From: John Robinson
To: Christopher Weisgram
Subject: Fw:
Date: Thursday, October 31, 2019 2:57:09 PM
Attachments: Lawmakers-Handout vaccine.pdf

From: Jennifer Blahnik <acujab@outlook.com>
Sent: Thursday, October 31, 2019 9:27 AM
To: Laura Scudiere; John Robinson; Laura Scudiere; kueher.rn@outlook.com; Mary Ann Crosby; Sandi Cihlar
Subject:

Marathon county board members,

I am writing in regards to removing the personal conviction waiver for vaccines for Marathon county. It is in our rights to choose what medical procedures, when and where those medical procedures are performed.

Are you requiring the whole CDC vaccine schedule? And when they require it without any say from the parents? Do you even know how many that is? I have 3 vaccines in my life, now they require up to 72.

I have enclosed vaccine info for you to read, please educate yourself before you force big pharma agenda onto the "free" citizens of Marathon county.
Please pause to consider weather you really have the right to force your medical belief and producers on someone else.

If you could kindly forward this email to Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Laure Scudiere, Dr. Robert Pope, Tiffany Lee, and Dr. Kevin O'Connell, it would be much appreciated! - (no emails are listed for these individuals associated with the BOH committee). Thank you for your assistance.

Sincerely,
Dr. J.A. Blahnik

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: AB 248 / SB 262
Date:	Thursday, October 31, 2019 2:47:36 PM

From: Cheyenne Whitemarsh <cheyennerwhitemarsh@gmail.com>
Sent: Thursday, October 31, 2019 9:41 AM
To: John Robinson
Subject: AB 248 / SB 262

Dear County Board Member,

If you could kindly forward this email on to Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Dr. Robert Pope, Tiffany Lee, and Dr. Kevin O'Connell, it would be much appreciated - (no emails are listed for these individuals associated with the BOH committee). Thank you for your assistance.

I am contacting you today to express my concerns regarding the resolution that aims to remove a parent's right to medical choice. I believe that the choice of if, when, and how a child is to be vaccinated needs to remain between a family and their doctor. Where there is a risk of injury or death, no matter how small the perceived risk may be, there must be a choice. To mandate a medical procedure with known risks is medically unethical. I implore you to consider these reasons not to support legislation to eliminate the personal exemption to vaccines in Wisconsin.

The mandate violates a parent's right to informed consent: Vaccines are chemically synthesized biopharmaceuticals with known and documented side effects that include permanent injury and death. Forcing a medical procedure on a non-consenting individual that carries the risk of injury or death, no matter how small that chance may be, is medically unethical according to the American Medical Association's code of ethics, is inhumane and is a violation of our basic human right to posses autonomy over one's own body.

US ranks last for infant mortality, yet first for immunizations: Compared with other industrialized nations, the US administers the most pediatric vaccinations yet ranks the worst - 34th - for infant mortality rate.

Even more vaccines will be added to the schedule and there are currently 300 vaccines in development.

Pharmaceutical companies have no-liability with vaccine reactions: The National Childhood Vaccine Injury Act of 1986 established the National Vaccine Injury Compensation Program (VICP) as a federal no-fault system to compensate persons (or families of persons) who are injured by childhood vaccines, has paid out over $4 billion to families whose children have died or suffered other adverse reactions.

Adverse reactions are more common than widely perceived: Managed by the CDC and FDA, the Vaccine Adverse Event Reporting System (VAERS) reports more than 30,000 vaccine related injuries annually. In 2015 alone, $94,982,000.93 has already been awarded to 217 claimants.

In conclusion, when government makes decisions to take away parental rights relative to the health of their children it must only do so when all can agree it is in the best interests of every single child. Opinion 8.08 of the American Medical Association (AMA) states, “The physician has an ethical obligation to help the patient make choices from among the therapeutic alternatives consistent with good medical practice. Informed consent is a basic policy both in ethics and law that physicians must honor...”

This proposed legislation ignores and eliminates the fundamental American value of choice as well as a doctor’s ethical obligation to provide their patients informed consent. If we are not free to make informed, voluntary decisions about which pharmaceutical products we are willing to take, then we are not free in any sense of the word. If this proposed bill passes it will set a very dangerous precedent and there will be no limit on which individual freedoms the State can remove in the name of the greater good.

For these reasons and many more, I urge you to view this legislation as inhumane and medically unethical.

Respectfully,

Cheyenne Whitemarsh

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: AB248 & SB262
Date:	Friday, November 1, 2019 9:54:34 AM

From: Bree Davis <breezydan35@gmail.com>
Sent: Thursday, October 31, 2019 9:56 PM
Subject: AB248 & SB262

Hello,

My name is Bree Davis. I am writing this to ask please DO NOT support resolution AB248 and SB262 to remove personal exemptions for vaccines. We love living in Wisconsin and want to be free to make our families medical choices. This isn't about pro vaccine or anti vaccine. These resolutions are about removing freedom of choice.

Vaccine companies can not be held liable for any injury they cause. The vaccine court that is in place is tax payer funded and has payed out over 4 billion dollars to date. All of it on tax payers shoulders. Any other company can be held liable for a product that causes harm or death.

Any time there is risk of harm there should be a choice and it should be made by the families that it will affect.

Do you want some one who doesn't know you or your loved ones making medical decisions for you?

Thank you for your time and consideration.

Bree Davis

Please forward emails to the 6 committee members without listed emails (Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell)

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: AB248, SB262 November 5, 2019 Board Meeting
Date:	Friday, November 1, 2019 10:29:28 AM
Attachments:	Marathon County Board of Health letter Nov 5 2019.docx

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From: Dr. Robin Baker <drbaker@bakerborski.com>
Sent: Friday, November 1, 2019 9:58 AM
To: John Robinson
Subject: AB248, SB262 November 5, 2019 Board Meeting

Mr. Robinson and all Marathon County Health Board members,

I respectfully submit this letter to request that you reject the resolution to recommend withdrawing the personal exemption waiver for vaccination in Wisconsin. Thank you for your consideration.

Robin L. Baker, D.C., D.I.C.C.P.
Baker Borski Chiropractic, S.C.
2809 Merrill Ave.
Wausau WI 54401
715-675-4106
drbaker@bakerborski.com

www.bakerborski.com

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: AB248, SB262
Date:	Sunday, November 3, 2019 6:17:56 PM

From: Dr. Robin Baker <drbaker@bakerborski.com>
Sent: Sunday, November 3, 2019 6:12 AM
To: John Robinson; Laura Scudiere; Mary Ann Crosby; kueher.rn@outlook.com
Subject: AB248, SB262

Dear Marathon County Board of Health members and officers,

I urge each of you today to view the November 1, 2019 Bill Maher interview with Dr. Jay Gordon, M.D., F.A.A.P. Please share with the other board members not listed in this email. It is 6.5 minutes into the show and lasts until 20 min. into the show (13.5 min.). It is available on YouTube, HBO.com and is posted Dr. Gordon's Facebook page (Jay Gordon MD, FAAP). It is not anti vaccination but recommends caution and judgment with the current policy and schedule. I thank you for your time.

Robin L. Baker, D.C., D.I.C.C.P.
Baker Borski Chiropractic, D.C.
2809 Merrill Avenue
Wausau, WI 54401
715-675-4106

drbaker@bakerborski.com

www.bakerborski.com

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Board of Health Meeting
Date:	Sunday, November 3, 2019 6:52:21 PM

From: Bryana Nimmer <braub1488@gmail.com>
Sent: Friday, November 1, 2019 1:27 PM
To: John Robinson
Subject: Board of Health Meeting

Dear Board Member,

Please forward this e-mail to the 6 members without an e-mail address listed. (Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell)
I am writing to you today to ask you to vote no to the resolution supporting the removal of the personal conviction waiver for vaccines.
I am a registered nurse, but most importantly I am a mom to an almost 1 year old little boy. This resolution affects my son and that is why I am writing you today.
Many parents use a personal conviction exemption to opt out of even just 1 vaccine on the schedule.
For example, the hepatitis B vaccines is given to newborn babies less than an hour old. Hepatitis B is a disease most commonly spread by unprotected sex and IV drug use. Please tell me why a newborn with a healthy mother, needs to be vaccinated against a disease that they are at no risk of getting.
The promiscuous behaviors that transmit hepatitis b are not done by a child or happening in schools... so why is this on the schedule of “required” vaccines for children to attend school?
Please take in to consideration that while some parents may use the personal conviction waiver to opt out all vaccines, many use it to opt out or even delay just ONE vaccine on the schedule they disagree with. Is your newborn engaging in IV drug use or unprotected sex? Again,please vote no on this resolution and allow parents to continue to decide what is best for their children and help prevent government overreach.

Thank you,
Bryana Nimmer

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Board Resolution
Date: Thursday, October 31, 2019 3:00:20 PM

From: Amberlee Ohlsen-Sherven <a.ohlsenhhp@gmail.com>
Sent: Thursday, October 31, 2019 7:18 AM
Subject: Board Resolution

Good morning,

In your agenda for your upcoming meeting, you received some concerns from the Department of Health regarding the Personal Conviction Waiver (PBE) for vaccinations for school children. In the verbiage of this document, these vaccine preventable illnesses are referred to a "diseases" by the Wisconsin Public Health Association. These are NOT diseases, these are illnesses. Chronic, debilitating ailments like cancer, Multiple Sclerosis and Cystic Fibrosis. vaccines are used for illnesses, that most of you and I have had as children like chickenpox, mumps with no lingering after-effects and true lifelong immunity.

Most of us over age 40 have not had a Hepatitis A or B vaccine, a Rotavirus vaccine, a Meningococcal vaccine, or a HIB vaccine, and yet, our state and country is not at all experiencing any outbreaks of these illnesses, despite your and my lack of vaccination for them. We keep hearing about Herd Immunity or Community Immunity and yet as it stands, that the vast majority of adults here have not received any of the current recommended vaccines from the childhood schedule and there ARE NO OUTBREAKS! Additionally, most of you have experienced Measles and Mumps, as have most of us, with no health conditions or long-term complications – but the fear being driven into the public is creating this drive for the removal of rights.

As of October 1st, the CDC has reported 1249 cases of measles in the US with ZERO deaths and only 1 single case of encephalitis from measles – and yet, the public panic ensues. https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6840e2-H.pdf

We talk about herd immunity to protect the immunocompromised, infants or those for medical reasons. The immunocompromised are far more likely to be stricken down with severe illness from the common cold, a viral infection or sepsis from an infected cut, but because there aren't vaccines for these illnesses, there's no public outcry. Theirs is no public health threat.

Public Health says that 4.6% of children having exemptions is "alarming". This is Ludacris and a huge inflation of the truth. According to Wisconsin Department of Health https://www.dhs.wisconsin.gov/publications/p01894.pdf, there's only been a .1% increase in students waiving ALL vaccines during the 2018-2019 school year. What has increased is parents opting out of 1 or 2 vaccines that they don't deem necessary for their children – like Hep B or Gardasil, which are NOT communicable diseases. Only 1.1% of students had waived all vaccines last year. This is NOT a public health threat; this is an example of skewed statistics and government overreach.

The WHO currently has an initiative to increase vaccines in adults, too. In their pipeline right now, there are vaccines for HIV, Chlamydia, and a multitude of other diseases…do you want to be forced to take these vaccines for sexually transmitted diseases? How about your infant

grandchildren? If you vote yes on this resolution, not you nor I will have a choice.
https://www.who.int/immunization/research/vaccine_pipeline_tracker_spreadsheet/en/

We as parents know how to read the data, and we do, constantly. We know our children and what's best for them. What you're voting for today is permanent and today you don't know, any better than I what's coming down the road. How can you, in good conscious, begin to allow government overreach into families? ***Please vote no to this resolution*** – the future of all of us depends on less government overreach and more individual freedoms.

Sincerely and Respectfully,
Amberlina Carol

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: health board
Date:	Thursday, October 31, 2019 3:10:23 PM

From: Valerie Charneski <sweetsonthird@gmail.com>
Sent: Tuesday, October 29, 2019 10:16 AM
To: Sandi Cihlar; John Robinson; Mary Ann Crosby
Subject: Re: health board

Hello,
Could you please review this news article and forward to the rest of the health board.

https://www.latimes.com/california/story/2019-10-24/vaccine-exemptions-medical-discipline

For those who believe that personal exemptions for vaccines should be removed, and that medical exemptions will be sufficient to protect the subset of our population who is susceptible to vaccine sensitivity and injury, this should be eye-opening.

To require that a parent prove that their child has been injured by a vaccine in order to be exempted from other vaccines is invasive and inhumane. To limit medical exemptions to only the severely immunocompromised is likewise unfair and dangerous, as the vast majority of vaccine injury reported has been in otherwise healthy children and adults.

No medical procedure is right for everyone. No parent should be forced to subject their child to a medical procedure that has never been tested for safety and that has been categorized by the Supreme Court as “unavoidably unsafe”.

Medical exemptions will not be the safety net a population needs to protect its susceptible members against injury. Please vote against supporting the resolution to end personal exemptions!

Thank you,
Valerie Charneski

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Marathon County Board of Health Meeting
Date: Sunday, November 3, 2019 6:51:05 PM

From: Heidi Dorn <heidid40@gmail.com>
Sent: Friday, November 1, 2019 2:23 PM
To: John Robinson
Subject: Marathon County Board of Health Meeting

Hello John Robinson,
Please forward this email to the 6 committee members without listed emails. (Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell)

Dear Board Member,

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. My parents own a place in Wabeno, WI for over 30 years. It's a beautiful town.

It is not about ProVax, AntiVax, or ExVax. It's about Civil Rights, Human Rights. There is not one medication in the world that is not harmful to some. Vaccinations are NOT a one size fits all product. Where there is a risk there must be a choice! This isn't JUST about vaccinations it's about informed consent and medical freedom. I don't believe the government should be allowed to forced a pHARMaceutical product on our children!

The ACIP just announced last week that they are want to remove the religious exemption for the whole country. And if WI chooses to remove personal (philosophical exemptions) that only leaves people with medical exemptions. That is unacceptable, this is AMERICA the home of the FREE---not the home of the forced drugs.

Herd immunity is a false sense of security, 'You are putting other people at risk by not vaccinating'. The misconception that “if you don’t vaccinate, you place others at risk” is based on an assumption that vaccinated people do not get the disease they were vaccinated for. Did you know that a controlled study published in BMJ in school age children showed that of all the whooping cough that was diagnosed, over 86% of the children were fully vaccinated and up to date for the whooping cough vaccine? There are similar studies showing that mumps and measles breakouts often affect the vaccinated. People who are vaccinated can have their immune systems altered in a manner that leads to susceptibility to other infectious diseases, and can also leave

them vulnerable to the disease they were vaccinated for due to a phenomenon called “original antigenic sin”. This is where an injected vaccine antigen programs the body to react in a manner that is incomplete, and different to the natural response to infection. When the vaccinated contact that disease again, they are unable to mount an effective response to the pathogen because vital first steps are missing. The whooping cough vaccine is an example of this.
Please check out this video of Dr. Humphries on herd immunity.
https://youtu.be/8GDQwYFZnCk

Instead of trying to take away citizen's rights to be able to choose if they want to vaccinate themselves or their children we need to **repeal legal immunity from vaccine manufactures so they will once again be held accountable for the injuries and deaths caused by their products**.

