vaccinated for pertussis can still spread the disease,

even without symptoms. (8 9 10 11)

While public health officials often use the argument that everyone should be vaccinated to protect those who can't be, the reality is, according to the CDC, nearly all persons with chronic illness, including

immunocompromised children, can receive vaccines. Few school children qualify for medical exemptions to vaccination. (12 13) Wisconsin's own data reports on the failure of vaccines to work and

immunocompromised school children at risk for diseases from both vaccinated and unvaccinated schoolmates, and at risk for developing diseases that we don't vaccinate for. The removal of the personal exemption to vaccination in Wisconsin will not solve this problem.

Please vote NO to this resolution!

14 and 15 reference vaccine safety, and the failure of Health and Human Services to provide safety reporting on vaccine safety in over 30 years.

Thank you for your time and looking into the concerns of this issue.

Dana Davis

## References

- 1 [U.S. Code 42 USC CHAPTER 6A, SUBCHAPTER XIX, Part 2: National Vaccine Injury Compensation Program](#)  
[From Title 42—THE PUBLIC HEALTH AND WELFARE - CHAPTER 6A—PUBLIC HEALTH SERVICE](#)  
[SUBCHAPTER XIX—VACCINES](#)
- 2 [U.S. Supreme Court. Bruesewitz v. Wyeth 09-152; Feb. 22, 2011. Justices Sotomayor and Ginsberg Dissenting \(pg. 30\).](#)
- 3 [U.S. Department of Health and Human Services. National Vaccine Injury Compensation Program Data—May 1.](#)  
[2019. National Vaccine Injury Compensation Program. May. 1, 2019](#)
- 4 [U.S. Department of Health and Human Services. About the National Vaccine Injury Compensation Program.](#)  
[National Vaccine Injury Compensation Program. March 2019](#)
- 5 [CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States.](#)  
[2019 Feb. 5, 2019](#)
- 6 [CDC Notice to Readers: Recommended Childhood Immunization Schedule -- United States, 2000 MMWR Jan. 21.](#)  
[2000; 49\(02\);35-38,47](#)
- 7 [Pharmaceutical Research and Manufacturers of America \(PHRMA\) VACCINES: HARNESSING SCIENCE TO DRIVE INNOVATION FOR PATIENTS Oct. 2017](#)
- 8 [Vaccine-Preventable Diseases Surveillance Summary Wisconsin, 2018 Wisconsin Dept. of Health - P-02321 \(April 2019\)](#)
- 9 [Fields VS, Safi H, Waters C et al. Mumps in a highly vaccinated Marshallese community in Arkansas, USA: an outbreak report. Lancet Infect Dis. 2019 Feb;19\(2\):185-192](#)
- 10 [Peltola H, Kulkarni PS, Kapre SV et al. Mumps outbreaks in Canada and the United States: time for new thinking on mumps vaccines. Clin Infect Dis. 2007 Aug 15;45\(4\):459-66](#)
- 11 [CDC Pertussis \(Whooping Cough\) – Pertussis Frequently Asked Questions – Apr. 1, 2019](#)
- 12 [Centers for Disease Control and Prevention. Recommendations of the Advisory Committee on Immunization Practices \(ACIP\): Use of Vaccines and Immune Globulins in Persons with Altered Immunocompetence. Morbidity and Mortality Weekly Report Apr. 9, 1993.\)](#)
- 13 [CDC Contraindications and Precautions - General Best Practice Guidelines for Immunization: Best Practices](#)  
[Guidance of the Advisory Committee on Immunization Practices \(ACIP\) Aug. 20, 2019](#)
- 14 <https://www.icandecide.org/wp-content/uploads/2019/08/VaccineSafety-Version-1.0-October-2-2017-1.pdf>
- 15 <https://www.icandecide.org/wp-content/uploads/2019/08/Stipulated-Order-copy-1.pdf>

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Cc:** [Hughes, Sarah](#); [Roznowski, Kathy](#)  
**Subject:** FW: I oppose the changes to the Immunization Policy  
**Date:** Tuesday, December 03, 2019 9:02:41 AM  
**Attachments:** [Vaccine Schedule PDF.pdf](#)  
[Wisconsin measles data and vaccine data.pdf](#)  
[Wisconsin Vaccination and Exemption Rates June 16 2019 \(1\) copy.pdf](#)  
[Publications-Regarding-Vaccine-Safety-1.pdf](#)

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**From:** Rachel McCardle <rachelmccardle@gmail.com>  
**Sent:** Monday, December 02, 2019 2:39 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** I oppose the changes to the Immunization Policy

I am emailing today to let you know I am opposed to the changes in the Dane county Immunization Policy position statement. Please forward my email to the Dane County BOH.

Removing the personal exemption waiver would affect many families throughout Wisconsin. It would personally affect any family that vaccinates on a delayed schedule, chooses to opt out of one or more vaccines, doesn't vaccinate at all or uses the personal exemption for siblings of children who have already suffered a vaccine injury.

Regardless what medical path a family chooses it should remain the parent's choice. Mandating medical procedures would be an overstep of the government.

In 1986 The National Childhood Vaccine Injury Act (the "1986 Act") was passed by congress, making all vaccines on the childhood CDC schedule liability free. HHS has admitted in court that they have never submitted the safety reports to congress as set forth in the "1986 Act". It also established a separate vaccine court that has paid out over \$4 billion to date for injury and death.

Can we really mandate liability free products that aren't being properly reviewed for safety?

Since 1986, we have seen pharmaceutical company misconduct over and over and billions paid out for such misconduct and injuries related to those drug products. We are seeing this currently with the opioid crisis that is plaguing our state and country. These same companies are manufacturing vaccines and they are liability free and cannot be held accountable the way they have for other drugs they manufacture.

We have seen the number of vaccines increase dramatically since the "1986 Act". There are currently more vaccines in the works and there is also a push to add more vaccines to the already large CDC schedule including the Flu and the HPV.

If mandates were removed parents wouldn't be able to opt out of these unavoidable unsafe vaccines.

Most vaccines have never been evaluated for their potential to cause cancer, mutate genes or cause infertility. Many vaccines also contain ingredients that many people are allergic to or have moral or ethical objections to (animal products and aborted fetal DNA to name a couple).

WI hasn't seen a measles case since 2014. That year we saw two cases, both in adults and not in our school age children. Vaccination rates have stayed steady in WI since the 2011-2012 school year.

Vaccine exceptions are not a public health issue. This is however a human rights issue. Medical freedom is our right. Body autonomy is our right. A public education is our right.

Please support a parents right to make medical decisions for their children.  
Please **OPPOSE** the changes to the Immunization Policy.

Thank you,

Rachel McCardle



# Vaccine Schedule - Birth through 18 years

## 1983

DTP - 2 months  
OPV - 2 months  
DTP - 4 months  
OPV - 4 months  
DTP - 6 months  
MMR - 15 months  
DTP - 18 months  
OPV - 18 months  
DTP - 4 years  
OPV - 4 years  
Td - 15 years

Influenza - pregnancy  
Tdap - pregnancy  
Hep B - birth  
Hep B - 2 months  
Rotavirus - 2 months  
DTaP - 2 months  
Hib - 2 months  
PCV - 2 months  
IPV - 2 months  
Rotavirus - 4 months  
DTaP - 4 months  
Hib - 4 months  
PCV - 4 months  
IPV - 4 months  
Hep B - 6 months  
Rotavirus - 6 months  
DTaP - 6 months  
Hib - 6 months  
PCV - 6 months  
IPV - 6 months  
Influenza - 6 months  
Influenza - 7 months

## 2019

Hib - 12 months  
PCV - 12 months  
MMR - 12 months  
Varicella - 12 months  
Hep A - 12 months  
DTaP - 18 months  
Influenza - 18 months  
Hep A - 18 months  
Influenza - 30 months  
Influenza - 42 months  
DTaP - 4 years  
IPV - 4 years  
MMR - 4 years  
Varicella - 4 years  
Influenza - 5 years  
Influenza - 6 years  
Influenza - 7 years  
Influenza - 8 years  
Influenza - 9 years  
Influenza - 10 years  
HPV - 11 years  
HPV - 11 years

Influenza - 11 years  
Tdap - 12 years  
Influenza - 12 years  
Meningococcal - 12 years  
Influenza - 13 years  
Influenza - 14 years  
Influenza - 15 years  
Influenza - 16 years  
Meningococcal - 16 years  
Influenza - 17 years  
Influenza - 18 years

Source: [www.CDC.gov](http://www.CDC.gov)

2019

Total doses: 69

1983

Total doses: 24

In 1986, the National Childhood Vaccine Injury Act was signed into law.

This freed vaccine manufacturers of ALL liability resulting from injury or death from their products.

• NCVIA

• VAERS

• NVICP

To date there is over **4 BILLION DOLLARS** paid out for vaccine injury and death.

[www.wisconsinunitedforfreedom.org](http://www.wisconsinunitedforfreedom.org)

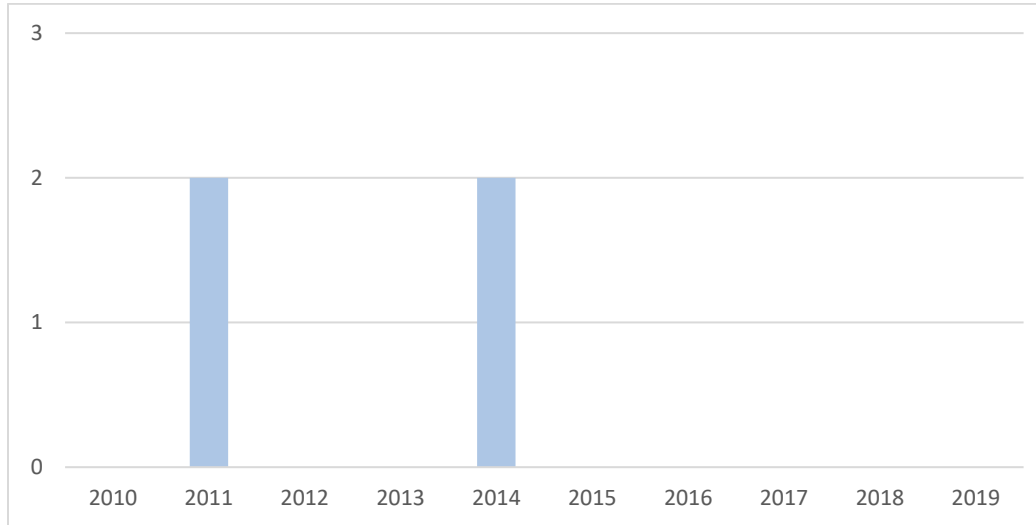






## NUMBER OF MEASLES CASES REPORTED BY YEAR IN WISCONSIN

2010-2019 (as of September 12, 2019)



**In 2014, two Wisconsin residents were infected with measles. One was believed to be infected at a U.S. airport while waiting for a domestic flight and the other had travelled internationally.**

Source: Wisconsin Department of Health. [Vaccine-Preventable Diseases Surveillance Summary Wisconsin, 2018](#) P-02321 (April 2019)

## **Measles outbreaks ARE NOT** **occurring in our Wisconsin Schools**

**In 2019, there have been 1,241 reported cases of measles in the U.S. out of a population of over 329,000,000. The percentage of people infected with measles in the U.S. in 2019 is 0.0003772%. The death rate from measles in the U.S. in 2019 is 0.**

Sources: U.S. Census Bureau [U.S Population](#) (Accessed Sept 17, 2019); CDC [Measles Cases and Outbreaks](#) Sept. 12, 2019



**Wisconsin's vaccination rates have remained stable. In 2018-2019, only 1.1% of Wisconsin students had waived all immunizations.**

In 2018-2019, 4.6% of parents opted to use the Personal Conviction Exemption. Most parents who opt for an exemption have children who are **partially vaccinated**. A vaccine exemption is filed regardless of whether the exemption is filed for one dose or all doses. The Wisconsin Department of Health **does not collect data** to determine the exact number of vaccines or type of vaccine that are being waived by Pre-K through 12<sup>th</sup> grade students.

Source: Wisconsin Department of Health – [WISCONSIN SCHOOL IMMUNIZATION RATES 2018-2019 SCHOOL YEAR](#), P-01894 (Rev. 04/2019)

### **According to the Wisconsin Department of Health:**

Schools are required to submit vaccination data by the 40<sup>th</sup> day of the school year. While only 91.9% of students met the minimum requirement at the time the data was submitted, we do not know whether or not the minimum requirement data increased. The Wisconsin Department of Health **DOES NOT FOLLOW UP** with schools to find out whether children who are “behind schedule”, “in process” or who have “no records” are in compliance **at any point** during the school year.

### **According the CDC:**

*“Vaccination coverage among kindergartners remained high; however, schools can improve coverage by following up with students who are provisionally enrolled, in a grace period, or lacking complete documentation of required vaccinations.”*

Source: CDC [Vaccination Coverage for Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2017–18 School Year](#) *MMWR* Oct. 12, 2018; 67(40);1115–1122

## VACCINE FACTS

**Vaccine manufacturers, the doctors, and providers who administer vaccines are completely shielded from liability for vaccine injuries and deaths.** The law passed by Congress in 1986 establishing the National Vaccine Injury Compensation Program <sup>i</sup> and the 2011 Supreme Court Decision BRUESEWITZ ET AL. v. WYETH LLC, FKA WYETH, INC., ET AL <sup>ii</sup> took away the right for those injured or killed by vaccines to sue the vaccine manufacturer in a civil court of law. There are **NO incentives** for pharmaceutical companies to assure that their products are safe.

**Since 1989, the U.S. Government has paid out over \$4.1 billion dollars to vaccine victims through the National Vaccine Compensation Program.**<sup>iii</sup> This money does not come from the pharmaceutical companies who make the vaccines that cause these injuries and death. The program is funded by U.S. taxpayers, through a 75 cent tax levied on all administered vaccines.<sup>iv</sup>

**The CDC currently recommends that all children receive 50 doses of 14 different vaccines between the day of birth and age six and at least 69 doses of 16 vaccines between the day of birth and age eighteen.**<sup>v</sup> This more than doubles the government childhood schedule of 34 doses of 11 different vaccines in the year 2000.<sup>vi</sup> In the past 15 years, 35 doses and 5 more unique vaccines have been added to the schedule. While adding vaccine after vaccine and dose after dose, **the CDC has yet to do a single study on whether or not this ever growing vaccine schedule is actually safe for our children.** There is no end in sight to the number of vaccines that could be added to the schedule, with over 260 vaccines currently in development.<sup>vii</sup>

**The U.S. Vaccine Market alone was \$36.45 Billion in 2018 and expected to reach \$50.42 billion by 2023.**<sup>viii</sup> This is a powerful industry with lots of resources to lobby and influence policy to remove parental rights to be able to delay or decline a vaccine. The industry benefits from forced vaccination. In the first 3 months of 2019, the 10 largest pharmaceutical companies have spent over \$31 million dollars on Congressional Lobbying efforts. Merck, the maker of the MMR vaccine, has spent over \$4.36 million dollars to lobby Congress.<sup>ix</sup>

**Vaccine risks are facts, not opinions.** As of May 31, 2019, **in Wisconsin alone**, there have been more than **11,794 reports** of vaccine reactions, hospitalizations, injuries and deaths following vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including **65 related deaths, 648 hospitalizations, and 208 related disabilities.**<sup>x</sup> VAERS is a VOLUNTARY reporting system and a 3 year review completed by the Harvard Medical School and funded by the U.S. Health and Human Services (HHS) found that **"fewer than 1% of vaccine adverse events are reported"** to VAERS.<sup>xi</sup>