Again, I URGE you to vote against this resolutions and I urge you to stand by parental rights.

--
Thank you for your time,
Heid Dorn

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Medical freedom, request to FORWARD TO SIX OTHER COMMITTEE MEMBERS
Date: Thursday, October 31, 2019 2:59:09 PM

From: Karin Nye <karinnye1967@gmail.com>
Sent: Thursday, October 31, 2019 9:13 AM
To: John Robinson
Subject: Fwd: Medical freedom, request to FORWARD TO SIX OTHER COMMITTEE MEMBERS

John Robinson-chair

Please also forward to:
Dr Lori Shepard, Dr Michael McGrail, Dean Danner, Tiffany Lee, Dr Robert Pope, Dr Kevin O'Connell

MARATHON COUNTY BOARD OF HEALTH MEETING RE: RESOLUTION TO REMOVE PERSONAL CONVICTION EXEMPTION.

To each of the members of this esteemed board,

As a resident of Wisconsin, mother of four fully vaccinated children (except the flu vaccine due to family member who had Gullain-Barre syndrome reaction after flu shot and knowing increased genetic risk for family members) I believe and support MEDICAL FREEDOM over removal of any exemptions. I have a Bachelors degree in Preventative health from Central Michigan University with internship in Cardiac rehab and have become educated in individual genetics and epigenetics (how our environment turns on or off genetic risk factors) due to family history of Alzheimer's, autoimmunity and cancers.

There is a Vaccine adverse reaction process in place in the United States because vaccine injury does occur. I am concerned about the number of increasing vaccines and their combined long and short term effect. I am also concerned about how difficult it is for doctors to provide EXEMPTIONS FOR IMMUNE COMPROMISED individuals including family members.
Having formerly worked for my county in MI as a nutritionist for the WIC program I do believe in informed consent and parental choice and autonomy over our bodies. BEFORE YOU DECIDE TO SUPPORT REMOVING EXEMPTIONS I am asking you to please look at the VAERS program, each vaccine insert from the manufacturer listing possible side effects, lack of long term safety testing, lack of testing for carcinogenic effect and consider the growing number of vaccines and our sick population with rising levels of

autoimmunity, cancer, allergies to name a few. Today we are witnessing many more reactions to food, medications and I would propose to our current vaccine schedule. It is important for our communities and state to have an unbiased, informed perspective in order to vote on something that could impact your community, loved ones and your own health in the future. I would also ask you to look at the states of NY, ME, CA and see how extremely difficult it is for medical doctors to provide medical exemptions for their immune compromised due to increasing pressure to vaccinate even those with previous contraindications.

This is a complex topic that goes far beyond whether you are for or against any vaccine that is in the current schedule or the unknown number of vaccines in the works. Please consider asking your own physicians how many vaccine ingredients they personally have researched, whether they have been tested for carcinogens, whether the current combined schedule is safe for all genetic risk defects in these combinations.

If you have an interest in where to start to look at these studies your community are reading and educating their providers and legislation on you can begin with a few I have included.

Infectious vaccine-derived rubella viruses emerge, persist, and evolve in cutaneous granulomas of children with primary immunodeficiencies.

https://www.ncbi.nlm.nih.gov/pubmed/31658304

text

Temporal Association of Certain Neuropsychiatric Disorders Following Vaccination of Children and Adolescents: A Pilot Case-Control Study

https://www.ncbi.nlm.nih.gov/m/pubmed/28154539/

Shared by Toxicologist Ashley Everly here are a few about the Flu vaccine:

Influenza virus made stronger by vaccines:
http://www.burnettcountysentinel.com/news/influenza-potentially-made-stronger-by-vaccines/article_4bd056da-0c21-11e8-b6ae-533d3d165845.html

Flu vaccine increases risk of upper respiratory infection and there was no statistically significant decrease in influenza virus infections with receipt of the flu vaccine:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/

Flu vaccine makes people >6x more infectious than non-vaccinated when they contract influenza A:
http://www.pnas.org/content/early/2018/01/17/1716561115

Multi-dose flu vaccines contain mercury which can accumulate in the brain and cause neurotoxicity:
https://www.ncbi.nlm.nih.gov/m/pubmed/21350943/

Children who get the flu vaccine have 3x the risk of being hospitalized for flu:
https://www.sciencedaily.com/releases/2009/05/090519172045.htm

Flu vaccines linked to miscarriages:
http://www.greenmedinfo.com/blog/devastating-flu-vaccine-miscarriage-study-sparks-ridiculous-spin

Influenza virus accounts for just 10% of influenza like illness:
https://blogs.bmj.com/bmj/2009/10/12/tom-nolan-on-flu-a-lucky-break/

Why have three long-running Cochrane Reviews on influenza vaccines been stabilised?
https://community.cochrane.org/news/why-have-three-long-running-cochrane-reviews-influenza-vaccines-been-stabilised

The $1.6 Billion Business of Flu:
https://www.cnbc.com/2015/10/19/the-16-billion-business-of-flu.html

“Recipe for Fostering Public Interest and High Vaccine Demand” for the flu vaccine:
http://www.nationalacademies.org/hmd/~/media/E9B963EDB28645C5ABCC22467120662D.ashx

Sincerely and

Respectfully, Karin Nye, Appleton, WI

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Opinion on proposed resolution
Date: Friday, November 1, 2019 10:29:54 AM

From: Jami Buchanan <jamibuchanan@gmail.com>
Sent: Friday, November 1, 2019 9:59 AM
To: John Robinson
Subject: Opinion on proposed resolution

In regard to the resolution proposed to remove personal conviction vaccine exemptions:

I'd like to begin with a quote from Dr. Ron Paul: When we give government the power to make medical decisions for us, we in essence accept that the state owns our bodies.

This issue is not about pro-vax vs anti-vax. This issue is about medical freedom and bodily autonomy. No pharmaceutical product is devoid of risks from adverse reactions and vaccines are no exception. Where there is risk, there must be choice. Mandates are coercive and remove our rights to bodily autonomy.

All of the pharmaceutical companies that manufacture vaccines have been convicted of felonies. Vaccines are a liability-free pharmaceutical product, even though they have been ruled as "unavoidably unsafe" by the US Supreme Court in 2011. Since 1986, vaccine manufacturers cannot be held liable for injuries and deaths caused by their products. Also since 1986, the CDC vaccine schedule for children from birth to age 18 has increased from 24 doses to 72 doses today.

In this same time frame, the incidence of chronic and autoimmune diseases as well as food allergies and childhood cancers have increased exponentially. There have been no double blind placebo-controlled safety studies conducted on the CDC vaccine schedule either individually, or cumulatively. Since 1988, Over 4 BILLION dollars has been paid out by the Vacccine Injury Compensation Program (VICP) to compensate victims injured or killed by vaccines.

As a Registered Nurse, I have personally cared for dozens of vaccine injured patients. It is not nearly as rare as we are told it is. There (as of yet) is no way to determine in advance which individuals will be adversely affected by vaccines. There seems to be a genetic component that is not clearly understood which affects individual response to vaccines and the adjuvants they contain. Some populations are at higher risk than others, but we don't yet know why. Where there is risk, there MUST be choice.

Government should not intrude into our personal medical decisions. Removal of exemptions equates to mandating medical procedures on children to avoid exclusion from

public schools which are paid for by our taxes. If you choose to delay or skip even one dose of the CDC-recommended vaccine schedule for your kids, they will effectively be excluded from receiving a public education.

There are currently over 200 new vaccines in development. This legislation would include any new vaccines added to the CDC-recommended schedule in the future. Don’t want your kids to have the HPV series of shots (extremely high rate of adverse events) or the annual flu vaccine (most commonly compensated by VICP)? Once added to the CDC schedule as HPV recently was in some states, you won’t have a choice. All vaccines on schedule, or labeled as a social pariah. I feel that authorizing government control of our bodies is un-American and violates our very personal freedoms.

We cannot inject health. Please vote for medical freedom and do not support any resolution to remove personal conviction waivers.

Thank you for reading this and for your consideration,

Jami Buchanan, RN

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Oppose removing personal conviction vaccine exemption
Date:	Monday, November 4, 2019 9:28:44 AM

From: Lee Schwalenberg <drlee@mystonechiropractic.com>
Sent: Monday, November 4, 2019 12:56 AM
To: John Robinson
Subject: Oppose removing personal conviction vaccine exemption

Mr. Robinson, Please also forward to the following members as they do not have emails listed: *(Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell)*

Dear Board Member,

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 [i] and the 2011 Supreme Court Decision BRUESEWITZ ET AL. *v*. WYETH LLC, FKA WYETH, INC., ET AL [ii] 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.[iii] 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.[iv]

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.[v] This more than doubles the government childhood schedule of 34 doses of 11 different vaccines in the year 2000.[vi] 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.[vii] 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.[viii] [ix] [x] [xi]

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.[xii] [xiii] Wisconsin's own data reports on the failure of vaccines to work and immunocompromised school children are 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!

[i] 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

[ii] U.S. Supreme Court. *Bruesewitz v. Wyeth* 09-152; Feb. 22, 2011. Justices Sotomayor and Ginsberg Dissenting (pg. 30).

[iii] 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

[iv] U.S. Department of Health and Human Services. About the National Vaccine Injury Compensation Program. *National Vaccine Injury Compensation Program*. March 2019

[v] CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019 Feb. 5, 2019

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

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

[viii] Vaccine-Preventable Diseases Surveillance Summary Wisconsin, 2018 Wisconsin Dept. of Health - P-02321 (April 2019)

[ix] 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

[x] 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

[xi] CDC Pertussis (Whooping Cough) – Pertussis Frequently Asked Questions – Apr. 1, 2019

[xii] 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.)

[xiii] CDC Contraindications and Precautions - General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) Aug. 20, 2019

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Dr. Lee C. Schwalenberg, D.C.

Stone Chiropractic, LLC
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Phone: 920-462-0912
Fax: 920-462-0914

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: OPPOSE removing personal conviction waivers
Date:	Thursday, October 31, 2019 2:54:34 PM

From: Erica Scheifflee <erica.achieveability@gmail.com>
Sent: Thursday, October 31, 2019 11:17 AM
To: John Robinson
Subject: OPPOSE removing personal conviction waivers

Members of the Board:

I write to you today as a concerned healthcare professional, mom, and individual. You will be discussing and voting on whether to upkeep personal conviction waivers during an upcoming meeting. Please consider using your assigned power to PAUSE and dig deeper. Ask more questions. Hear another side of the debate. Truly listen. Table the vote. Vote in opposition.

I have witnessed deteriorating health of our youth over the 17 years I've been a pediatric therapist. Our children are sicker than ever. One in six has a chronic health condition. Vaccines are, beyond suspicion, contributing to this demise. I hear stories repeat themselves every year with my clients. It is time we recognize our children are sick. ADHD, AUTISM, ASTHMA, ALLERGIES, DEVELOPMENTAL DISORDERS, ETC.

With the release of any liability to the pharmaceutical industry in 1986 and the proposed shifts in mandatory vaccines ahead we are treading on thin ice. How are we not willing to see and admit the great conflict of interest and loophole in safety this creates? I am gravely concerned for my own health outcomes, those of my offspring, and those of the children and families I represent as a professional should mandatory vaccines be the direction our nation moves in. Removing the right to choose via the personal conviction waiver is a step in the wrong direction. What has happened to medical autonomy and informed consent?

I do not want anyone other than myself and my healthcare provider involved in making decisions as to what is best for my body. We are not machines. We do not all respond the same to medicine. We do not all choose a singular route for wellness. Please uphold a piece of our freedom to choose. Informed consent in medical procedures is woven into the fiber of our democratic nation.

We do NOT have religious or medical exemptions to fall back on, despite the distraction these create. Medical exemptions are increasingly stringent and I am not willing to risk anaphylaxis via inoculation to determine where the line should be drawn. My religion is consciousness

and therein the belief that as an educated, awoken individual who sees beyond a $500 billion a year industry's recommendations to keep us in their system, I am allowed to determine what goes into my body and those of my offspring. I am aware of the social responsibility to care for the herd and yet I am not willing to sacrifice mine to protect theirs. Investigate the other side of herd immunity. It is a falsified notion that lacks efficacy. We are playing with a house of cards here!

I have been disappointed as I've gotten involved in this arena at the lack of engagement from our legislators and appointed officials. Opinions and party affiliation alone are not an excuse to not wake up to represent a mass people screaming out to be heard. It's tempting with the media outlets, CDC's mis-information, and the signs posted all over town warning us of all of the dangers of not getting vaccinated to be swept up in the fear tactics. For a moment, I encourage you, invite you, even beg you to listen to another side of the argument. I agree that the health of individuals, health of a community, health of a nation, and health of a world is nothing to take lightly. It is plausible that vaccines aren't the only answer as to how to safeguard the human population.

Vaccine injury is real. Vaccinations are medical procedures. These procedures come with risk and deserve to follow the same guidelines of informed consent as all other medical procedures. Please, be willing to listen. Engage and ask questions. Flip the box and consider a perspective other than what is being fed down the profitable pipeline.

In Hope,

Erica Scheifflee

Sent from my iPhone

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Opposition to resolution; BOH meeting scheduled for Nov 5th 2019
Date:	Thursday, October 31, 2019 2:52:06 PM

From: Erin Runk <erin.runk@wisconsinunitedforfreedom.org>
Sent: Thursday, October 31, 2019 1:48 PM
To: Sandi Cihlar; Mary Ann Crosby; kueher.rn@outlook.com; Laura Scudiere; John Robinson
Subject: Opposition to resolution; BOH meeting scheduled for Nov 5th 2019

Good Afternoon,

I am writing to you in reference to my opposition to the resolution for removal of personal conviction exemption waiver for vaccination. As a research scientist with over 15 years of experience, I can unequivocally tell you that the science regarding vaccinations in NOT settled and in NO way should resolutions be passed to support a bill to remove our rights to a known unsafe product.

I have done extensive research on the science behind vaccines. I am fully aware that the echoed message is that of settled science. I will tell you, it simply is an untrue statement. Speaking from a point of expertise in the field, I would encourage you to ask more questions and really understand that science is never settled. That is the beauty of it. And honestly, what affords me a job. I see first hand everyday how scientific studies are conducted, as I am involved in several. There is a method used that is NOT used for vaccines. In lieu of the 1986 childhood vaccine injury act, there is NO liability on these manufactures and thus they do not have to prove the science - that's all there is to it.

I am not an anit vaccine individual - I am a safety advocate. I implore you to flip the script. Oppose this resolution and demand that REAL science is done for vaccines. We need to hold manufactures to the standard that the ALL other pharmaceutical product are held to. I would be more than happy to get into specifics on the scientific method - or answer any questions you might have.