**The 2013 IOM Committee, which examined the safety of the current federally recommended early childhood vaccine schedule found that it had not been fully scientifically evaluated: "Most vaccine-related research focuses on the outcomes of single immunizations or combinations of vaccines administered at a single visit. Although each new vaccine is evaluated in the context of the overall immunization schedule that existed at the time of review of that vaccine, elements of the schedule are not evaluated once it is adjusted to accommodate a new vaccine.**

**Thus, key elements of the entire schedule – the number, frequency, timing, order and age at administration of vaccines – have not been systematically examined in research studies."** <sup>xii</sup>

## References

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<sup>i</sup> U.S. Code [42 USC CHAPTER 6A, SUBCHAPTER XIX, Part 2: National Vaccine Injury Compensation Program From Title 42—THE PUBLIC HEALTH AND WELFARE - CHAPTER 6A—PUBLIC HEALTH SERVICE SUBCHAPTER XIX—VACCINES](#)

<sup>ii</sup> U.S. Code [42 USC CHAPTER 6A, SUBCHAPTER XIX, Part 2: National Vaccine Injury Compensation Program From Title 42—THE PUBLIC HEALTH AND WELFARE - CHAPTER 6A—PUBLIC HEALTH SERVICE SUBCHAPTER XIX—VACCINES](#)

<sup>iii</sup> U.S. Department of Health and Human Services. [National Vaccine Injury Compensation Program Data—Sept 1, 2019](#). *National Vaccine Injury Compensation Program*. Sept.1, 2019

<sup>iv</sup> U.S. Department of Health and Human Services. [About the National Vaccine Injury Compensation Program](#). *National Vaccine Injury Compensation Program*. June 2019

<sup>v</sup> CDC [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019](#) Feb. 5, 2019

<sup>vi</sup> CDC [Notice to Readers: Recommended Childhood Immunization Schedule -- United States, 2000](#) *MMWR* Jan. 21, 2000; 49(02);35-38,47

<sup>vii</sup> Pharmaceutical Research and Manufacturers of America (PHRMA) [VACCINES: HARNESSING SCIENCE TO DRIVE INNOVATION FOR PATIENTS](#) Oct. 2017

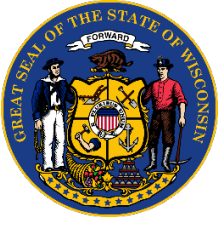
<sup>viii</sup> Markets and Markets [Vaccines Market worth \\$50.42 billion by 2023](#) *Press Release*. No Date

<sup>ix</sup> Blankenship K, [Pharma lobbyists flood the zone in D.C., with Pfizer and Amgen leading the way](#) *Fierce Pharma* Apr. 23, 2019

<sup>x</sup> Vaccine Adverse Events Reporting System. [Wisconsin VAERS Data as of May. 31, 2019](#). (Accessed Sept. 17, 2019)

<sup>xi</sup> AHRQ [Electronic Support for Public Health—Vaccine Adverse Event Reporting System \(ESP:VAERS\)](#) Dec 1, 2007-Sep. 30, 2010

<sup>xii</sup> Institute of Medicine Committee on the Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule. *The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence and Future Studies. Conclusions About Scientific Findings*. Summary: Pages 10-11 Washington, DC: *The National Academies Press* 2013.



# Wisconsin Vaccination and Exemption Rates

## Wisconsin Student Immunization Law Compliance Results Public and Private Schools Kindergarten (and Pre-K) through 12th Grade, By School Year <sup>1</sup>

**Wisconsin's vaccination rates have remained stable. In 2018-2019, only 1.1% of Wisconsin students had waived all immunizations. <sup>2</sup>**

**2018-2019 Wisconsin Medical Waiver: 0.3%**

**2018-2019 Wisconsin Religious Waiver: 0.4%**

**2018-2019 Wisconsin Personal Conviction Waiver: 4.6%**

A vaccine exemption is filed regardless of whether the exemption is filed for one dose or all doses. The Wisconsin Department of Health does not collect data to determine the exact number of vaccines or type of vaccine that are being waived by Pre-K through 12<sup>th</sup> grade students.

## Percentage of Wisconsin day care center attendees ages 2 through 4 years who met each Immunization compliance category, by assessment year<sup>3</sup>

***"Vaccination rates have remained stable since 2011-12."*<sup>4</sup>**

Compliance Category	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
No Record	3.0%	2.7%	2.5%	2.2%	2.4%	3.9%	3.2%
Polio (3 or more doses)	92.7%	93.2%	93.0%	92.4%	93.7%	92.5%	93.3%
DTaP (4 or more doses)	91.6%	91.5%	91.3%	91.2%	91.9%	91.2%	91.5%
MMR (1 dose)	93.5%	93.7%	92.4%	92.9%	94.4%	93.5%	93.7%
Hib (3 or more doses)	92.3%	93.1%	92.6%	92.1%	93.2%	92.2%	92.7%
PCV (3 or more doses)	92.3%	93.2%	91.9%	92.2%	93.9%	93.0%	93.1%
Hep B (3 or more doses)	92.5%	92.7%	91.2%	91.8%	92.7%	92.2%	93.0%
Varicella (1 dose)	91.9%	92.3%	91.1%	91.6%	93.1%	92.3%	92.8%
Waived All Vaccines						1.2%	1.3%
Waived One or More Vaccines	3.1%	2.8%	3.1%	3.0%	3.1%	2.5%	2.6%
Health Waiver						0.1%	0.2%
Religious Waiver						0.3%	0.3%
Personal Conviction Waiver						2.0%	2.1%

***Preserve our freedoms. Please vote NO to AB248/SB262.***

## References

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<sup>1</sup> [Wisconsin Student Immunization Law Compliance Results - Public and Private Schools Kindergarten \(and Pre-K\) through 12th Grade, By School Year](#) - Wisconsin Dept. of Health P-02204 (Rev. 04/2019) (<https://tinyurl.com/yy52otok>)

<sup>2</sup> [Wisconsin School Immunization Rates 2018-2019 School Year](#) P-01894 (Rev. 04/2019) (<https://tinyurl.com/yxg5uojb>)

<sup>3</sup> [CHILD CARE CENTER IMMUNIZATION ASSESSMENT RESULTS WISCONSIN | 2017-2018](#) - Wisconsin Dept. of Health - P-01445 (Rev. 08/2018)(<https://tinyurl.com/yy52otok>)

<sup>4</sup> Ibid

# THE DANGER OF ELIMINATING VACCINE EXEMPTIONS & CURTAILING VACCINE CRITICISM

Prior to any medical procedure, the U.S. Department of Health & Human Service (“HHS”) explains that the “voluntary consent of the human subject is absolutely essential.”<sup>1</sup> **Coercion invalidates informed consent.**<sup>2</sup> Infringing this right by eliminating vaccine exemptions and curtailing criticism is unethical and un-American given the following facts:

## PHARMA HAS NO INCENTIVE TO ASSURE VACCINE SAFETY

**1. Immunity from Liability for Vaccine Harms.** By the early 1980s, pharmaceutical companies were facing crippling liability for injuries to children caused by their vaccines.<sup>3</sup> Instead of letting these market forces drive them to develop safer vaccines, Congress passed the National Childhood Vaccine Injury Act (the “**1986 Act**”) which eliminated pharmaceutical company liability for injuries caused by their vaccine products.<sup>4</sup>

**2. Pharmaceutical Company Misconduct.** Since 1986, Merck, GSK, Sanofi and Pfizer have paid billions of dollars for misconduct and injuries related to their drug products.<sup>5</sup> These same companies manufacture almost all childhood vaccines, but because of the 1986 Act, cannot similarly be held accountable for misconduct and injuries related to their vaccine products.

## HHS CONFLICTED FROM ASSURING VACCINE SAFETY

**3. HHS Must Defend Against Any Claim of Vaccine Injury.** After eliminating liability for pharmaceutical companies, the 1986 Act established the Vaccine Injury Compensation Program (“**Vaccine Court**”), part of the U.S. Court of Federal Claims, to compensate

people injured by vaccines.<sup>6</sup> Under the 1986 Act, HHS is the defendant in Vaccine Court and is legally obligated to defend against any claim that a vaccine causes injury.<sup>7</sup> There is no right to discovery in Vaccine Court and HHS is represented by the formidable resources of the U.S. Department of Justice (“**DOJ**”).<sup>8</sup> In nearly every case the injured person bears the burden to prove causation.<sup>9</sup> Despite these hurdles, since 1986, HHS has paid over \$4 billion for vaccine injuries.<sup>10</sup>

**4. HHS Incriminates Itself if it Publishes or Admits a Vaccine Can Cause a Harm.** If HHS publishes any study supporting that a vaccine causes a harm, that study will then be used against HHS in Vaccine Court.<sup>11</sup> This greatly limits HHS’s incentive to publish safety studies.

**5. CDC’s Childhood Vaccine Schedule Was Created by Pharma Insiders.** Congress has repeatedly found that the members of the FDA and CDC committees responsible for approving most of the currently licensed and recommended childhood vaccines had serious conflicts of interests with pharmaceutical companies.<sup>12</sup>

## VACCINE SAFETY: CONCERNS & LIMITATIONS

**6. HHS Fails to Perform Basic Vaccine Safety Requirements.** After eliminating the market forces that assured vaccine safety, Congress made HHS directly responsible for vaccine safety pursuant to a section of the 1986 Act entitled the “Mandate for safer childhood vaccines.”<sup>13</sup> As HHS recently

aggressive defenses in compensation cases,” “establish[ed] a cadre of attorneys specializing in vaccine injury” and “an expert witness program to challenge claims.”)

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> The 1986 Act created a Vaccine Injury Table (the “**Table**”) which was intended to permit the Vaccine Court to quickly compensate certain common vaccine injuries. [42 U.S.C. § 300aa-12](#). For Table injuries, the burden shifts to HHS to prove the vaccine is not the cause. [42 U.S.C. § 300aa-13](#). After passage of the 1986 Act, almost 90% of claims were Table claims and quickly settled. [Stevens v. Secretary of HHS, No. 99-594V \(Office of Special Masters 2001\)](#). However, in the 1990s, HHS amended the Table such that now 98% of new claims are off-Table. [http://www.gao.gov/assets/670/667136.pdf](#). As a result, injured children “must prove that the vaccine was the cause” in almost all cases. [https://www.ncbi.nlm.nih.gov/nlmcatalog/101633437](#)

<sup>10</sup> [https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-february-2019.pdf](#)

<sup>11</sup> See *fn.* 6 and 9.

<sup>12</sup> [http://vaccinesafetycommission.org/pdfs/Conflicts-Govt-Reform.pdf](#)

<sup>13</sup> [42 U.S.C. § 300aa-27](#)

<sup>1</sup> <https://ori.hhs.gov/chapter-3-The-Protection-of-Human-Subjects-nuremberg-code-directives-human-experimentation>

<sup>2</sup> <https://www.utcomchatt.org/docs/biomedethics.pdf>

<sup>3</sup> <https://www.nap.edu/read/2138/chapter/2#2> (“The litigation costs associated with claims of damage from vaccines had forced several companies [by 1986] to end their vaccine ... programs as well as to stop producing already licensed vaccines.”)

<sup>4</sup> [42 U.S.C. § 300aa-11](#) (“No person may bring a civil action for damages in the amount greater than \$1,000 or in an unspecified amount against a vaccine administrator or manufacturer in a State or Federal court for damages arising from a vaccine-related injury or death.”); [Brusewitz v. Wyeth LLC, 562 U.S. 223, 243 \(2011\)](#) (“the National Childhood Vaccine Injury Act preempts all design-defect claims against vaccine manufacturers brought by plaintiffs who seek compensation for injury or death caused by vaccine side effects”)

<sup>5</sup> <https://www.citizen.org/sites/default/files/2408.pdf>

<sup>6</sup> [42 U.S.C. § 300aa-12](#) (“In all proceedings brought by the filing of a petition [in Vaccine Court] the Secretary [of HHS] shall be named as the respondent.”); <https://www.congress.gov/106/crpt/hrpt977/CRPT-106hrpt977.pdf> (HHS amended the Vaccine Court rules to make it extremely difficult to obtain compensation and “DOJ attorneys make full use of the apparently limitless resources available to them,” “pursued

conceded in federal court, it has not performed even the basic requirements of this section, such as submitting reports to Congress on how HHS has improved vaccine safety.<sup>14</sup>

**7. Pediatric Vaccine Clinical Trials (i) Lack Placebos and (ii) Are Too Short.** The pivotal clinical trials relied upon to license childhood vaccines do not include a placebo-control group and safety review periods in these clinical trials are typically only days or months.<sup>15</sup> The safety profile for a pediatric vaccine is therefore not known before it is licensed and routinely used in children.<sup>16</sup>

**8. Post-Licensure Safety.** After licensure and use by the public, federal law requires that the package insert for each vaccine include “*only* those adverse events for which there is some basis to believe there is a *causal* relationship between the drug and the occurrence of the adverse event.”<sup>17</sup> Inserts for childhood vaccines include over one hundred serious immune, neurological and other chronic conditions that their manufacturers had a basis to believe are caused by their vaccines.<sup>18</sup>

**9. Prevalence of Vaccine Harm.** The CDC’s Vaccine Adverse Events Reporting System (“**VAERS**”), to which doctors and patients may *voluntarily* report adverse vaccine events, received 58,381 reports in 2018, including 412 deaths, 1,237 permanent disabilities, and 4,217 hospitalizations.<sup>19</sup> An HHS-funded three-year review by Harvard Medical School of 715,000 patients stated that “fewer than 1% of vaccine adverse events are reported” to VAERS.<sup>20</sup> This could mean there are a hundredfold more adverse vaccine events than are reported to VAERS. The CDC has nonetheless refused to mandate or automate VAERS reporting.<sup>21</sup>

**10. Children Susceptible to Vaccine Injury.** While the Institute of Medicine (“**IOM**”) has explained that

“most individuals who experience an adverse reaction to vaccines have a preexisting susceptibility,” HHS and CDC have failed to conduct studies to identify children susceptible to vaccine harms while at the same time recommending vaccines for all children.<sup>22</sup>

**11. Carcinogenicity, Mutagenicity & Infertility.** Most vaccines have never been evaluated for their potential to cause cancer, mutate genes or cause infertility.<sup>23</sup>

**12. Autism.** Autism is the most controversial of the claimed vaccine injuries and the one HHS and CDC declare they have thoroughly studied. Most parents with autistic children claim vaccines (including DTaP, Hep B, Hib, PCV13, and IPV, each injected 3 times by 6 months) are a cause of their child’s autism.<sup>24</sup> The CDC tells these parents that “Vaccines Do Not Cause Autism.”<sup>25</sup> However, there is no science to support this claim for almost all vaccines. For example, reports from the IOM in 1991 and 2012, and HHS in 2014, tried but failed to identify any study to support that DTaP does not cause autism.<sup>26</sup> The same is true for Hep B, Hib, PCV 13, and IPV.<sup>27</sup> The only vaccine actually studied with regard to autism is MMR, and a Senior CDC Scientist claims the CDC did find an increased rate of autism after MMR in the only MMR/autism study ever conducted by the CDC with American children.<sup>28</sup> Moreover, HHS’s primary autism expert in Vaccine Court recently provided an affidavit explaining that vaccines can cause autism in some children.<sup>29</sup> Given the lack of studies regarding vaccines and autism, it should come as no surprise that there is a dearth of scientific studies that support the CDC’s other claims regarding vaccine safety.