Thank you for your time - and thank you for upholding the citizen's freedoms with your opposition to the resolution.

I kindly ask that you please forward this email to the 6 committee members without listed emails.
Secretary Dr. Lori Shepard
Dr. Michael McGrail
Dean Danner

Tiffany Lee
Dr. Robert Pope
Dr. Kevin O'Connell

Sincerely,
Erin Runk

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Opposition to supporting a resolution to support the removal of the personal conviction vaccine exemption
Date:	Thursday, October 31, 2019 2:56:03 PM
Attachments:	Marathon BOH.pdf

From: Tara Czachor <tara.czachor@gmail.com>
Sent: Thursday, October 31, 2019 10:30 AM
To: John Robinson
Cc: Sandi Cihlar; Mary Ann Crosby; Laura Scudiere; kueher.rn@outlook.com
Subject: Fwd: Opposition to supporting a resolution to support the removal of the personal conviction vaccine exemption

Good morning!
Mr. Robinson, if you could please forward my email to Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Dr. Robert Pope, Tiffany Lee, and Dr. Kevin O'Connell, for their review, I would greatly appreciate it! No emails are listed for these individuals associated with the BOH committee. Thank you for your assistance!

***
Attached you will find my letter imploring you to please **OPPOSE** a resolution to support AB 248/SB 262 to remove Wisconsin's personal conviction vaccine exemption for school and day care.

I would be happy to discuss this issue further with you at the contact information listed below.

Thank you,

Tara Czachor
920-242-0919

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Personal Conviction Waiver
Date: Friday, November 1, 2019 9:45:31 AM

From: Amber Psket <amber.smith@wisconsinunitedforfreedom.org>
Sent: Thursday, October 31, 2019 9:21 PM
To: John Robinson
Subject: Personal Conviction Waiver

Dear County Board Member,

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 and the 2011 Supreme Court Decision BRUESEWITZ ET AL. v. WYETH LLC, FKA WYETH, INC., ET AL **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. 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. 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. This more than doubles the government childhood schedule of 34 doses of 11 different vaccines in the year 2000.

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. 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.

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. 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!

References:

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
U.S. Supreme Court. *Bruesewitz v. Wyeth* 09-152; Feb. 22, 2011. Justices Sotomayor and Ginsberg Dissenting (pg. 30).
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
U.S. Department of Health and Human Services. About the National Vaccine Injury Compensation Program. *National Vaccine Injury Compensation Program*. March 2019
CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019 Feb. 5, 2019
CDC Notice to Readers: Recommended Childhood Immunization Schedule -- United States, 2000 *MMWR* Jan. 21, 2000; 49(02);35-38,47
Pharmaceutical Research and Manufacturers of America (PHRMA) VACCINES: HARNESSING SCIENCE TO DRIVE INNOVATION FOR PATIENTS Oct. 2017
Vaccine-Preventable Diseases Surveillance Summary Wisconsin, 2018 Wisconsin Dept. of Health - P-02321 (April 2019)
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
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
CDC Pertussis (Whooping Cough) – Pertussis Frequently Asked Questions – Apr. 1, 2019
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.)
CDC Contraindications and Precautions - General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) Aug. 20, 2019

Please forward this email to those who's emails were not listed.

Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell

Thank you for your time and consideration,

Amber Psket

Co-Founder

Wisconsin United For Freedom

www.wisconsinunitedforfreedom.org

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Personal Exemption Removal
Date:	Thursday, October 31, 2019 3:00:09 PM

From: sarah mutter <smutter85@gmail.com>
Sent: Thursday, October 31, 2019 7:50 AM
To: John Robinson
Subject: Personal Exemption Removal

Good morning,

I am writing to you in regards to your agenda posted for Nov, 5th, 2019 on the removal of personal exemption for vaccines.

Where there is risk, there must be choice. Vaccines are a liability free pharmaceutical that carry very real risk, including injury and death. One should reserve the right to abstain from a product or procedure that might endanger themselves or their children.

In 1986, Ronald Reagan signed into law the National Childhood Vaccine Injury Act which removed liability from manufacturers of vaccines in the event any harm came from their products. Since that time the vaccine schedule has tripled, and that schedule has never been accumulatively tested for safety and efficacy. As a part of that '86 Act, a compensation plan was set into place which is funded by taxpayers and now has paid out more than $4 billion to date. Personal conviction should weigh in when there is so much at stake.

Mandating a one size fits all schedule puts a portion of the population at risk, as we all are genetically unique. Parents should be able to choose whether that risk is worth it or not.

I urge you to vote against this resolution and I urge you to support parental rights.

If you could kindly forward this email to Secretary Lori Shepard, Dr. Michael McGrail, Dean Danner, Laure Scudiere, Dr. Robert Pope, and Dr. Kevin O'Connell, it would be much appreciated! - (no emails are listed for these individuals associated with the BOH committee). Thank you for your assistance

Sincerely,

Sarah Mutter

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Philosophical Conviction
Date:	Thursday, October 31, 2019 2:41:39 PM

From: Dana Woods <skarletteetchings@hotmail.com>
Sent: Thursday, October 31, 2019 9:39 AM
To: Dana Villa-Smith
Subject: Philosophical Conviction

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
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DRIVE INNOVATION FOR PATIENTS Oct. 2017
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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:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: PLEASE FORWARD to: Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O"Connell
Date:	Thursday, October 31, 2019 2:52:39 PM

From: Erica Scheifflee <erica.achieveability@gmail.com>
Sent: Thursday, October 31, 2019 11:21 AM
To: John Robinson
Subject: PLEASE FORWARD to: Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell

Dear Mr Robinson,

I just sent my request to you and other listed bosses members to oppose the removal of personal conviction waivers in our state.

It is my understanding several other board members' emails were unavailable and I am therefore requesting you distribute my correspondence to them directly.

In appreciation,

Erica Scheifflee

Members of the Board:

I write to you today as a concerned healthcare professional, mom, and individual. You will be discussing and voting on whether to upkeep personal conviction waivers during an upcoming meeting. Please consider using your assigned power to PAUSE and dig deeper. Ask more questions. Hear another side of the debate. Truly listen. Table the vote. Vote in opposition.

I have witnessed deteriorating health of our youth over the 17 years I've been a pediatric therapist. Our children are sicker than ever. One in six has a chronic health condition. Vaccines are, beyond suspicion, contributing to this demise. I hear stories repeat themselves every year with my clients. It is time we recognize our children are sick. ADHD, AUTISM, ASTHMA, ALLERGIES, DEVELOPMENTAL DISORDERS, ETC.

With the release of any liability to the pharmaceutical industry in 1986 and the proposed shifts in mandatory vaccines ahead we are treading on thin ice. How are we not willing to see and admit the great conflict of interest and loophole in safety this creates? I am gravely

concerned for my own health outcomes, those of my offspring, and those of the children and families I represent as a professional should mandatory vaccines be the direction our nation moves in. Removing the right to choose via the personal conviction waiver is a step in the wrong direction. What has happened to medical autonomy and informed consent?

I do not want anyone other than myself and my healthcare provider involved in making decisions as to what is best for my body. We are not machines. We do not all respond the same to medicine. We do not all choose a singular route for wellness. Please uphold a piece of our freedom to choose. Informed consent in medical procedures is woven into the fiber of our democratic nation.

We do NOT have religious or medical exemptions to fall back on, despite the distraction these create. Medical exemptions are increasingly stringent and I am not willing to risk anaphylaxis via inoculation to determine where the line should be drawn. My religion is consciousness and therein the belief that as an educated, awoken individual who sees beyond a $500 billion a year industry's recommendations to keep us in their system, I am allowed to determine what goes into my body and those of my offspring. I am aware of the social responsibility to care for the herd and yet I am not willing to sacrifice mine to protect theirs. Investigate the other side of herd immunity. It is a falsified notion that lacks efficacy. We are playing with a house of cards here!

I have been disappointed as I've gotten involved in this arena at the lack of engagement from our legislators and appointed officials. Opinions and party affiliation alone are not an excuse to not wake up to represent a mass people screaming out to be heard. It's tempting with the media outlets, CDC's mis-information, and the signs posted all over town warning us of all of the dangers of not getting vaccinated to be swept up in the fear tactics. For a moment, I encourage you, invite you, even beg you to listen to another side of the argument. I agree that the health of individuals, health of a community, health of a nation, and health of a world is nothing to take lightly. It is plausible that vaccines aren't the only answer as to how to safeguard the human population.

Vaccine injury is real. Vaccinations are medical procedures. These procedures come with risk and deserve to follow the same guidelines of informed consent as all other medical procedures. Please, be willing to listen. Engage and ask questions. Flip the box and consider a perspective other than what is being fed down the profitable pipeline.

In Hope,

Erica Scheifflee

Sent from my iPhone

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Please Oppose Exemption Resolution
Date: Friday, November 1, 2019 9:46:22 AM

From: Denise Brusveen <denise.brusveen@hotmail.com>
Sent: Friday, November 1, 2019 8:41 AM
To: Sandi Cihlar; Mary Ann Crosby; kueher.rn@outlook.com; Laura Scudiere; John Robinson
Subject: Please Oppose Exemption Resolution

Dear County Board Members,

I am writing to you to ask that you please vote NO on the resolution requesting that the Wisconsin Legislature end the use of personal conviction waivers for school and day care center immunizations.

It is indeed true that there are multiple important and potentially dangerous communicable diseases that occur throughout our state and country. However, there are only a fraction for which vaccines even exist. While it is entirely possible the vaccines can prevent illness in some people, this is not always the case. All vaccines have a failure rate where a subset of individuals will fail to develop antibodies even after multiple doses of a vaccine. Additionally, some people WILL develop antibodies, but they may still catch the very disease they were vaccinated against, sometimes for reasons unknown and other times because their protection waned over time. These people may also become carriers of the disease they received a vaccine for without even realizing it and then spread the illness to other individuals. My daughter is a perfect example. She got chickenpox from her cousin who had just been vaccinated. Unsurprisingly, it was a mild childhood illness that she recovered easily from.

It is also true that some of the diseases for which there are vaccines are very contagious. However, some are not. One example is hepatitis B. Hepatitis B is spread through sexual contact or blood (such as with sharing needles). Therefore, it is NOT highly contagious. I work as a birth doula and have many clients who choose to forego the Hepatits B vaccine at birth because they feel that their newborn baby is unlikely to be engaging in sexual acts or sharing needles as an infant. Some delay for several months, while others choose to delay for several years. Most follow the rest of the vaccine schedule on time. Ending the personal conviction exemption would end their right to choose to delay even just this one vaccine. Their newborn baby could be denied from day care over something that is NOT highly contagious.

Many people falsely assume that these individuals could just choose a medical or religious exemption instead, since those two options would remain. This provides a false sense of security and also completely ignores what is happening in other states. First the personal conviction exemption goes, then the state goes after the religious exemption, and then all that remains is the nearly impossible to obtain medical exemption. There are now states that are even removing that exemption leaving literally no option to opt out of vaccines in those states.

While DHS may cite increasing rates of non-vaccinated children, that's misleading. As more and more vaccines are added to the schedule, families may choose to opt out of one or more of those doses or the entire series of doses. But that does NOT mean that they are opting out of ALL vaccines. The rate of completely unvaccinated children has held steady at 1.1% in Wisconsin.

As mentioned above, a family may simply choose to delay the hepatitis B vaccine but follow

the rest of the recommended schedule on time. Another example of a family who might use a personal conviction exemption would be a situation where their child was injured by a particular vaccine, and they wish to skip that vaccine for the rest of their children since they may be at increased risk of injury. They may continue with all the rest of the vaccines for other illnesses though. If they are lucky, they may get a medical exemption for the child who was injured, but the exemption usually does not extend to vaccines for other illnesses. That's where the personal conviction exemption comes in.

By and large, most families are choosing to vaccinate their children. The numbers are not drastically changing. However, for families who have been affected by injury or who feel that the risks outweigh the benefits, such as vaccinating a newborn baby for a sexually transmitted infection, the personal conviction exemption must remain.

Our children don't deserve to bear the burden of our state's ever-increasing vaccine schedule when it has NEVER been tested for safety in its entirety. It is our responsibility as parents to protect our children. And I ask that you support our right to protect our children by voting NO on this resolution.

Chair Robinson, I also ask that you please forward this email on to the members of your committee for whom no email addresses are available (Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell).

Sincerely,
Denise Brusveen

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Please Oppose Personal Exemption Removal Resolution
Date: Thursday, October 31, 2019 3:06:03 PM

From: Jamie Prosser <jamienprosser@gmail.com>
Sent: Thursday, October 31, 2019 9:03 AM
To: John Robinson
Subject: Re: Please Oppose Personal Exemption Removal Resolution

Mr. Robinson, I noticed in another place that Tiffany Lee is not listed as a BOH member on Marathon County website, but discovered from the county clerk that she is on there. If you could kindly forward my email to her as well, I would be greatly appreciative. Thank you very much.

Jamie Bernander

On Thu, Oct 31, 2019 at 8:07 AM Jamie Prosser <jamienprosser@gmail.com> wrote:

> Hello Mr. Robinson,
>
> *If you could kindly forward this email on to Secretary Lori Shepard, Dr. Michael McGrail, Dean Danner, Laure Scudiere, Dr. Robert Pope, Dr. Kevin O'Connell* - (*no emails are listed for these individuals associated with the BOH committee). Thank you for your assistance.*
>
> My name is Jamie Bernander, a mother of three young children and small business owner. I have just learned that at November 5th's Board of Health meeting you will be discussing the resolution supporting the removal of the personal conviction waiver for vaccination.
>
> I ask that you please oppose the resolution related to legislation: AB248 and SB 262 in our state legislature that effectively helps to remove a parent's right-to-choose appropriate healthcare for their own children.
>
> Wisconsin Department of Health Services data shows that over the past decade, a consistent 90 to 92% of students have been fully vaccinated. Among the tiny 5% of students who utilize an exemption, the vast majority do so in order to delay or skip vaccines or doses. That 5% statistic consists of individuals who perhaps opt out of just one vaccine. Most are not opting out of all– although that too, is their right of conscience, as vaccination is a medical procedure with risk.
>
> For instance, under current law Wisconsin kindergartners must either show proof of having received three doses of the Hepatitis B vaccine or file an exemption. This vaccine targets a blood-borne pathogen most frequently spread by engaging in

risky behaviors such as illegal IV drug use and prostitution. These activities do NOT occur in school settings. Especially not at age 4. And so, my family and others opt for the personal exemption for this one.

Since the creation of the National Childhood Vaccine Injury Act of 1986, a law that a. acknowledges vaccine injury and b. grants vaccine makers a “get out of jail free card” when it comes to said injury (they are not held financially liable for injury), the recommended vaccine schedule has significantly increased. In 1983, children of my generation received 23 doses of 7 vaccines by age 6. Now, the CDC currently recommends that all children receive 50 doses of 14 vaccines between birth and age six. And at least 69 doses of 16 vaccines by age 18.

And so, the personal conviction waiver protects our right to opt out of any future vaccines which may be added to the ever-growing number of required shots for school entry. If our personal exemption is removed, we may be unable to exempt our children from the controversial HPV vaccine, which targets a sexually-transmitted virus not transmittable in a school setting. We cannot predict the future, so we don’t know whether our legislature will someday approve legislation requiring this vaccine for all school children, as other states have done.

Our personal conviction waiver protects our right to decide what is best for our children. Vaccine injury is real, as documented by our federal Adverse Event Reporting System (VAERS) and a total vaccine injury payout via our Vaccine Injury Compensation program (VICP) of a growing $4.2 billion to date. And so consequently, for many families, the benefits do NOT always outweigh the risks. Please respect our rights as parents to make health care choices that we believe – that we *know* – to be in the best interest of *our* children.

Thank you for your time,

Jamie Bernander
jamienprosser@gmail.com

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Please OPPOSE the removal of the personal conviction waiver.
Date:	Sunday, November 3, 2019 6:51:34 PM
Attachments:	Publications-Regarding-Vaccine-Safety-1.pdf Vaccine Schedule PDF.pdf Wisconsin measles data and vaccine data.pdf Wisconsin Vaccination and Exemption Rates June 16 2019 (1) copy.pdf

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From: Rachel McCardle <rachelmccardle@gmail.com>
Sent: Friday, November 1, 2019 1:59 PM
To: John Robinson
Subject: Please OPPOSE the removal of the personal conviction waiver.

Dear John,

Thank you for taking the time to read my email. I ask that you please forward this email on to Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell as I was unable to find contact emails for themMy name is Rachel McCardle. My husband and I are both lifelong Wisconsin residents, we are both college graduates from the UW System and we have an almost two year old son.

There is some information I want to share with you that I'd like you to keep in mind when considering the resolution to remove the personal exemption waiver for vaccination.

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 removal of the personal conviction waiver.

Thank you,

Rachel McCardle
420 Orange Street
Hudson WI 54016

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Please vote NO for the resolution removing personal vaccine exemption
Date:	Thursday, October 31, 2019 2:56:44 PM

From: Britni Malueg <britni5655@yahoo.com>
Sent: Thursday, October 31, 2019 10:11 AM
To: John Robinson
Subject: Please vote NO for the resolution removing personal vaccine exemption

*Please forward to Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Tiffany Lee, Dr. Robert Pope, and Dr. Kevin O'Connell

Dear Board Member,
I am writing to you today to ask that you please **vote NO** for the resolution removing the personal conviction vaccine exemption for school and day care in Wisconsin. Here are my top reasons that I am against mandated vaccination:

1. **There is no health crisis or emergency in our country or state**. There has been no increase in vaccine-preventable diseases (including Measles). So why mandate?
2. **Mandatory vaccination will NOT stop an outbreak.** Most vaccines will not stop you from catching or spreading the disease, it only lessens the symptoms. This is potentially more harmful because if your symptoms are lessened by the vaccine, you may not realize you are sick and spread the disease more. In addition, **herd immunity can NOT be achieved** due to the adult population being effectively unvaccinated and vaccines having a 7-10% failure rate.
3. **We KNOW vaccines can cause severe reactions in some people, including death.** The government receives over 2,000 reports of serious side effects caused by vaccines each year (hospitalization, permanent paralysis, and death). Only 1% of reactions are reported, which means there are a LOT of people having reactions! **Since pharmaceutical companies are liability-free**, they have no incentive to even try to make their vaccines safer or more effective. **Vaccines have not been proven safe** using double-blind, placebo studies (the medical standard in safety testing) and there is no long-term safety research on the effects of children taking the CDC-recommended 72 doses (a growing number) in their first 18 years of life.

Please vote NO. Mandatory vaccination will take away my child's right to public education and daycare. Segregating and creating second-class citizens will not create a better state for our citizens. **I firmly believe this is a medical decision that parents need to make which a trusted healthcare provider after receiving a true informed consent. Where there is risk, there must always be choice.**

Thank you for taking the time to read this. This is a very important topic for our family. Please let me know if you have any questions about vaccinations.

Thank you,

Britni Malueg

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Please Vote No on the Resolution Requesting Removal of the Personal Conviction Exemption
Date: Sunday, November 3, 2019 6:51:56 PM

From: Sarah K. Walker <sarah.katina@gmail.com>
Sent: Friday, November 1, 2019 1:43 PM
To: John Robinson
Subject: Please Vote No on the Resolution Requesting Removal of the Personal Conviction Exemption

Dear Mr. Robinson,

Could you please share the following message with Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Dr. Robert Pope, Tiffany Lee, and Dr. Kevin O'Connell, as their emails are not listed on the county webpage? Thank you for your help.

I am writing to ask that you oppose the resolution to request that the Wisconsin legislature remove the personal conviction exemption from the vaccination requirement for school registration because it protects the fundamental right of parents to make medical decisions for their children. 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.

In a recent VICP case, the United States Court of Federal Claims awarded compensation of $101 million dollars to a toddler who was developing normally until her one year vaccinations, which included the vaccine for measles, mumps, and rubella (MMR), and the vaccine for chickenpox (Varicella), among others. https://www.mctlaw.com/101-million-dollar-vaccine-injury-mmr/ As a result of her MMR vaccination, the child suffered encephalopathy, resulting in permanent brain damage. She now requires constant lifetime care. Certainly there are also people who are vulnerable to devastating complications from the illnesses targeted by the vaccines that this child received. As a society, we have a duty

to protect both types of people - those who are more susceptible to severe adverse reactions to vaccinations and those who are more vulnerable to severe complications from diseases. But because vaccines undoubtedly pose a risk for the individual recipient, the ultimate decision whether to consent to this medical procedure must be an individual one. 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 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 voting "no" on the resolution requesting that the legislature remove the personal conviction exemption.

Sincerely,

Sarah Walker

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Please vote NO to removal of personal vaccination exemption
Date: Monday, November 4, 2019 10:03:43 AM

Not sure if I sent this to you.

John

From: Laura Ustanovska <lustanovska@gmail.com>
Sent: Sunday, November 3, 2019 10:02 PM
To: John Robinson
Subject: Please vote NO to removal of personal vaccination exemption

Hello Mr. Robinson,

This email is intended for you but also Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell, whose email addresses are not listed. Could you please forward my message to them? Thank you.

My name is Laura Ustanovska. Although I live in Waukesha County, my mom lives in Marathon County and I am watching what is happening – county by county – in our state regarding medical freedom. I am contacting you to respectfully ask that you NOT support the resolution for the removal of the personal/philosophical exemption of vaccines.

I do not know if you are aware but a number of vaccines have fetal DNA fragments in them. This was actually written on the ingredients list until just this past January, when it began to get too much attention. Although it is claimed to be just a "trace," an independent lab recently found 360,000 human fetal cells in the MMR+chicken pox shot.

I am not comfortable putting another human's DNA in my and my children's bodies, where it will merge with my own DNA irreversibly. Ethical alternative vaccinations need to be widely accessible, and the right of a parent to tailor the shots they feel comfortable with needs to be upheld.

I am happy to provide further information, clarifications or citations.

Thank you,

Laura Ustanovska
W379N6272 N Lake Rd.
Oconomowoc WI 53066
262-309-8632

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Please vote NO to removing Personal/philosophical exemptions of vaccines
Date: Sunday, November 3, 2019 6:21:48 PM

From: Kris Seefeld <kris.seefeld@gmail.com>
Sent: Sunday, November 3, 2019 5:25 PM
To: John Robinson
Subject: Please vote NO to removing Personal/philosophical exemptions of vaccines

Dear Mr. Robinson,

If you could kindly forward this email on to Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Dr. Robert Pope, Tiffany Lee, and Dr. Kevin O'Connell, it would be much appreciated - (no emails are listed for these individuals associated with the BOH committee). Thank you for your assistance.

Dear Marathon County Board of Health Member,

I am contacting you to respectfully ask that you NOT support the resolution for the removal of the personal/philosophical exemption of vaccines.
I graduated nursing school in 1972 and I am still working as an RN. However, I do not work in a field where we give vaccinations. Truthfully I could not for a number of reasons. The amount of vaccines now given and promoted has as least tripled since I graduated. But are we healthier as a nation? NO!! I know there are many factors behind this, and we don't need to go into that here.
The bottom line is I believe we as responsible adults and parents are capable of deciding what we feel is best for ourselves and our families, and what vaccinations we would like and when we would like them.

I do not know if you are aware but a number of vaccines have fetal DNA fragments in them. This was actually written on the ingredients list until just this past January, when it began to get too much attention. Although it is claimed to be just a “trace,” an independent lab recently found 360,000 human fetal cells in the MMR+chicken pox sho

I am not comfortable putting another human's DNA in my and my grandchildren's bodies, where it will merge with my own DNA irreversibly. Ethical alternative vaccinations need to be widely accessible, and the right of a parent to tailor the shots they feel comfortable with needs to be upheld.
I am happy to provide further information, clarifications or citations
Are you aware that;
1. vaccines are liability free pharmaceutical products? This means that we the tax-payers pay for vaccine injuries, not the pharmaceutical companies

2. Vaccines, along with all pharmaceutical products, come with risks that CAN and DO cause injury and death.

3. The ever-growing vaccine schedule has never been tested for cumulative safety.

This article by Robert Kennedy Jr may interest you.

https://thetruthaboutvaccines.com/rfk-responds-criticism/?utm_campaign=ttav&utm_medium=email&utm_source=daily-content-ttav&utm_content=rfk-responds-criticism&a_aid=5cdddabe421f6

Thank you for your time. Again, please vote NO to removing the personal/philosophical exemptions for vaccines.

Kris & Jack Franklin

204711 County Rd E

Marshfield, WI 54449

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Please vote NO to removing the vaccine exemption
Date: Thursday, October 31, 2019 2:43:27 PM

From: Tyler Malueg <drtylermalueg@gmail.com>
Sent: Thursday, October 31, 2019 10:09 AM
To: John Robinson
Subject: Please vote NO to removing the vaccine exemption

*Please forward to Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Tiffany Lee, Dr. Robert Pope, and Dr. Kevin O'Connell

Dear Board Member,
I am writing to you today to ask that you please **vote NO** for the resolution removing the personal conviction vaccine exemption for school and day care in Wisconsin. Here are my top reasons that I am against mandated vaccination:

1. **There is no health crisis or emergency in our country or state**. There has been no increase in vaccine-preventable diseases (including Measles). So why mandate?
2. **Mandatory vaccination will NOT stop an outbreak.** Most vaccines will not stop you from catching or spreading the disease, it only lessens the symptoms. This is potentially more harmful because if your symptoms are lessened by the vaccine, you may not realize you are sick and spread the disease more. In addition, **herd immunity can NOT be achieved** due to the adult population being effectively unvaccinated and vaccines having a 7-10% failure rate.
3. **We KNOW vaccines can cause severe reactions in some people, including death.** The government receives over 2,000 reports of serious side effects caused by vaccines each year (hospitalization, permanent paralysis, and death). Only 1% of reactions are reported, which means there are a LOT of people having reactions! **Since pharmaceutical companies are liability-free**, they have no incentive to even try to make their vaccines safer or more effective. **Vaccines have not been proven safe** using double-blind, placebo studies (the medical standard in safety testing) and there is no long-term safety research on the effects of children taking the CDC-recommended 72 doses (a growing number) in their first 18 years of life.

Please vote NO. Mandatory vaccination will take away my child's right to public education and daycare. Segregating and creating second-class citizens will not create a better state for our citizens. **I firmly believe this is a medical decision that parents need to make which a trusted healthcare provider after receiving a true informed consent. Where there is risk, there must always be choice.**

Thank you for taking the time to read this. This is a very important topic for our family. Please let me know if you have any questions about vaccinations.

Thank you,
Dr. Tyler Malueg

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Proposed resolution
Date:	Friday, November 1, 2019 9:53:30 AM

From: Jack J Smith <jajsmith@protonmail.com>
Sent: Thursday, October 31, 2019 9:28 PM
To: John Robinson
Subject: Proposed resolution

I would like to request that you vote against any resolution that would support the removal of the personal conviction exemption to vaccines for schools in Wisconsin.

My wife and I use this exemption to protect our kids. My oldest son suffered a severe reaction to his shots at 15 months. He got sick and then developed seizures. He's never been the same child since that day. No doctor will write a medical exemption for him. And they won't write one for his younger brother either. We rely on the personal conviction waiver to protect our kids from further harm.

Vaccines are made by the same industry that brought us the opioid crisis. You might believe that they are safe and effective, but they aren't for everyone. And they certainly weren't for my son.

This is America. We shouldn't be discriminating against families who choose not to use these products. I urge you to vote no to any resolution that supports taking away my right to decide what is best for my children.

Thank you,
Jack Smith

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: removal of personal exemption
Date:	Thursday, October 31, 2019 2:34:38 PM

From: as wojo <wojoas4@gmail.com>
Sent: Thursday, October 31, 2019 2:18 PM
To: John Robinson
Subject: removal of personal exemption

Dear Mr. Robinson,

If you could kindly forward this email to Secretary Lori Shepard, Dr. Michael McGrail, Dean Danner, Laure Scudiere, Dr. Robert Pope, and Dr. Kevin O'Connell, it would be much appreciated! - (no emails are listed for these individuals associated with the BOH committee). Thank you for your assistance.

Where there is risk, there must be choice. Vaccines are a liability free pharmaceutical product that carry very real risk, including injury and death. One should reserve the right to abstain from a product or procedure that might endanger themselves or their children.

In 1986, Ronald Reagan signed into law the National Childhood Vaccine Injury Act which removed liability from manufacturers of vaccines in the event any harm came from their products. Since that time the vaccine schedule has tripled, and that schedule has never been accumulatively tested for safety and efficacy.

As a part of that ’86 Act, a compensation plan was set into place which is funded by taxpayers and now has paid out more than $4 billion to date. Personal conviction should weigh in when there is so much at stake.

Mandating a one size fits all schedule puts a portion of the population at risk, as we all are genetically unique. Parents should be able to choose whether that risk is worth it or not.

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

Amy

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Resolution
Date: Friday, November 1, 2019 9:53:53 AM

From: Katie Rynish <kvissers17@hotmail.com>
Sent: Friday, November 1, 2019 7:02 AM
To: John Robinson
Subject: Resolution

Please forward to all board members- thank you.

Hello-
I am writing to ask you to vote NO on the resolution to remove the personal conviction exemptions for vaccines. Below I have included some important details that maybe of interest to you.

Respectfully,
Katie

FAQs about Vaccines

1. Are vaccination rates decreasing, and exemption rates increasing, across America?

No. Vaccination rates have been very high in America for decades. According to data reported by HHS' Healthy People 2020, the kindergarten 2-dose MMR uptake rate has **consistently been between 94.7% and 95.8%** for every year reported. According to the CDC, America's MMR vaccination rate for toddlers has been between 90% and 93% for the last two decades.
In Wisconsin, as of March 2019, DHS reports that only 1% of children K-12 are unvaccinated. 94% are fully vaccinated, and 5% are partially vaccinated.