**13. HHS Refuses to Conduct Vaccinated Vs. Unvaccinated Studies of Vaccine Schedule.** A true epidemic in the U.S. is the fact that 1 in 2 children have an autoimmune, developmental, neurological, or chronic disorder.<sup>30</sup> These conditions have sharply

<sup>14</sup> <http://icandecide.org/government/ICAN-HHS-Stipulated-Order-July-2018.pdf>

<sup>15</sup> <https://icandecide.org/hhs/ICAN-Reply.pdf> (see Section I)

<sup>16</sup> *Ibid.*

<sup>17</sup> <https://icandecide.org/hhs/ICAN-Reply.pdf> (see Appendix B)

<sup>18</sup> *Ibid.*

<sup>19</sup> <https://wonder.cdc.gov/vaers.html>

<sup>20</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<sup>21</sup> <https://icandecide.org/hhs/ICAN-Reply.pdf> (see Section III)

<sup>22</sup> <https://icandecide.org/hhs/ICAN-Reply.pdf> (see Section V)

<sup>23</sup> <https://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm093833.htm>

<sup>24</sup> <https://www.ncbi.nlm.nih.gov/pubmed/16685182>; <https://www.ncbi.nlm.nih.gov/pubmed/25398603>; <https://www.ncbi.nlm.nih.gov/pubmed/16547798>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448378/>

<sup>25</sup> <https://www.cdc.gov/vaccinesafety/concerns/autism.html>

<sup>26</sup> <https://www.nap.edu/read/1815/chapter/2#7>; <https://www.nap.edu/read/13164/chapter/12?term=autism#545>; [https://www.ncbi.nlm.nih.gov/books/NBK230053/pdf/Bookshelf\\_NBK230053.pdf](https://www.ncbi.nlm.nih.gov/books/NBK230053/pdf/Bookshelf_NBK230053.pdf)

<sup>27</sup> <https://icandecide.org/hhs/ICAN-Reply.pdf> (see Section VI)

<sup>28</sup> <http://www.rescuepost.com/files/william-thompson-statement-27-august-2014-3.pdf>; <https://soundcloud.com/fomotion/cdc-whistle-blower-full-audio>; <https://www.c-span.org/video/?c4546421/rep-bill-posey-calling-investigation-cdcs-mmr-research-fraud>

<sup>29</sup> <http://icandecide.org/documents/zimmerman.pdf>

<sup>30</sup> <https://www.ncbi.nlm.nih.gov/pubmed/21570014>



risen in lock-step with the increases in the CDC's recommended vaccine schedule.<sup>31</sup> That schedule has risen from 7 injections of just 2 vaccines in 1986 to the current total of 50 injections of 12 different vaccines.<sup>32</sup> The need to compare health outcomes of vaccinated and unvaccinated children is urgent. In 2017, a seminal study found that babies receiving the DTP vaccine died at 10 times the rate of unvaccinated babies.<sup>33</sup> In another study, children received influenza vaccine or a saline placebo; while both groups had a similar rate of influenza, the vaccinated group had a 440% increased rate of non-influenza infections.<sup>34</sup> A recent pilot study from the School of Public Health at Jackson State University found that 33% of vaccinated preterm babies had a neuro-developmental disorder compared to 0% of the unvaccinated preterm babies; and vaccinated children in this study had an increased risk of 290% for eczema, 390% for allergies, 420% for ADHD, 420% for autism, and 520% for learning disabilities.<sup>35</sup> Nonetheless, HHS and CDC refuse to publish any studies comparing the health outcomes between vaccinated and unvaccinated children.<sup>36</sup>

## MMR VACCINE

**14. Measles is a Mild Childhood Illness.** The mortality rate from measles declined by over 98% between 1900 and 1962 as living conditions improved in this country.<sup>37</sup> In 1962, a year before the first measles vaccine, the CDC reported a total of 408 deaths.<sup>38</sup> That amounts to 1 in 500,000 Americans at a time when measles infected nearly every American.<sup>39</sup>

**15. Eliminating Measles Has Increased Cancer Rates.** Eliminating measles has increased cancer rates. For example, the International Agency for Research on Cancer found that individuals who never had measles had a 66% increased rate of Non-Hodgkin Lymphoma

and a 233% increased rate of Hodgkin Lymphoma.<sup>40</sup> Combined, these cancers killed 20,960 Americans in 2018.<sup>41</sup> As another example, individuals who never had measles, mumps or rubella had a 50% increased rate of ovarian cancer.<sup>42</sup> In 2018, ovarian cancer killed 14,070 Americans.<sup>43</sup> Eliminating measles in this country has caused more deaths from cancer.

**16. Eliminating Measles Has Increased Heart Disease.** A 22-year prospective study of over 100,000 individuals in Japan revealed that “measles and mumps, especially in case of both infections, were associated with lower risks of mortality from atherosclerotic CVD [heart disease].”<sup>44</sup> Heart disease killed 610,000 Americans in 2018.<sup>45</sup> Eliminating our ecological relationship with measles, mumps and rubella has had serious unintended consequences.

**17. Side effects from MMR vaccine.** The MMR vaccine has serious risks. For example, the MMR vaccine causes seizures in about 1 in 640 children, five times the rate from measles, as well as “thrombocytopenic purpura,” “chronic arthritis,” and “brain damage.”<sup>46</sup> However, because the MMR was not licensed based on a placebo-controlled clinical trial and post-licensure studies are limited, there are many suspected harms the CDC has yet to confirm or rule out, such as those listed on Merck's package insert for the MMR.<sup>47</sup>

**18. Waning Immunity.** While the vaccination rate for measles in the United States has been stable over the last 20 years, what has changed is that Americans who have had measles (which confers lifetime immunity) are being replaced by those vaccinated with MMR (which does not typically confer lifetime immunity).<sup>48</sup> MMR produces no immunity in 2% to 10% of vaccinees; and 22 years after two doses of MMR approximately 33% of vaccinees are again

<sup>31</sup> <https://www.ncbi.nlm.nih.gov/pubmed/20159870>

<sup>32</sup> <https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg>; <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

<sup>33</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/>

<sup>34</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/>

<sup>35</sup> <http://www.oatext.com/pdf/JTS-3-186.pdf>; <http://www.oatext.com/pdf/JTS-3-187.pdf>

<sup>36</sup> <https://icandecide.org/hhs/ICAN-Reply.pdf> (see Section VII)

<sup>37</sup> [https://www.cdc.gov/nchs/data/vsus/vsrates1940\\_60.pdf](https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf);

[https://www.cdc.gov/nchs/data/vsus/VVSUS\\_1962\\_2A.pdf](https://www.cdc.gov/nchs/data/vsus/VVSUS_1962_2A.pdf)

<sup>38</sup> [https://www.cdc.gov/nchs/data/vsus/VVSUS\\_1962\\_2A.pdf](https://www.cdc.gov/nchs/data/vsus/VVSUS_1962_2A.pdf)

<sup>39</sup> *Ibid.*; <https://www.census.gov/library/publications/1962/compendia/statab/83ed.html>

<sup>40</sup> <https://www.ncbi.nlm.nih.gov/pubmed/16406019>

<sup>41</sup> <https://seer.cancer.gov/statfacts/html/nhl.html>;

<https://seer.cancer.gov/statfacts/html/hodg.html>

<sup>42</sup> <https://www.ncbi.nlm.nih.gov/pubmed/16490323>

<sup>43</sup> <https://seer.cancer.gov/statfacts/html/ovary.html>

<sup>44</sup> <https://www.ncbi.nlm.nih.gov/pubmed/26122188>

<sup>45</sup> <https://www.cdc.gov/heartdisease/facts.htm>

<sup>46</sup> <https://www.hrsa.gov/sites/default/files/vaccinecompensation/vaccineinjurytable.pdf>; <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf>; <https://physiciansforinformedconsent.org/measles/vrs/> (since the measles death from 1959 to 1962 was appx. 400 per 4 million cases <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf> and death to seizure ratio is appx. 3.25 <https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html> this amounts to 1 seizure in 3,095 measles cases).