2. Is social media anti-vaccination talk causing measles outbreaks?

No. According to the CDC's tracking data, measles outbreaks

predictably peak every three to four years. The peaks were in 2011, 2014, and 2018. This is not surprising data and is not impacted by social media. **America is the third most populous nation, yet it has one of the lowest measles rates in the world.** With only 372 cases of measles in 2018 across the population of 326 million, America most recently had 1.1 cases of measles per million people. According to the European Centre for Disease Prevention and Control, during the months of June 2017 to May 2018, that is a far lower rate of measles infection per capita than any country in Europe excluding Denmark, Lithuania, Malta and the Netherlands. In fact, our measles rate was half that of Japan, which reported 287 cases in 2018, or 2.2 cases per million people.

3. Should lawmakers and public health officials be concerned about non-vax "hotspots?"

No. In a small school of 17 children, an exemption rate of 12% would create a so-called "hotspot" and **yet be made up of only two people**. A kindergarten class with 25 students and an exemption rate of 20% would have only five unvaccinated children. This is not a scientifically-founded concept and should not be regarded as such.

4. Does the American public rely on herd immunity to protect both the vaccinated and the unvaccinated?

No, the theory of herd immunity is not mathematically possible, which is why we have continued disease outbreaks in highly vaccinated populations. According to the CDC's measles home page, after one dose of MMR, **7% of children will not develop measles immunity**. Americans who were born after 1957 but before 1985 have received only one dose of measles vaccine. This group is currently aged 34 to 62 and comprises almost one-third of the US population. The measles non-responder 7% of this group totals more than seven million people. Research also shows that 15 years after vaccinating children with two doses of

MMR, **only 75% retained effective quantities of measles antibodies** as teenagers. (Source: *Persistence of Measles, Mumps, and Rubella Antibodies in an MMR-Vaccinated Cohort: A 20-Year Follow-up*, National Public Health Institute, Finland, 2008)

5. Isn't there a large group of immune-compromised children who can't be vaccinated and rely on herd immunity to stay alive?

No. This claim is incorrectly based on the assumption that children with compromised immune systems cannot be vaccinated. Children who are born with HIV receive all vaccines, as do children with Primary Immunodeficiency Disease, and children with kidney and spleen failure. Children who have received transplanted organs receive all vaccines except MMR and chickenpox. Children who are on chemotherapy receive all vaccines except MMR and chickenpox, but they receive those vaccines once they are in remission. Further, children with suppressed immune systems can fall ill from any number of diseases we don't vaccinate for, such as the common cold, RSV, or norovirus. The safest place for compromised children is at home.

6. Isn't it true that parents are skipping vaccines because they're afraid of having kids with autism?

Not always. Most parents who forgo vaccines have already vaccinated one of their children and witnessed high pitched screaming, inconsolable crying, a loss of consciousness, SIDS, seizures, tics, rashes, or eczema. Many children went on to develop gastrointestinal illness, mitochondrial dysfunction, food allergies leading to anaphylaxis, or suffer from type 1 diabetes or asthma. These are parents who stopped vaccinating and spared future siblings the same fate.

7. "Anti-vaxxers" are usually white, college educated, and wealthy, isn't that right?

No, but the media would like you to believe this a matter of financial privilege. While it's true that children who have never been vaccinated tend to come from white, educated mothers, the children who have had a few vaccines before their parents began to refuse them belong to black, often inner-city mothers. (See *Children who have received no vaccines: who are they and where do they live*, CDC, 2004) This fact is used to paint the picture that black mothers have a financial barrier preventing them from vaccinating their children. However, a 2016 YouGov poll found that 44% of black Americans believe that vaccines definitely or probably cause autism. Likewise, a Pew survey conducted before the 2016 election found that 44% of black Americans did not see the health benefits of the MMR. The CDC reported in November 2017 that only 64% of black mothers completed the "combined series" of shots for their infants. Researchers remove this finding by "adjusting for poverty status," which is a presumptuous way of saying that poor black mothers could not possibly be making the decision to stop vaccinating.

8. Doesn't measles kill one or two children per 1,000 who are infected?

No, that is a miscalculation on the CDC's website. In the year before the measles vaccine was available, there were 450 deaths out of an estimated 3.5 million measles infections. **That is one death per 7,777 cases.** The CDC's miscalculated number was based on 450 deaths over 500,000 reported cases, but only 15% of cases were reported.

9. I was vaccinated, and my children were vaccinated, and we all turned out fine. Should I be concerned about the vaccine schedule?

Yes. A child born in the 1970s received only five DPT vaccines, three polio vaccines, and one MMR. Counted separately, this is 21 vaccines in a lifetime. **Today's children are facing 72 doses**

from the womb to 18 years in a schedule that is untested for safety in its entirety. We are in an epidemic of childhood chronic illness. Today's kids are not turning out fine.

10. Isn't it true that today's vaccine schedule is safe because vaccines contain fewer antigens than in decades past?

The number of antigens is not relevant to parents' safety concerns. Vaccines contain two types of aluminum adjuvant ingredients along with one that was made by mistake. In addition, the CDC Vaccine Excipient & Media Summary states that childhood vaccines contain casein milk protein, lactose, soy, pig gelatin, cow heart, cow blood, monkey kidney cells, chick embryo cells, egg protein, MSG, polysorbate 80, human diploid cells from aborted fetuses, antibiotics, and formaldehyde as vaccine ingredients.

Of particular concern is Merck's secretive aluminum adjuvant, aluminum hydroxyphosphate sulfate, AAHS, which was created inadvertently in a manufacturing error and not disclosed to federal regulators as a vaccine ingredient for two decades. (See *Aluminum Compounds Used as Adjuvants in Vaccines*, Purdue University, 1990) According to the Vaccine Adverse Events Reporting System, since Merck's AAHS-containing hepatitis B vaccine was taken off the market in June 2017, deaths after hep B vaccination have dropped 75%. (See *Merck's Recombivax Vaccine Shortage Causes Reduced Deaths in Babies*, Children's Health Defense, 2019) This vaccine is returning in 2020 as a component of Vaxelis.

11. Isn't vaccine injury just one injury per million doses of vaccines administered?

No. That claim is based on dividing the number of vaccine doses administered over a decade (3 billion) by the number of Vaccine Injury Compensation Program awards made in that same time (3,000). **It is a scientifically unfounded number.** A 2014 Government Accounting Office report on the VICP stated that

“one of the critical issues facing the program was that parents, the general public, attorneys, and health care professionals were not aware the VICP existed.” Additionally, the US HHS has estimated only 1% of vaccine injuries are reported to the Vaccine Adverse Everts Reporting System. Scaled up to 100%, injuries such as encephalitis, seizures, swollen limbs, and rashes occur in about 1 in 100 doses. This is without accounting for long term chronic illnesses.

12. Haven’t our scientists debunked the link between vaccines and autism?

No. Unfortunately, our CDC has only studied one vaccine (the MMR) out of the 10 vaccines on the infant schedule, and one ingredient (thimerosal mercury), out of more than three dozen.

Dr. Thomas Verstraeten, the lead author of the CDC’s 2003 *Safety of Thimerosal* study, found that mercury-based thimerosal preservative was causing a 760% increase in autism prevalence. Thimerosal was used in hepatitis B and DTaP vaccines up until 2003 and is still used in flu shots today. Dr. Verstraeten resigned from the CDC and accepted employment with GlaxoSmithKline before the study was published, which Congress found to be an ethical violation. The study was published without his autism increase, and the CDC claims to have lost the study’s raw data sets used from the Vaccine Safety Datalink.

Dr. William Thompson, a scientist on the CDC’s 2004 *Age at First Measles-Mumps-Rubella Vaccination* study, was granted whistleblower protection by President Obama in 2014 after recordings were released of him admitting that their study originally showed that the MMR was correlated with a 240% increase in autism in African American boys– and that his co-authors at the CDC conspired to hide that finding.

In 2018, pediatric neurologist Dr. Andrew Zimmerman signed an affidavit stating that, in 2007, he was prepared to testify before

the VICP regarding his opinion that some children with a preexisting mitochondrial disorder were becoming autistic after failing to mount an adequate immune response when given the MMR vaccine. This science is not settled.

13. Isn't it true that autism rates are rising because we've moved away from giving children the diagnosis of "mental retardation?" Or we're better at diagnosing autism now? Or because we've expanded the definition?

No, "expanded criteria" and "better recognition" do not account for the dramatic increase to 1 in 36 children over the last 50 years. The State of California's Department of Developmental Services has tracked their state's 680% increase in autism cases from 1992 to 2007, showing the increasing autism caseload was not offset by a decrease in children with other diagnosis. Additionally, autism cases were meticulously counted in Wisconsin in 1970, before the epidemic began. The rate was found to be 3 cases in 10,000 children under 12. (See *The Epidemiology of Infantile Autism,* 1970) Dr. Donald Treffert, who conducted that study, wrote recently for the Wisconsin Medical Society that "even allowing that expansion of diagnostic criteria has contributed to the apparent increase in autism, there does appear to a real increase of the disorder as well."

14. Aren't people who skip vaccines bringing back mumps?

No. According to the Arkansas Health Department, where thousands of mumps cases were diagnosed in 2016-2017, there is evidence that the outbreaks are not due to vaccine waning. The health department explained that in the event of a waning vaccine, they would expect to find very few mumps infections in people who were vaccinated in recent years, with most cases appearing in those who are several years out from their last MMR vaccine. However, the equal distribution of mumps infections across a wide age range of highly vaccinated people in Arkansas indicates that vaccine waning is not to blame. This should be

interpreted to mean that **there is a problem with the mumps vaccine efficacy at the time of vaccine administration**, which correlates with the claims in ongoing litigation against Merck in two *qui tam* lawsuits in the eastern district of Pennsylvania: *U.S. v. Merck* (case number 2:10-c-v- 04374) and *Chatom v. Merck* (case number 2:12-cv-03555). These cases stem from two former Merck virologists who allege that Merck used falsified test results to fraudulently overstate the efficacy of the mumps component of their MMR vaccine to the FDA. In other words, the issue isn't that Merck's mumps vaccine wanes. The problem is that since at least 1999, the vaccine was nowhere near as effective as Merck represented to regulators.

15. Doesn't the mumps virus cause deafness and infertility?

If it does, it happens so rarely that numbers are hard to find. According to the UK's NHS website, if a boy caught mumps after the age of 13, which was rare, he had a 25% chance of experiencing a temporarily swollen testicle. Of that very small group, 10% would experience a sperm count drop that was not significant enough to impact fertility.

In males who caught mumps as adults, which again was rare, the CDC's Pinkbook says that 4.1% had a *temporary hearing loss*, and 1 in 20,000 had some level of permanent hearing loss in one ear. There are not statistics for mumps causing infertility or deafness.

16. Aren't "anti-vaxxers" responsible for infant whooping cough deaths?

No. It is more likely that **close friends and family members contracted whooping cough (pertussis) but did not show symptoms due to recent vaccination, and doctors failed to diagnose the illnesses or provide medical care**. 3 to 16 infants under one year old have died of whooping cough infection each year since 2012. Using Healthypeople.gov's 2008-2017 data, compliance rates for children receiving four doses of DTaP

before entering kindergarten is between 95.2% to 97.2%. Yet, the average whooping cough infection rates of children under one year old has risen 47%. Additionally, the infection rate of 11 to 18-year-olds has risen 66%, despite the near-90% of teens who now receive a 5th dose of a pertussis-containing vaccine.

In 2014 the FDA announced that the acellular pertussis component used in the DTaP and Tdap vaccines "fails to prevent colonization or transmission" of whooping cough infection in primates. The whooping cough vaccine is effective at reducing whooping cough symptoms in the vaccinated person if received in the past year. However, our FDA has stated that it cannot prevent a whooping cough infection from forming in the vaccinated person, which is contagious to other people. **There is always a risk that an asymptomatic carrier of whooping cough infection can transmit the disease to an infant who is too young for the DTaP vaccine.** (See *Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in nonhuman primate model*, US Food and Drug Administration, January 2014)

Additionally, Kaiser Permanente released a 2016 study detailing the extreme waning problems with the Tdap vaccine in teenagers. Kaiser concluded, "Routine Tdap did not prevent pertussis outbreaks. Among adolescents who have only received DTaP vaccines in childhood, **Tdap provided moderate protection during the first year and then waned rapidly so that little protection remained 2 to 3 years after vaccination**." (See *Waning Tdap Effectiveness in Adolescents*, Kaiser Permanente, Bnai Zion Medical Center, March 2016) Sadly, there is a near-unreported problem compounding our pertussis vaccine failures. An LA Times investigation revealed that, up to the date of the article publication, all eight California infants who died from pertussis in 2010 were repeatedly misdiagnosed by doctors and denied life-saving medical care. (See *Diagnoses lagged in*

baby deaths, LA Times September 7, 2010)

17. I've heard that children with autism just think in a different way, and many have savant abilities. Is this true?

Not for the most part, no. While the media have done a spectacular job at portraying autistic children as quirky geniuses, more than half of autistic people have an IQ of less than 70. **30% of autistic children never speak more than a few words**, they are sickened by bowel disease at a much higher rate than the average person, and many suffer from debilitating anxiety. By the most conservative estimates, almost 20% of children with autism also have epilepsy. Over 90% of autistic children who die prematurely do so because of drowning. The most severely affected kids may never be toilet trained and many struggle with frustrations that lead them to self-assault or assault a caregiver.

18. Aren't vaccines a victim of their own success? They're the reason smallpox was eradicated around the world.

This is unlikely. The WHO admits that mass vaccination in high populations was ineffective and that their eradication success was due to **locating and quarantining infected individuals.** Only people who were in close contact with an infected person were "treated" with a vaccine. This "ring vaccination" method was previously used to stop the 1947 New York City smallpox outbreak before millions were vaccinated. It was also used in the late 1880s in Leicester, England, where the majority of the town refused the smallpox vaccine due to the infant deaths it was causing.

19. Don't vaccines save tens of millions of lives every year?

No. According to a World Health Organization 2015 press release, the measles vaccine has saved an average of 1.13 million lives each year across the globe, and the polio vaccine saves or impacts another 624,000 lives.

Using the World Health Organization's poliomyelitis fact sheet, the total number of lives saved and improved in the **entire**

history of their worldwide measles and polio vaccine campaigns adds up to 34.5 million, which is less than the number of people who died of starvation last year.

The big life-saving numbers are in UNICEF's clean water program, which created drinkable water for 2.6 billion people since 1990, and a UNICEF program that brought toilets to 11 million people in just 12 months. Additionally, 45 million children a year receive crucial vitamin A supplementation — which is key to withstanding a measles infection– through Helen Keller International.