<sup>47</sup> <https://www.fda.gov/downloads/BiologicsBloodVaccines/UCM123789.pdf>

<sup>48</sup> <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/coverage.pdf>



potentially susceptible to measles.<sup>49</sup> The proportion after 30 years is even higher.<sup>50</sup> Yet the only focus is on children whose parents have reason to believe the MMR may cause them harm, while ignoring the efficacy issues with this vaccine.

#### OTHER VACCINES

**19. DTaP Vaccine.** According to the FDA, those vaccinated with DTaP will have fewer symptoms of pertussis, but will become infected and transmit pertussis, and “will be more susceptible to pertussis throughout their lifetimes.”<sup>51</sup> This means the children vaccinated for pertussis are more likely to catch and spread pertussis as asymptomatic carriers, while the unvaccinated are less likely to catch pertussis (and when they do will have symptoms and know to stay home).<sup>52</sup> Since pertussis is very common and more of a concern than measles, as long as children vaccinated for pertussis are permitted to attend school, children not vaccinated for measles should also be permitted to attend school. In any event, the immunity provided by DTaP for pertussis, tetanus, and diphtheria wanes within a few years.<sup>53</sup>

**20. Inactivated Polio Vaccine.** For the last 20 years, the only polio vaccine used in the U.S. is inactivated polio vaccine (“IPV”), which is injected intramuscularly, after it was determined that the oral polio vaccine can cause paralysis.<sup>54</sup> Polio is spread through fecal to oral contamination, and IPV does not prevent colonization and transmission of polio; it only potentially prevents polio from traveling to the spinal column.<sup>55</sup> Hence, those vaccinated or not vaccinated with IPV can equally become infected and transmit polio; but, it is the vaccinated who are considered less likely to have symptoms and thus more likely to spread polio.

**21. Chicken Pox Vaccine.** Children vaccinated for chicken pox can spread chicken pox virus for six weeks after vaccination.<sup>56</sup> Moreover, the immunity from this vaccine wanes and, absent natural boosting from exposure to chicken pox virus, can lead to shingles.<sup>57</sup> The increased risk of shingles from use of this vaccine is why countries, such as the United Kingdom, have not added it to their routine vaccine schedule.<sup>58</sup>

**22. Note.** There are additional efficacy and safety issues with the above vaccines and other vaccines not addressed due to space constraints. For example, aluminum adjuvant particles in vaccines, which animal studies reveal deposit in brain and bones, or the millions of snippets of human DNA cultured from the cell lines of aborted fetuses in certain vaccines.<sup>59</sup>

#### ADDITIONAL INFORMATION

The foregoing highlights a few of the vaccine safety and efficacy issues necessitating the need for informed consent for vaccination and the ability to openly criticize our vaccine policies.

At the least, the following should occur before censoring concerns regarding vaccine safety:

- Vaccine safety duties should be removed entirely from HHS and placed into an independent board;
- Pharmaceutical companies should be liable for injuries caused by their vaccine products; and
- The childhood vaccine schedule and each vaccine should be safety tested in a properly sized long-term placebo-controlled clinical trial.

For additional information or to arrange a presentation, please contact Cat Layton at [cat@icandecide.org](mailto:cat@icandecide.org)

<sup>49</sup> <https://www.ncbi.nlm.nih.gov/pubmed/17339511>

<sup>50</sup> Ibid.

<sup>51</sup> <https://www.ncbi.nlm.nih.gov/pubmed/24277828>; <https://www.ncbi.nlm.nih.gov/pubmed/30793754>; <https://www.ncbi.nlm.nih.gov/pubmed/29180031> (“neither DTP, nor DTaP or Tdap prevent asymptomatic infection and silent transmission of the pathogen”)

<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> <http://polioeradication.org/polio-today/polio-prevention/the-vaccines/ipv/>

<sup>55</sup> Ibid.

<sup>56</sup> <https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142813.pdf>

<sup>57</sup> <https://www.ncbi.nlm.nih.gov/pubmed/22659447>;

<https://www.ncbi.nlm.nih.gov/pubmed/24275643>

<sup>58</sup> <https://www.nhs.uk/common-health-questions/childrens-health/why-are-children-in-the-uk-not-vaccinated-against-chickenpox/>

<sup>59</sup> [http://vaccinepapers.org/wp-content/uploads/vaccine\\_papers\\_brochure\\_8.5x11.pdf](http://vaccinepapers.org/wp-content/uploads/vaccine_papers_brochure_8.5x11.pdf); <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>; <https://www.ncbi.nlm.nih.gov/pubmed/5949788>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC274969/>; <https://www.ncbi.nlm.nih.gov/pubmed/29108182>

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Wisconsin choice  
**Date:** Tuesday, December 03, 2019 9:04:51 AM

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**From:** Erica Kuhn <leche\_loco@hotmail.com>

**Sent:** Sunday, December 01, 2019 9:19 PM

**To:** Health <Health@publichealthmdc.com>; Donna.stehling@saukcountywi.gov;  
john.miller@saukcountywi.gov; glen.johnson@saukcountywi.gov;  
scott.vonasten@saukcountywi.gov; dreinfeldt@madisoncollege.edu; kiana.beaudin@ho-chunk.com;  
ken.carlson@saukprairiehealthcare.org

**Subject:** Wisconsin choice

Hello. I am a single mom from a small town in Wisconsin who needs you to reach down deep into your moral bank, and seriously think about what you are doing. I have vaccinated my kid without any knowledge or thoughts other than "it's what we do". These days, vaccines are out of this world, out of control. They are not safe, they are not "one size fits all" and they are having huge detrimental effects on our children. I am not for mandates and removing personal, religious, or medical exemptions. Pushing the issues to remove these exemptions and trying to mandate vaccines is a crime against our basic human rights. It is wrong and I pray you think long and hard about voting for these removals and potentially putting every person at risk for more mandates in a world where vaccines are proving to be wrong; i am against the hpv vaccine and any other new age vaccines that are not truthful in testing , and are proving to ruin lives more and more everyday. I know someone first hand that this has affected. Please give us our rights to decide for our children. Thank you for your time.

Sincerely, a single mom who's faith in God is bigger than your personal gains,

Erica Nelson

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Vaccines  
**Date:** Tuesday, December 03, 2019 9:04:13 AM

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

From: Charter <carlamcross@charter.net>  
Sent: Monday, December 02, 2019 5:06 AM  
To: Health <Health@publichealthmdc.com>  
Subject: Vaccines

PLEASE forward this email to Dane County Board of Health:  
Like prescription drugs, vaccines are pharmaceutical products that carry risks.

These include the risk that the vaccine product will fail and the risk that it will cause harm.

However, unlike with over the counter and prescription drugs, vaccine manufacturers and doctors who administer vaccines have no liability when a person is injured or dies after being given a recommended childhood vaccine licensed by the FDA.

In reports published between 1991 and 2013, the Institute of Medicine (IOM) affirmed that scientific evidence demonstrates that vaccines can cause injury and death and that some people are biologically, genetically, and environmentally at higher risk for being harmed by vaccines, but doctors do not have the ability to identify them prior to vaccination. Even so, federal health officials have narrowed contraindications to vaccination and eliminated nearly all health conditions from qualifying for a medical exemption to vaccination.