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Resolution to Eliminate Personal Conviction Waiver
Date:	Thursday, October 31, 2019 2:55:19 PM

From: Kimberly Smith <kimasmith913@gmail.com>
Sent: Thursday, October 31, 2019 10:44 AM
To: John Robinson
Subject: Resolution to Eliminate Personal Conviction Waiver

Dear Mr. Robinson,

If you could kindly forward this email on to Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner, Dr. Robert Pope, Tiffany Lee, and Dr. Kevin O'Connell, it would be much appreciated - (no emails are listed for these individuals associated with the BOH committee). Thank you for your assistance.

My name is Kimberly Smith and I live in Oregon which is in Southern Dane county. 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 removal of the personal/philosophical exemptions for immunizations in the state of Wisconsin.

In 1986 the National Childhood Vaccine Injury Act was passed removing all liability from vaccine manufacturers in the event of an adverse reaction to one of their vaccine products. Since this was passed, doses have tripled to over 60+ vaccines on the childhood schedule from utero to age 18, and no one is to be held responsible for any reactions that might occur. A compensation program was put into place for those injured or killed by vaccines and over $4 Billion has been paid out for vaccine injury and death since the act. There are real risks associated with vaccines, and injury and death are not rare. Where there is a risk, there must be a choice. Medical decisions must be made by patient and healthcare provider, not the pharmaceutical companies. And most certainly not by public health.

Public Health will have you believe we are in danger of pandemics and epidemics of measles and other benign illness because 1% of our Wisconsin population chooses not to vaccinate. But you know what concerns me more, the third leading cause of death, which is medical error. Killing 250,000 people every year. How about the 120,000 people who die every year from pharmaceuticals? Can we talk about Flint, Michigan? Public health helped deliver poison water for us! How about 600,000 unnecessary C-Sections? How about one of the highest rates of maternal mortality rates of any industrialized country? How about the drug overdoses of 70,000

Americans at the hands of opioids? You can blame the pharmaceutical companies for that. Shall we discuss the fact that our life expectancy rate has dropped over the last 3 years? Would you prefer to talk about how the vaccines violate the Nuremberg Code?

"THE NUREMBERG CODE
1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment."

The CDC and the pharmaceutical companies rely heavily on post marketing data to determine the safety of these vaccines. This has been documented extensively. This means that the people that receive these vaccines are the test. That's unethical. The CDC knew the new Hepatitis B vaccine, Dynavax, caused myocardial infarction in 14 of their test subjects. Yet they ignored that fact and approved it without thorough testing. They are now relying on that post marketing data! This violates the Nuremberg Code!

It is a fact that if you vote to remove the person conviction waiver preventing thousands of Wisconsin residence from opting out of the vaccines schedule, you will be participating with HHS to coerce the public into taking these biological pharmaceutical products that have no liability. Because in the end the religious waiver will be next, our religious beliefs are personal convictions! And the medical waivers are nearly impossible to get. Doctors can lose their medical license for writing too many medical waivers. This is happening in California as we breathe. Wisconsin citizens will be completely without options to make appropriate healthcare decisions. And I remind you that not every parent has the means to homeschool or send their child to a private school. Because we have to legally give our children an education, this adds to the fact that removing these exemptions is coercion!

Thank you for your time and understanding on this very important issue. The State

Health Department is going county to county to remove these exemptions, so that Senator Gordon Hintz(D) can say they have garnered appropriate support for his bill AB262, when most of the counties in which it has passed the public wasn't notified or informed of the motion to eliminate the exemption. Most of the public is completely clueless to what is happening. Please be their advocates. Please question the motives of public health. Again I urge you to vote no to the resolution to eliminate the personal conviction waiver for immunizations.

Thank you again.

Kimberly Smith

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Resolution to Remove Personal Conviction Waiver
Date:	Thursday, October 31, 2019 2:36:57 PM

From: Justin Czachor <justinczachor@gmail.com>
Sent: Thursday, October 31, 2019 11:47 AM
To: John Robinson
Subject: Resolution to Remove Personal Conviction Waiver

Hello -

Please forward this email to the remaining committee members that do not have email addresses listed publicly: Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell

I am writing today to urge you to oppose the resolution to support the legislation to remove the personal conviction vaccine exemption for Wisconsin children in schools and day cares.

It is necessary to retain the our right of parental and medical choice. Medical decisions like vaccinations are a complex web that must be navigated by parents in consultation with a medical professional. The government should never be holding a medical procedure as a carrot dangling by a stick, in the path of a public education. The choice whether or not to vaccinate should always remain with a parent, not the government.

According to the Wisconsin Department of Health, "Only 1.1% of students had waived all immunizations during the 2018-2019 school year." (Link) If families in Wisconsin are using some kind of exemption for one of the required vaccines, why isn't anyone talking about their reasons or engaging these parents in a reasonable discussion?

One key reason that many government officials cite when talking about removing the personal exemption is the need for herd immunity. Herd immunity is not a simple number that will be achieved and then all instances of a disease will be gone. The original idea of herd immunity was that a community would develop a certain degree of natural protection from an infectious disease because they became infected with the disease, recovered from it, and then developed an immunity that way. This idea that because a certain number or percentage of the population were now naturally immune, it would now protect the remainder of the population who had not yet come in contact with that disease.

The issue here is that there is a difference between naturally acquired immunity from having a disease as opposed to vaccine-acquired immunity. Vaccination and immunization are not the

same thing and cannot be used interchangeably. Studies into vaccine-acquired immunity have shown that the immunity acquired does not last for the entire lifespan of a human like it has shown for naturally acquired immunity. Additionally not everyone develops antibodies after vaccination - that's why sometimes there are several doses of the same vaccination given at different times. One dose just does not provide a good enough chance that the body has developed a vaccine-induced immune response.

Vaccines don't always work! Mumps outbreaks still occur in highly-vaccinated populations, that's why you never hear a big media outcry for more vaccination in mumps outbreaks.

Another reason, along with herd immunity, that some folks will use to argue for more mandatory vaccinations is the idea that we need to protect those who can't be vaccinated or who are immunocompromised. The CDC does state that nearly all persons with chronic illness, including immunocompromised children and adults can receive vaccines. There are very few school children who qualify for medical exemptions to vaccination. Immunocompromised children are at risk for diseases from both vaccinated and unvaccinated children because they are susceptible to both diseases that we do have vaccines for and diseases we do NOT have vaccines for. There are 16 different diseases that are targeted with vaccinations. However there are thousands of diseases and illnesses that are available in the wild.

In addition, not every vaccination provides complete immunity to a disease. For example, the vaccine for pertussis, or whooping cough, does not stop you from getting the disease completely. It gives you a more mild version of the disease. This is good for the people who become infected with the disease, however the telltale sign of whooping cough is indeed the harsh cough that a person develops from the disease. However, individuals who have been vaccinated against pertussis do not develop this harsh cough and are much less likely to know that they have whooping cough, making it more likely for them to come in contact with others while they are still able to transmit the disease.

I understand that you are a part of a citizen government body and being a county board supervisor is not your full-time job. However the issue of vaccination and immunization is a very personal issue to many people in our community. I would be more than happy to discuss these issues with you at length and answer any questions you might have. Feel free to email me at justinczachor@gmail.com or call me at (920) 676-6780. In addition below I have listed the resources used to compile this information - please take a few minutes if you're interested to browse them. These are reputable sources and provide further detail to issues I've raised in this message. Thank you for reading this message and again, please oppose this resolution to support the remove of the personal conviction waiver.

Sincerely -

Justin Czachor

https://www.dhs.wisconsin.gov/publications/p01894.pdf
http://www.op12no2.me/stuff/herdhis.pdf
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6152199/?log$=activity
https://academic.oup.com/cid/advance-article-abstract/doi/10.1093/cid/ciz363/5485899?redirectedFrom=fulltext
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3570049/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0071671
https://www.cdc.gov/vaccines/pubs/pinkbook/varicella.html#complications
https://www.cdc.gov/mumps/about/complications.html
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4043230/
https://academic.oup.com/jid/article/208/1/1/796926
https://www.dhs.wisconsin.gov/publications/p02321-18.pdf
https://www.ncbi.nlm.nih.gov/pubmed/30635255
https://academic.oup.com/cid/article/45/4/459/425811
https://www.cdc.gov/pertussis/about/faqs.html#immunity
http://www.cdc.gov/mmwr/preview/mmwrhtml/00023141.htm
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Resolution to remove the personal exemption to vaccination
Date:	Friday, November 1, 2019 9:46:53 AM

From: Rhea Kitowski <likestea@gmail.com>
Sent: Friday, November 1, 2019 8:38 AM
To: John Robinson
Subject: Resolution to remove the personal exemption to vaccination

Dear Mr. Robinson,

If you could kindly forward this email to secretary Dr Lori Shepard, Dr Michael MGrail, Dean Danner, Dr Robert Pope, Tiffany Lee, and Dr Kevin O'Connell it would be much appreciated as there are no emails listed for these individuals.

Liability free Companies that already have no incentive to make a more efficacious or safe product are being given even more power over our bodies when our personal conviction rights to say no are taken away!

By voting away this right you would essentially be saying that you are ok with being injected with any kind of vaccine that becomes mandatory in the future no matter if you think it's reasonable or not. After all, there is no age limit to what can be forced upon you when u give up your rights to say no.
Keep in mind that the same companies that make your vaccines, Merck, Pfizer, Johnson and Johnson, etc. all have criminal records concerning their drug products
In 2011, Merck pleaded guilty to criminal charges related to the marketing and sales of Vioxx, now linked to heart attack and stroke. The company agreed to pay the U.S. Department of Justice $950 million to resolve its misconduct.
They are also facing court for criminally faking the mumps efficacy in the MMR vaccine which has led to countless outbreaks, primarily in fully vaccinated populations.
Johnson & Johnson is the world's largest health care company. It paid $2.2 billion in 2013 for improperly marketing its drug Risperdal. Not to mention J&J just lost a lawsuit proving their baby powder contains asbestos! I could go on about pharmaceutical company corruption but this email would take forever to read.
Just so you know, pharmaceutical companies cannot be sued in court for harm done by vaccine products so God only knows how much they would actually lose in court...especially since $4 billion has been paid out in taxpayer monies to compensate those injured by

vaccines!

In fact, Big Pharma is the second most hated industry in America. It's right behind the tobacco industry and the oil, gas and chemical industry.

Perhaps you think that it's ok for our government to use such coercion as "no shots no school" to force compliance on our kids with the ever expanding childhood vaccine schedule. How would you feel if that same coercion were used on you in order to get on an airplane, ride a bus, go to a grocery store, or hold a job? The recommended schedule for adults includes over 100 doses of vaccine over a lifetime, 192 in total from birth to death. Are you ready to roll up your sleeves? ID2020 is coming your way and is teamed up with the global alliance for vaccines and immunization (GAVI) to make sure you get each and every vaccine that they deem necessary. And if you get chronically ill as a result, no doctor will vouch for you that it was the vaccine because of fears they will lose their licenses. Just look at how California ripped away the rights for doctors to write medical exemptions and gave them to government bureaucrats!

Folks, taking away rights to the personal belief exemption to vaccination doesn't end with taking away school for our kids. It ends with an exponential overreach in government power, lobbied for by the corrupted pharmaceutical industry to force each and every man woman and child to be enslaved into receiving every vaccine, on time, no matter what the ill effects! Please, I pray to God that you vote NO on the resolution to remove the personal exemption to vaccination.

Thanks for your time!

Rhea Ann Kitowski

Wisconsin United For Freedom member

Junction City, WI

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Resolution to support legislation to remove the personal conviction exemption
Date: Monday, November 4, 2019 9:31:09 AM

From: amy witbeck <amyl_witbeck@yahoo.com>
Sent: Sunday, November 3, 2019 11:11 PM
To: Sandi Cihlar
Subject: Resolution to support legislation to remove the personal conviction exemption

Dear County Board Member,

I am writing today to ask that you vote against the proposed resolution to support removing the
personal conviction vaccine exemption for school and daycare 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 providers!**

The 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, 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!

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

Thank you,

Amy Witbeck

458 County Road CE
Kaukauna, WI 54130

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Resolution to Support State Legislation Removing Vaccine Freedom
Date:	Sunday, November 3, 2019 6:54:53 PM

From: Dana Kolste <dana.kolste@gmail.com>
Sent: Friday, November 1, 2019 11:30 AM
To: John Robinson
Subject: Resolution to Support State Legislation Removing Vaccine Freedom

Hello Mr. Robinson -

Please forward this email to Lori Shepard, Michael McGrail, Dean Danner, Tiffany Lee, Robert Pope, and Kevin O'Connell - fellow health board members whose emails were not available. Thank you.

I am requesting that you vote against the resolution supporting a removal of personal belief rights from Wisconsin parents regarding vaccination. This attempt to remove individual and parental rights sets a dangerous precedent in our state of mandating one-size-fits-all health care, regardless of individual circumstances.

The personal belief exemption provides options to families. It allows families to choose a delayed vaccination schedule if they determine that their child would be better served by increasing the space between shots. It also allows parents to opt out of one particular vaccine, while continuing to get the other shots.

I was injured by the HepititusB shot when I was 16. Given my medical history, my children are at higher risk for being injured by that same shot, but it would be very difficult to get a medical exemption for my children. The personal belief exemption allows me to opt out of that particular shot for my children, in order to minimize their risk.

Please vote no on the Resolution, and preserve medical choice for parents in Wisconsin.

Thank you,
Dana Kolste

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Resolution
Date: Thursday, October 31, 2019 2:45:15 PM

From: Sarah <lorainecort@gmail.com>
Sent: Thursday, October 31, 2019 9:59 AM
To: John Robinson
Subject: Resolution

Dear Mr. Robinson,
If you could kindly forward this email on to Secretary Dr. Lori Shepard, Dr. Michael McGRail, Dean Danner, Dr. Robert Pope, Tiffany Lee, and Dr. Kevin O'Connell, it would be much appreciated- (no emails are listed for these individuals associated with the BOH committee). Thank you for your assistance.

Dear Marathon County Board of Health member,

There are a few facts I'd like to present to you before your meeting about the resolution to remove the personal exemption waiver to vaccination.

Vaccines are liability free pharmaceutical products. In 1986 President Reagan signed a bill that took all liability away from pharmaceutical companies because they were being sued from reactions to the DTP (diphtheria, tetanus, and pertussis) vaccine that they may have gone out of business without this liability protection. DTP was found to be causing seizures and subsequent brain damage in children. The Department of Health and Human service was tasked with doing their own safety studies on vaccines since the removal of liability but they still have not done a SINGLE study to date since this was put into place 33 years ago. According to vaccine package inserts, vaccines carry real risks of injury and even death. Many doctors do not read these inserts or even know how to report vaccine adverse events. As a result many adverse reactions to vaccines get dismissed and are not reported. A study done by Harvard University discovered that vaccine adverse events are reported to VAERS (Vaccine Adverse Event Reporting System) only between 1 and 10% of the time.

In 1986 before liability was removed from the pharmaceutical industry, only 11 vaccines (23 antigens) were on the CDC recommended schedule. Fast forward to today where there are 54 vaccines (70 antigens) are on the schedule. No combination of vaccines has ever been double blind saline placebo safety tested and in fact, no single vaccine has ever had a double blind saline placebo trial done to confirm its safety. Trials, most performed by pharma, are done using other vaccines as the placebo or adjuvants such as aluminum as the placebo. The Informed Consent Action Network has won against HHS in court to prove that these studies have not actually been done.

In closing I'd like to mention how vaccine injury has affected me and those I love. My second child, born perfectly healthy, meeting all of her milestones, started showing signs of delayed speech after a shot of dtap at 18 months old. A girl who was once very social, overnight would not speak when spoken to. When my concerns were voiced, I was dismissed by the pediatrician and told that my daughter's behavior was "common". Just because a reaction has become so common, does not make it normal nor should it ever become the norm. I myself had a reaction to the flu vaccine after my employer requested I receive it as a governess for their young son. They requested me to receive it so

I would still be capable to work for them during flu season and not get ill. However, shortly after receiving the shot, I became so ill that I ended up unable to properly care for their son and instead remained home for almost three weeks. My list of stories of injuries with friends and family could go on. Had I known to report reactions like this I would have but because doctors speak only of the 1 in a million adverse event rate I don't think many people think twice about their symptoms possibly having anything to do with their recent vaccination.

I think it is clear to see that this goes beyond a vaccine issue. 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.

I want to thank you for your time in listening to the concerns of a Wisconsin citizen and I hope you will consider these facts when hearing about this resolution.

Respectfully yours,

Sarah Cortright

P.S. For further reading:

https://www.icandecide.org/.../Publications-Regarding...

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Urgent/Board Meeting
Date: Sunday, November 3, 2019 6:52:57 PM

From: Megin Maegdlin <mmaegdlin@gmail.com>
Sent: Friday, November 1, 2019 11:58 AM
To: larryberg85@yahoo.com
Subject: Urgent/Board Meeting

Dear Board Member,

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 in the parents' hands. 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 and the 2011 Supreme Court Decision BRUESEWITZ ET AL. v. WYETH LLC, FKA WYETH, INC., ET AL 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. 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.

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. 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. 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.

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.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!

Sincerely,
Megin Maegdlin

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Vaccine exemption removal vote
Date: Sunday, November 3, 2019 6:52:39 PM

From: Marcus Narvaez <marcus.jennifer.narvaez@gmail.com>
Sent: Friday, November 1, 2019 12:46 PM
To: John Robinson
Subject: Vaccine exemption removal vote

Dear John
Could you please forward this to the other members Dr. Lori Shepard, Dr Michael McGrail, Dean Danner, Tiffany Lee, Dr Robert Pope, And Dr. Kevin OConnel. Thank you
I attended last month's meeting. I wanted to thank you for your time and for listening to everyone's concerns. I thought it was a very respectful interaction and I was sure to point that out to my children, who attended with me.
I would again like to urge you to not vote to remove personal exemption. Almost every person I know who has stopped vaccinating is due to a reaction that didn't qualify as a "medical exemption," even though the doctors advised against continuing and to stop with their other children. A personal exemption is what they use to protect their family. All families that I know who have stopped vaccinated go above and beyond for their children's health. They are not just being lazy or not caring.
One size truly doesn't fit all. One of my daughters had an infection after birth and was on antibiotics for a week. It killed all her good gut flora. Then to introduce vaccines, which we did, shortly after I believe has played a role in her body being overloaded and several issues now. I would have done a delayed schedule if I knew more. Also my children have several autoimmune diseases in their family and it suggested to delay certain vaccines. I would love to see more safety research done on vaccines especially for those with family histories, like my children's.
Empowering parents to learn what they are putting in their children and deciding what is best for their families is what our country is about. This is a Parents right to healthcare decisions. Please let's keep it this way.
Thank you again for your time. I have been praying for you as your discern how to vote.
Jennifer Narvaez

Sent from my iPad

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Vaccine Exemption Resolution
Date:	Thursday, October 31, 2019 2:59:41 PM

From: Amanda Theys <astheys22@gmail.com>
Sent: Thursday, October 31, 2019 8:18 AM
To: Amanda; John Robinson
Subject: Vaccine Exemption Resolution

Dear Mr. Robinson,

It is my understanding that not all board members have email addresses to forward my concerns to. I kindly ask you to please forward my email onto the following BOH committee members: Secretary Lori Shepard, Dr. Michael McGrail, Dean Danner, Laure Scudiere, Dr. Robert Pope, and Dr. Kevin O'Connell. Thank you for your assistance.

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 removal of the personal/philosophical exemptions of vaccines in the state of Wisconsin. What happens in your county has effect on what happens in our state, and that does greatly concern me.

In 1986 the National Childhood Vaccine Injury Act was passed removing all liability from vaccine manufacturers in the event of an adverse reaction to one of their products. Since this was passed, doses have tripped from 24 doses in 1983 to 72 doses today...and no one is able to be held responsible for any reactions that might happen. A compensation program was put into place for those injured or killed by vaccines and over $4.6 Billion has been paid out for vaccine injury and death. There are real risks associated with vaccines and injuries are not rare, they are just rarely reported. **Where there is risk, there must be a choice.**

On a more personal note, 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). 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: John Robinson
To: Christopher Weisgram
Subject: Fw: Vaccine Safety and Medical Freedom Concerns
Date: Sunday, November 3, 2019 6:18:47 PM

From: Liz Hays <lh4evergreen@yahoo.com>
Sent: Saturday, November 2, 2019 12:22 AM
To: John Robinson
Subject: Vaccine Safety and Medical Freedom Concerns

Dear Marathon County Board Members,

I am not normally one to get too involved with politics, however, I can't hold back on this issue... especially now as a mother. I come from a highly educated family of Federal Government Agents, Firefighters, Ministers, etc. I have 2 degrees and have traveled the world. My mission in life has always been to find my purpose in how I can best serve others. That led me to become a Registered Nurse. During my training as a nurse something just didn't feel quite right, loading people up with handfuls of medications and injecting flu shots and vaccines. I quickly found myself working in areas where I did not have to participate in those things because while some drugs are life saving, most never really solve the root of the problem.

Born in the 80's, I was fully vaccinated which I believe I can thank my childhood chronic ear infections for and the ear tubes to follow. My first job in high school was a Milwaukee County Lifeguard where I was given the Hepatitis B Vaccine Series and as I look back I believe that is a contributing factor to the Chronic Fatigue I have experienced over the last 20 years. When I look back at my life I am saddened by how much that has held me back, not having the energy to pursue more of my ideas and dreams.

In Nursing School we were never taught about vaccines, just how to give them. We were told that if we didn't get the flu shots each year we wouldn't be able to do our clinicals and therefore not be able to finish our program. In hindsight I believe I had adverse reactions to

at least one of those flu shots. I have been to Africa twice, once on a medical mission and once with the nursing school and was told I had to get a slew of more vaccines in order to travel. Then on top of my Chronic Fatigue came the Fibromyalgia and I live a very healthy lifestyle. With no help from doctors I took it upon myself to research, to find my own answers and I do believe that my health has suffered greatly from all the vaccines and flu shots I have received (which is still nothing in comparison to the amount children are getting today). I was occasionally given the CDC fact sheets (which are a buttered up version of all the benefits and a couple minor side effects like a sore arm or redness at the insertion site) but compare that to the actual vaccine insert in the box and it is very troubling. I am deeply disturbed that I was never given a truly informed consent and I worked in Healthcare!

I have been reading about and researching vaccines for 7 years now and am disgusted by the lack of safety studies, the toxic/harmful ingredients, the lack of informed consent, the bullying, and the continually increasing amount of vaccines. As well as the fact that the government agencies that we trust our lives with like the CDC have vaccine patents themselves, which should be a red flag to everyone! I am sure you have been bombarded with facts and statistics so I will spare you. It is really quite simple in my eyes...we have some of the sickest children (Obesity, Diabetes, ADD, ADHD, Autoimmune Disorders, Autism, Allergies, Asthma, etc.) and one of the highest infant mortality rates in the world and yet we are supposed to have some of the best healthcare??? Don't even get me started on all the chronically ill adults I have worked with as well! It is obvious something isn't working here and it needs to change. I do believe it is an issue of toxins so vaccines are not the only culprit, just a major contributor. It's predicted that if nothing changes by 2032, 1 in 2 children will have Autism and 80% will be boys (it is believed that the Estrogen is protective for girls, while the Testosterone enhances the negative effects). What will that do to the economy? Who will take care of these

children? Who will fill jobs? Who will pay for their care? My first nursing job was taking care of children with special needs who were ventilator dependent, so I know similar situations and how much it took to care for those children. With all that being said we all want to protect and do what is best for our children so everyone should have the choice. Please do everything in your power to protect that choice!

I know that I am an excellent mother and am doing everything in my power to keep my children healthy and happy, as well as teach them to be kind and knowledgeable contributing citizens so please trust me in knowing what is best for them. I could go on forever as it is hard to condense all my thoughts on this matter into a short letter, so...

Lastly, it baffles me that on one side we have the CDC and Pharmaceutical Industry both of which have stake in the matter, have whistleblowers exposing corruption, have been taken to court for fraud, have no liability for their product (WHICH IS INSANE) and on the other hand we have vulnerable hurting families and medical professionals that have been bullied into silence and are just trying to share their story so others don't have to experience what they are going through and yet they are not taken seriously???

I also didn't appreciate the pressure from one of my employers to get the flu shot or wear a mask while a RN. If you look on the VAERS database (which is severely underreported, I never even knew about it as a nurse) you will see how many injuries come from the highly ineffective flu shot. While everyone who got their flu shot at work was sick all winter because it makes you significantly more susceptible to other respiratory infections, I was the healthy one living a healthy preventative lifestyle and forced to wear a mask or alienated to sit by myself. Consider getting a flu shot that had glass shards in it that caused extreme injury or debilitation. Then consider having to jump through all the hoops of the Vaccine Compensation Program and hope they give you enough to cover your medical bills for the rest of your life (thanks to the tax payers) and yet

the manufacturer will not suffer any consequence or have to make any safety changes. And these products are being pushed as mandatory??? I trust you will see that it really doesn't seem to be about our health and wellbeing anymore. Please stay strong and stand up for us and our safety. We are counting on you to protect our medical freedom and medical choice. Please oppose the removal of our personal vaccine exemption. Thank you for your time!

P.S. Below is a link to the PubMed article I recently found linking the adjuvants from the Hep B Vaccine Series to Chronic Fatigue and Autoimmunity issues at the time I received it. Please keep in mind that the adjuvants haven't changed much and if they remove some mercury than they replace it with more aluminum as those are what are purposely used to agitate the immune system.

https://www.ncbi.nlm.nih.gov/pubmed/25427994

Sincerely,
Liz Hays

Please forward this email to the 6 committee members without listed email addresses (Secretary Dr. Lori Shepard, Dr. Michael McGrail, Dean Danner,Tiffany Lee, Dr. Robert Pope, Dr. Kevin O'Connell). Thank you!

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Vaccines
Date: Thursday, October 31, 2019 2:56:28 PM

From: Carla Cross <carlamcross@charter.net>
Sent: Thursday, October 31, 2019 10:30 AM
To: John Robinson
Subject: Vaccines

Like prescription drugs, vaccines are pharmaceutical products that carry risks.

These include the risk that the vaccine product with 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.
Please forward to committee members with unlisted emails.
Shepherd, McGrail, Danner, Lee, Pope and O'Connell
Carla Cross

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Vote NO to removing the personal conviction exemption!
Date:	Sunday, November 3, 2019 6:19:16 PM
Attachments:	nuremberg.pdf

From: Heather Livingstone <drheather@mystonechiropractic.com>
Sent: Sunday, November 3, 2019 7:06 AM
To: John Robinson
Subject: Vote NO to removing the personal conviction exemption!

John, please forward this email on to the 6 listed board members without emails (Shepard, McGrail, Danner, Lee, Pope, O'Connell).

My name is Dr. Heather Livingstone and I am asking you to vote "NO" on ending the personal conviction exemption for medical risk taking/vaccines.

Vaccines, and all other pharmaceutical products have risks that can and do cause injury and death. To date and according to the government's own statistics, $4.2 billion have been paid out to victims of vaccine injury and DEATH. Also according to the government's own statistics, only 1% of adverse reactions to vaccines are even reported! Let that soak in...only 1% reported, $4.2 billion paid out. Any procedure that involves medical risk necessitates informed consent, which the personal exemption provides.

The vaccine industry is also free from liability. They have not paid for victims of vaccine injuries/deaths since 1986 when the National Childhood Vaccination Injury Act was passed. WHERE IS THE ACCOUNTABILITY IN THIS? There is none, and that is why the recommended vaccine schedule exploded after 1986, and so did the profits for vaccine companies. The vaccine schedule, which today contains 72 doses, has NEVER been tested for cumulative safety. The gold standard for scientific tests is a randomized double blind placebo controlled study. No vaccine has ever undergone a randomize double blind placebo controlled study by the vaccine industry!! No study has ever been done by the vaccine industry comparing vaccinated versus unvaccinated children to prove safety and long term outcomes!! Why are these tests not being done?

I am asking that you preserve my rights to decide what gets put in my body, and that of my family, by voting "NO" on removing the personal conviction exemption for medical risk-taking/vaccines. You MUST uphold the Nuremberg Code that was put in place after the atrocities suffered by the Jewish people at the hands of the Nazis that states "the voluntary consent of the human subject is absolutely essential." I have attached a complete copy of this Nuremberg code for you to read. Where does this government overreach end? As a doctor, I would never force someone to undergo any medical procedure, as it is unethical, especially with PROVEN RISKS. By taking away the personal conviction exemption, we are one step closer to mandating

vaccines. That is unacceptable! When we vote to take away the right to choose, we take away our freedoms.

Healthcare is not a one-size-fits-all solution. Each person is unique in their needs. Please leave healthcare decisions between individual patient's and their healthcare providers!

Vote NO to removing the personal conviction exemption!

Thank you for your time,

Dr. Heather Livingstone

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Your Freedom & Right to Choose is under fire here in Marathon County
Date: Thursday, October 31, 2019 3:01:07 PM

From: Michael Bautsch <Michael@Bautsch.com>
Sent: Thursday, October 31, 2019 2:53 PM
To: Michael Bautsch
Subject: RE: Your Freedom & Right to Choose is under fire here in Marathon County

Maine took everyone's Right of Choice (personal & religious) away as they are trying to do in Wisconsin!

Veto 798 is now being brought to a vote. https://www.veto798maine.com/

Veto 798 Maine is a grassroots effort led by Maine parents on behalf of all Maine children and families. It's an effort to overturn a bill that was pushed through the legislature by Big Pharma despite overwhelming opposition from the citizens of Maine, and then quietly signed into law by Governor Mills in May of 2019.

LD798 threatens all of our rights including:
Informed consent for medical decision making
Parental rights
Equal access to education
Religious freedom

LD798 eliminates religious and philosophical exemptions to vaccination, prohibiting parents, staff and healthcare workers from exercising their right to decline one or more vaccines required by schools and employers. If Maine citizens do not comply with the new law, they face expulsion from all public, private, parochial and online schools and will be terminated from employment.