When liability free pharmaceutical products can cause injury and death, especially when some people are biologically and genetically more vulnerable to suffering harm, and doctors can't predict who they are, the protection of the human right to informed consent and vaccine choice becomes vital. The legal right to flexible medical, religious and personal belief exemptions to vaccination ensures that our human rights are protected in public health policies and laws.

I urge you to vote against the resolution to support the removal of the personal conviction exemption in Wisconsin and urge you to protect our human rights.

Carla Cross

Sent from my iPad

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Vaccine exemptions  
**Date:** Tuesday, December 03, 2019 9:01:42 AM

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

From: Wendy <[obrien2@tds.net](mailto:obrien2@tds.net)>  
Sent: Tuesday, December 03, 2019 2:59 AM  
To: Health <[Health@publichealthmdc.com](mailto:Health@publichealthmdc.com)>  
Subject: Vaccine exemptions

I am not able to attend the Board of Health meeting this Wednesday as I have three very small children whom I will not vaccinate no matter what laws are passed. I have researched this issue extensively, and with our family history of allergies and autoimmune disease, vaccines are not worth the risk to my children. When I was a child, there were 8 vaccines on the schedule before age two; today there are 28 not counting those recommended during pregnancy. There has not been a single safety study on the cumulative effects of the current schedule and there are countless more vaccines being developed. If personal conviction and religious exemptions are removed, it will force me to leave the workforce or move because from what I understand, medical exemptions are extremely hard to obtain. And isn't that the reason why some want all other exemptions removed? I am proud that Wisconsin currently offers all three vaccine exemptions because I believe that every parent has the right to choose medical treatments for their children.

Wendy Sulzer  
Sun Prairie, WI

Sent from my iPhone

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Cc:** [Hughes, Sarah](#); [Roznowski, Kathy](#)  
**Subject:** FW: Proposition to Strip Parental Rights  
**Date:** Tuesday, December 03, 2019 9:03:47 AM

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**From:** Alison Welch <alisonfwelch@gmail.com>  
**Sent:** Monday, December 02, 2019 7:41 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Proposition to Strip Parental Rights

Hello Dane Board of Health,

I am writing to you because I am very concerned by the immunization policies proposed to remove all non medical exemptions.

When my son was a day old he received two shots. Four hours later he started seizing. They discovered a stroke on the left side of his brain. Seeing my child seizing in front of me and suffer a stroke after doing something I thought was safe for him was the worst thing to have to go through as a mother. His doctor now admits that the vaccines could have caused it but refuses to write a medical exemption so we rely on the non medical exemptions to protect our son. So as a mother of a vaccine injured son, I beg you not to strip our rights as parents to protect our children the way we see fit.

First and foremost, this would be a very serious violation of our civil liberties. As a human being, I should have the right to determine what is injected into my body. As a parent, I should have the right to determine what medical choices make sense for my children.

Secondarily, vaccines are not without risk which is why our federal government created the Vaccine Injury Compensation Program in 1986, when, as a matter of incentivizing drug companies to manufacture vaccines, vaccines became the sole drug on the market to be exempt from any and all liability.

Per the federal government's Health Resources and Services Administration, "The VICP was established after lawsuits against vaccine manufacturers and healthcare providers threatened to cause vaccine shortages and reduce vaccination rates."

Vaccines do not come without risk as my son and my family know too well now. This is not folklore. It is a well established fact. Removing an exemption that tramples on the personal rights of Wisconsinites to choose whether or not a medical procedure's benefits outweigh the risks is frankly unAmerican.

Lastly, I want to address herd immunity. A whole host of pathogens for which we have no vaccine pose a far greater risk to individuals like myself than any vaccine preventable disease in a country in which an "outbreak" remains statistically far less concerning than the rates of diseases such as leprosy which occur at similar rates, but for which there is no vaccine, and therefore no hysteria.

I sincerely hope you will defend our civil liberties and aggressively oppose these policy propositions.

Thank you for your time,  
Alison Welch

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Please allow personal and religious vaccine exemptions to continue!  
**Date:** Thursday, December 05, 2019 9:28:05 AM  
**Attachments:** [FundingSourcesFDA.pdf](#)  
[fundingsourcesCDC.pdf](#)

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**From:** LeAnne Hanson <lkitzerow@hotmail.com>  
**Sent:** Wednesday, December 04, 2019 2:55 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Please allow personal and religious vaccine exemptions to continue!

\*PLEASE FORWARD TO DANE COUNTY BOARD OF HEALTH\*

December 4, 2019

To Whom it May Concern:

I am writing in regards to the current vaccination issue being addressed by the Dane County Health Department.

I, along with countless others, DO NOT support the changes you are recommending to remove all non-medical exemptions for vaccines.

Just like any pharmaceutical product, vaccines come with risks. The truth is, vaccines DO cause injury and have even caused death. Did you know that the ever growing list of vaccines have never been tested for cumulative safety? Whether or not you agree with this or not, I do hope we can agree on the fact that parents are responsible for making decisions for their children. What a scary place it would be for you and I to live knowing that the government has the right to tell us what we can and can't do with our children. This takes away the very basic right that makes the foundation of healthcare in our state and country. I strongly encourage you to base your research off of sources other than the CDC. Please see attached documents that prove that the CDC and FDA are a biased source because they are funded by the big Pharmaceutical companies. Please stop to think for a moment what this decision means for families in the state of WI. It saddens me to think that we no longer live in a state that respects religious and philosophical exemptions, but instead makes this

decision for parents! I also encourage you to look up the origin of herd immunity. Would you believe that the concept of herd immunity was first created to refer to those who had naturally gotten the disease? It does not refer to immunization which is not 100% effective and has many flaws. Below is the link for an article regarding this topic. Please note that it is written by an MD!

<https://kellybroganmd.com/herd-immunity-fact-fiction/>

Once again, I urge you to continue to allow the personal conviction/philosophical exemptions and religious exemptions for vaccines. There are countless reasons why a parent would choose these exemptions and that is not for the government to be a part of. I appreciate your consideration of this very important topic.

Sincerely,

LeAnne Hanson  
8921 County Road Y  
Sauk City, WI 53583  
608-963-9590  
[lkitzerow@hotmail.com](mailto:lkitzerow@hotmail.com)





(via Reagan-Udell Foundation)

## Funding Sources/ Partnerships

Susan G. Komen  
Bristol Myers-Squibb  
MedScape  
WebMD  
Johnson & Johnson  
Novartis Corp  
Pfizer  
Merck  
Humana  
Aetna

## Programs

### IMEDS Database

A database of patients' health care data (80% of people are in it)

### Food Fundamentals Curriculum

For middle schoolers; in partnership with the Grocery Manufacturers Association

### BD4P

Big Data For Patients. Participation in large-scale data collection of health info.

### FIRST

Fellowship in Regulatory Science Training. Teaching scientists to regulate health and food products.



## Funding Sources

Bill and Melinda Gates Foundation	Pfizer
Health Canada	PepsiCo
Walt Disney Parks and Resorts	PayPal
Government of Canada	Novartis Corp
Siemens USA	Facebook
Catholic University of Maule	Merck
Kaiser Permanente	Mailchimp
Johnson & Johnson	Exxon Mobile
Diazyme Laboratories	P&G
Quest Diagnostics	Cargill
Roche Diagnostics	Coca-Cola
National Association of Chain Drug Stores Foundation	Dell Inc.

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Please Support the Preservation of Wisconsin's Religious and Personal Conviction Exemptions  
**Date:** Thursday, December 05, 2019 9:27:49 AM

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**From:** Sarah K. Walker <sarah.katina@gmail.com>  
**Sent:** Wednesday, December 04, 2019 12:29 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Please Support the Preservation of Wisconsin's Religious and Personal Conviction Exemptions

To Whom it May Concern,

Please forward the following email to the Dane County Board of Health.

Thank you,  
Sarah K. Walker

Dear Members of the Dane County Board of Health,

I am writing to urge you to reconsider the recent changes to your Immunization Policy Position Statement in which you call for the removal of all non-medical exemptions from Wisconsin vaccination requirements for school and daycare children. Wisconsin's religious and personal conviction exemptions protect distinct, fundamental individual rights - the right to weigh the risks and benefits of a medical procedure before consenting to it or declining it, and the right to make medical choices in line with one's religious beliefs. Removing these exemptions would force many families into an impossible position in which they would be required to forego these rights to exercise their child's right to an education.

The manufacturers who make the vaccines on the childhood schedule are immune from liability when these pharmaceutical products injure and/or kill recipients. Instead, the U.S. government administers the National Vaccine Injury Compensation Program (VICP), funded by a tax on each dose of vaccine given. To date, it has paid out \$4.2 billion for injury and death related to vaccinations on the childhood schedule. And according to a recent

review of the Vaccine Adverse Event Reporting System by Harvard Medical School, less than 1% of serious vaccine adverse reactions are ever reported, much less pursued as a cause of action through the little-known VICP. Thus the \$4.2 billion paid out through this program likely represents only a small fraction of the vaccine-related injuries and deaths occurring in the U.S. When a product carries this kind of risk, individuals must have a choice about whether to use it.

Moreover, unless a child has a pre-existing health condition that precludes vaccination, qualifying for a medical exemption often requires a vaccine injury, meaning a child must first have been harmed in order to use this exemption. Unfortunately, however, most doctors will only grant medical exemptions based on the strict CDC guidelines, and according to those guidelines, next to no vaccine-injured child qualifies. For this reason, many parents of vaccine-injured children are required to use the personal conviction exemption because they can't get a medical exemption.

The current law in Wisconsin, providing a schedule of vaccinations required for school enrollment but allowing families to file an exemption from those vaccinations for reasons of religion or personal conviction, balances the concerns that parents have over vaccine safety with concerns over vaccine-targeted illnesses. And it leaves the ultimate decision about whether to consent to this medical procedure in the hands of individual families, the vast majority of whom choose to comply with the full school schedule. In fact, about 92% of enrolled students in Wisconsin schools are fully vaccinated per the school schedule and this has been the case for many years. Only about 5% of students use one of Wisconsin's available exemptions, and the vast majority of families who use this mechanism do so to delay or skip some vaccines or doses, rather than all. Indeed, for the 2018/2019 school year, only 1.1% of students declined all vaccinations. The current law in Wisconsin is working. It strikes a balance between concerns over communicable diseases, and concerns over vaccine safety and individual autonomy. Please protect the right of parents to make this important medical decision for their children by changing your policy to support the preservation of the personal conviction and religious exemptions.

Sincerely,  
Sarah K. Walker

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Sarah K. Walker  
[Sarah.Katina@gmail.com](mailto:Sarah.Katina@gmail.com)

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization Policy  
**Date:** Wednesday, December 04, 2019 10:30:18 AM

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**From:** Kimberly Smith <kimasmith913@gmail.com>  
**Sent:** Wednesday, December 04, 2019 10:16 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Immunization Policy

To whom it may concern,

Could you please forward this message to the Health Board members for Madison and Dane county?

Health Board members,

Please know that the change in your immunization policy is very alarming. And as a citizen of Dane county I do not support this change. I will be there tonight to speak during public comment and share my thoughts. Please consider reevaluating this policy position.

Kimberly Smith

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Board of Health Meeting  
**Date:** Wednesday, December 04, 2019 10:28:55 AM

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**From:** Amberlee Ohlsen-Sherven <a.ohlshhnp@gmail.com>  
**Sent:** Wednesday, December 04, 2019 7:04 AM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Board of Health Meeting

Good morning,

I am a constituent in Dane County and I am writing today with the ask that you forward this email on to the members of the board. I write today in opposition of the removal of the Personal Conviction waiver in the state of Wisconsin

In the state of Wisconsin, our personal and parental rights are at risk. The resolution to remove the Personal Conviction Exemption from vaccination in the state of Wisconsin is circulating county by county, which will have a major impact on the lives of every parent and child in this state.

Currently, Public Health is sharing concerns that Wisconsin is one of just 15 states that offer the Personal or Philosophical exemption from vaccination. This is shared as though this is a detriment or a negative fact about our state. I view this as an amazing asset to our state – that we are amongst an elite group of Americans that recognize the rights for civil liberty and individual choice. Wisconsin being amongst these 15 states is a really, really good thing.

The current argument against keeping our Personal Belief Exemption is because of herd immunity or “community immunity” as it’s so recently being referred. In Wisconsin, we have had **zero** rates of documented measles infections, despite our Personal Conviction Waiver in many years, and yet it is the measles non-epidemic in Wisconsin that is the driving force behind this resolution. In the 2018-19 school year only .1% of families elected to decline ALL vaccines for their child for school, whereas most families are using this exemption to decline just one or two vaccines like HepB or Gardasil, which are for STDs, which is their right, for

their child..

Every adult in this room has not had today's childhood vaccination schedule. Despite all of our lack of vaccination, there is no outbreak of any of these illnesses such as chickenpox, HIB, Hepatitis and Rotavirus

Major medical hospitals including: St Judes, Johns Hopkins and Mayo Clinic all acknowledge that recently vaccinated individuals are to stay away from those with severely depleted immunosystems, because certain live virus vaccines can and do shed, which create instances of illnesses which are directly causal to the vaccine.

With vaccine efficacy waning over the years, there is no scientific way to prove who is considered immune and who no longer is, without routine bloodwork, which makes the concept of herd immunity very difficult to prove. We have statistics and hypothesis, yet there is no true way to know who carries true immunity. **The absence of vaccination DOES NOT equate to the presence of disease.**

If we are all a part of the "herd", I ask: Who's responsible for my child when they are injured by a vaccine? Not the administering nurse, not the prescribing physician and not a public health official. Its up to me to take care of my child if they're injured and that is why, the cost/benefit analysis of vaccination is my decision to make. My child is not a statistic or a member of a herd. They are my child, and individual. An individual whose health is my responsibility. Personal choice must remain.

Thank you,

Amberlee Ohlsen

Fitchburg, WI

**From:** [Health](#)  
**To:** [Reese, Steven](#)  
**Subject:** FW: Immunization Exemption Removal  
**Date:** Wednesday, December 04, 2019 10:27:53 AM

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**From:** Lori Odders <lori.odders@gmail.com>  
**Sent:** Tuesday, December 03, 2019 8:49 PM  
**To:** Health <Health@publichealthmdc.com>  
**Subject:** Immunization Exemption Removal

Please forward my email to the Board of Health I oppose the idea of proposing to remove philosophical AND religious exemptions for vaccinations. We now have over 72 doses of vaccines for children and counting. There are over 200 additional vaccinations being manufactured. When when I was a child, 20 doses was considered fully vaccinated. When my mother was a child, 12 vaccine doses was considered fully vaccinated. The logic escapes many of us as to why this is no longer sufficient, and our children's vaccination schedule is multiplying rapidly. When we decide to mandate all vaccinations and those yet to come, what happens when we decide we no longer want to be vaccinated for things such as AIDS, ANTHRAX, JAPANESE ENCEPHALITIS, STRESS, ACNE, ETC? We will not have a choice. This is a slippery slope that leads straight to the slaughter of medical freedom as we know it. Medical decisions should remain a choice between the child's parent and their doctor. There is NO public health concern, there is no epidemic. Medicine is not one size fits all. Our bodies are biodynamic, and our individual medical needs and capacities are not something that can be across the board addressed with a mandate.  
Lori Odders