Michael Bautsch |DDB, LP & MDB Ventures, LLC |
| 847-561-7579 | michael@bautsch.com |
http://www.linkedin.com/in/michaelbautsch

"Stand up for what is right even if you're standing alone"

From: Michael Bautsch
Sent: Thursday, October 31, 2019 1:48 PM
To: Michael Bautsch <Michael@Bautsch.com>
Subject: RE: Your Freedom & Right to Choose is under fire here in Marathon County

Please take a moment to watch/listen to this week's episode of The HighWire. I dare you not to be absolutely sick about what you learn!

https://www.youtube.com/watch?v=yubBWAd6G9w

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"Stand up for what is right even if you're standing alone"

From: Michael Bautsch
Sent: Saturday, October 26, 2019 7:40 PM
To: Michael Bautsch <Michael@Bautsch.com>
Subject: Your Freedom & Right to Choose is under fire here in Marathon County

This is a personal note to you not a forwarded "hey look at this" type of email!

I'm sure you've recognized, if you've seen my posts lately on FakeBook, that I have been fully behind an anti-vaccine movement. I've chosen to no longer be silent in any way about this subject because our government on every level, even all the way down to the county now, is attempting to remove our (yours & my) Right to Choose to participate in vaccines. Including BTW the flu, MMR & DTaP shots for adults!

In case you don't know my oldest Son, David is a vaccine damaged individual. David had received both the Vitamin K (NOT A Vitamin BTW) & the Hep-B shot within 24 hrs. of being born. As a result, he lives with life threatening food allergies.

PLEASE understand that we do not view this as a tragedy but rather a blessing! We have met so many parents & families whose reactions are and were incredibly more devastating. We count our blessing that we have 2 incredibly healthy children and I intend to keep it that way to my dying breath!

On November 5th the Marathon County Board of Health (BOH) intends to vote on a resolution to remove the Personal Exemption Waiver we've all been afforded as a Right of Choice. This waiver affords you the choice to take or not take the Flu shot each year. A **YES** vote from this board will take that Right from you! A **YES** vote from this Board will most definitely lead to not only more erosion of our Right to have control over our own bodies and our children's bodies but it will lead to you as an adult being mandatorily vaccinated. If you think I'm lying, please don't trust what I am telling you, go do your own research by looking into what is happening in CA & NY.

In CA Bill SB-277 was passed removing personal exemption. Here in 2019 CA Bill SB-276 was passed removing all medical exemption thus leaving it up to the CA State Department of Public Health to decide whether an individual should be exempt from having to have vaccines. The citizens (Adult or

Child) of CA no longer have ANY control of their health decisions as it pertains to vaccines.

NY Bill S2994A, the same has happened and as a result a chronically ill child, 9 year old Ameer Hamideh, was injured during birth but far further injured by vaccines and is now being excluded from school because the NY Board of Health has decided to deny his medical exemption which he's had for many years. If you'd like to see his story, click here https://youtu.be/-o2y7sWKlno?t=2935. Aside from Ameer's disabilities he is a direct result of what will happen to the rest of this country if we do nothing to stop our government from taking our Right of Choice.

Regardless of your and my political party affiliation/beliefs or your and my beliefs on vaccinations, this assault on our Right to Choose is something that CANNOT happen.

I invite you to invite everyone of your family & friends to come to this meeting on November 5th and demand the BOH vote NO which will protect your Right to Choose regardless of whether you are pro or anti vaccine. You're more than welcome to voice that you are pro-vaccine and yet tell them to vote NO on removing the personal exemption or any other exemption for that matter!

Please put on your calendar and plan to attend this meeting on November 5th @ 7:45 AM in the Assembly Room of the Marathon County Court house.
http://www.co.marathon.wi.us/Government/CountyBoard/MinutesAgendas.aspx

For those of you who would like to learn more about what is happening in this arena, I suggest you watch this week's episode of the HighWire w/ Del Bigtree https://youtu.be/-o2y7sWKlno?t=170 from here you can decide to continue to dig in or leave it behind. I love the end of this episode when Zuckerberg admits to censoring content while he was testifying in this week's congressional hearing. Additionally, you might want to start doing some homework on the "REAL ID". Already being implemented in your renewed driver's licenses, this little beauty is intended to disclose your medical history (and much more) to the government and other's whenever you use it. In other words, if you're not up to date with your adult vaccinations you aren't getting on that plane to go on your dream vacation!!

I'd be happy to answer any questions you have. Here are some great websites to help you navigate and find some answers as well:
https://vaers.hhs.gov/index.html
https://www.icandecide.org/
https://wisconsinunitedforfreedom.org/
https://www.youtube.com/watch?v=_MyPP7RnUL4 – Mandate for Choice
https://thehighwire.com/rep-posey-grills-facebook-ceo-on-censorship-of-vaccine-risk-info/

I look forward to seeing you at the meeting!

Sincerely,

Michael Bautsch | DDB, LP & MDB Ventures, LLC |
| 847-561-7579 | michael@bautsch.com |

http://www.linkedin.com/in/michaelbautsch

"Stand up for what is right even if you're standing alone"

Sent from my smartphone that thinks it's smarter than me at times, so please excuse the typos.

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Your Freedom & Right to Choose is under fire here in Marathon County
Date: Sunday, November 3, 2019 6:20:41 PM
Attachments: adult-combined-schedule.pdf
mmr_ii_pi.pdf

From: Michael Bautsch <Michael@Bautsch.com>
Sent: Sunday, November 3, 2019 12:32 PM
To: Michael Bautsch
Subject: RE: Your Freedom & Right to Choose is under fire here in Marathon County

Good Afternoon,

Below & attached is the current Adult Vaccine Schedule that is voluntary today. **IF** this and other BOH's pass these removals of Personal Exemption resolutions this schedule will become your mandatory vaccine schedule. Yes, that means if you haven't been taking the flu shot for whatever reason you've decided not to, **YOU WILL NOT** have the choice any longer!

Additionally, attached is the product insert from the MMR vaccine. All over in the insert it mentions CAUTION in taking the vaccine. It also tells the doctor to discuss the risks with taking this vaccine (I've NEVER heard one Dr or Nurse ever talk about a risk – ONLY they're safe!). It also gives you all the adverse reactions which ironically read pretty much as I've given you links to to educate yourself - Anaphylaxis (food allergies), Asthma, Eczema, ADHD, Autism spectrum components.

Show up in the Assembly Room of the Marathon County Court House on Tuesday Nov 5th @ 7:45 AM and have your voice heard for keeping your choice!

BTW, IF these resolutions pass you can count on this mandated list to include the vaccines you see in purple.

Table 1 Recommended Adult Immunization Schedule by Age Group
United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV)	1 dose annually				
or Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) (preferred)				2 doses	
or Zoster live (ZVL)				or 1 dose	
Human papillomavirus (HPV) Female	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) Male	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
Recommended vaccination for adults with an additional risk factor or another indication
No recommendation

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PLEASE understand that we do not view this as a tragedy but rather a blessing! We have met so many parents & families whose reactions are and were incredibly more devastating. We count our blessing that we have 2 incredibly healthy children and I intend to keep it that way to my dying breath!

On November 5th the Marathon County Board of Health (BOH) intends to vote on a resolution to remove the Personal Exemption Waiver we've all been afforded as a Right of Choice. This waiver affords you the choice to take or not take the Flu shot each year. A **YES** vote from this board will take that Right from you! A **YES** vote from this Board will most definitely lead to not only more erosion of our Right to have control over our own bodies and our children's bodies but it will lead to you as an adult being mandatorily vaccinated. If you think I'm lying, please don't trust what I am telling you, go do your own research by looking into what is happening in CA & NY.

In CA Bill SB-277 was passed removing personal exemption. Here in 2019 CA Bill SB-276 was passed removing all medical exemption thus leaving it up to the CA State Department of Public Health to decide whether an individual should be exempt from having to have vaccines. The citizens (Adult or Child) of CA no longer have ANY control of their health decisions as it pertains to vaccines.

NY Bill S2994A, the same has happened and as a result a chronically ill child, 9 year old Ameer Hamideh, was injured during birth but far further injured by vaccines and is now being excluded from school because the NY Board of Health has decided to deny his medical exemption which he's had for many years. If you'd like to see his story, click here https://youtu.be/-o2y7sWKlno?t=2935. Aside from Ameer's disabilities he is a direct result of what will happen to the rest of this country if we do nothing to stop our government from taking our Right of Choice.

Regardless of your and my political party affiliation/beliefs or your and my beliefs on vaccinations, this assault on our Right to Choose is something that CANNOT happen.

I invite you to invite everyone of your family & friends to come to this meeting on November 5th and demand the BOH vote NO which will protect your Right to Choose regardless of whether you are pro or anti vaccine. You're more than welcome to voice that you are pro-vaccine and yet tell them to vote NO on removing the personal exemption or any other exemption for that matter!

Please put on your calendar and plan to attend this meeting on November 5th @ 7:45 AM in the Assembly Room of the Marathon County Court house.
http://www.co.marathon.wi.us/Government/CountyBoard/MinutesAgendas.aspx

For those of you who would like to learn more about what is happening in this arena, I suggest you watch this week's episode of the HighWire w/ Del Bigtree https://youtu.be/-o2y7sWKlno?t=170 from here you can decide to continue to dig in or leave it behind. I love the end of this episode when Zuckerberg admits to censoring content while he was testifying in this week's congressional hearing. Additionally, you might want to start doing some homework on the "REAL ID". Already being implemented in your renewed driver's licenses, this little beauty is intended to disclose your medical history (and much more) to the government and other's whenever you use it. In other words, if you're not up to date with your adult vaccinations you aren't getting on that plane to go on your dream vacation!!

I'd be happy to answer any questions you have. Here are some great websites to help you navigate and find some answers as well:
https://vaers.hhs.gov/index.html
https://www.icandecide.org/
https://wisconsinunitedforfreedom.org/
https://www.youtube.com/watch?v=_MyPP7RnUL4 – Mandate for Choice
https://thehighwire.com/rep-posey-grills-facebook-ceo-on-censorship-of-vaccine-risk-info/

I look forward to seeing you at the meeting!

Sincerely,

Michael Bautsch | DDB, LP & MDB Ventures, LLC |
| 847-561-7579 | michael@bautsch.com |
http://www.linkedin.com/in/michaelbautsch

"Stand up for what is right even if you're standing alone"

Sent from my smartphone that thinks it's smarter than me at times, so please excuse the typos.

From: John Robinson
To: Christopher Weisgram
Subject: Fwd: Oppose Resolution removing the personal exemption waiver
Date: Tuesday, November 5, 2019 7:34:19 AM

Sent from my iPad

Begin forwarded message:

> **From:** Laura Rice <jeannaballerina@gmail.com>
> **Date:** November 4, 2019 at 2:58:43 PM CST
> **To:** Undisclosed recipients:;
> **Subject: Oppose Resolution removing the personal exemption waiver**
>
> ATTN: John Robinson
> Please forward this message to the following committee members without email addresses listed:
>
> Dr. Lori Shepard
> Dr. Michael McGrail
> Dean Danner
> Tiffany Lee
> Dr. Robert Pope
> Dr. Kevin O'Connell
>
> Good afternoon, Marathon County Board of Health Member,
>
> I am writing to urge you NOT to approve the resolution that would remove the personal exemption waiver for school children at your meeting on Tuesday, 11/5/2019. This resolution has no place at the state level, let alone the county level.
>
> Amendment 14
> Section 1
> Clause 2
> of the US Constitution states:
>
> "No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."
>
> Here is the Travis Translation of that clause:
>
> "States cannot make or enforce any laws that limit the rewards or protections of any citizen of the United States. No state can take away any citizen's life, freedom, or belongings without proper use of the law. Every person is given the same protection under the law."
>
> If you move forward with removing the personal conviction waiver, you are promoting the violation of the constitutional rights of Marathon County citizens. You will effectively be stating, should you move this resolution forward, that you support

punishing those who do not consent to a medical procedure by not allowing their children to attend school, for which they are already paying taxes.

I also urge you to not fall prey to the current hysterical propaganda circulating about the measles. Not that long ago, measles was the norm. There is no crisis and there have been no deaths from this “outbreak”. The older generations are laughing and shaking their heads at all this unnecessary panic.

Measles Parties Urged By New York Health Officer

MINEOLA, N.Y., Dec. 17 (AP)—The Nassau County health commissioner today urged young American women to borrow from the British and stage measles parties.

In an article in a county publication, Dr. Earle G. Brown wrote:

"German measles have been found to cause deformities in babies if the mothers suffer from

Verizon 2:03 PM 46%

Child Care

Measles Parties Now Popular

By Milton I. Levine, M.D.
and
Jean H. Seligmann

Yesterday on the subject of deafness, we mentioned it was frequently caused in infants when the mother had German measles during the first 16 weeks of pregnancy. We have also spoken very often in this column about the danger of possible blindness in infants whose mothers had German measles during this period.

Since we know these facts to be true, it is obvious that the best answer to this serious problem is to see that girls are immunized against this disease before they are married. So far no vaccine or long-lasting preventive has been devised for German measles.

But with the past year or so this practice has been adopted in parts of England and the United States. This is the organization of so-called German measles parties.

A youngster is seen by the pediatrician or physician for diagnosis of a rash. He diagnoses German Measles. Immediately, a German measles party is organized for girls who have never had the disease. The party is held as soon as possible after the diagnosis has been made, for the disease is most contagious during the first 24 hours. And every attempt is made during these parties to expose the invited guests as fully as possible.

This may sound like a strange

Measles Party? Why Not! Especially If You're A Girl

BALTIMORE (AP)—Let's all have a party and catch the measles.

That's no joke. It's actually done. And health officials don't think it's a bad idea for girls.

German measles is prevalent now in Maryland. Dr. John H. Janney, chief of epidemiology for the State Health Department, said:

"In some areas, when there is such an outbreak, German measles parties are arranged where young girls can be sure of exposure to the genuine infection.

"This practice is not frowned upon by physicians and health authorities.

German measles is a mild affliction for children, Dr. Janney said, but can be serious for an expectant mother. During the first four months of pregnancy, it can leave her unborn baby with eye cataracts, heart disease or deafness.

Because one attack appears to confer lifelong immunity, Dr. Janney said, "It is very important that young girls have the disease and develop protection before they reach the child-bearing period.

of Change-of-Life

woman after woman in doctor's tests

Measles Parties Are London Fad!

NEW YORK (AP)—Young American women should take a cue from their British cousins and stage measles parties, says the Nassau County health commissioner.

In an article in a county publication, Dr. Earle G. Brown wrote that German measles have been found to cause deformities in babies if mothers have the disease during the first three months of pregnancy.

The commissioner suggested, therefore, that young women with measles who are not pregnant in-

German Measles Parties
They're Not Just a Fad

By VIVIAN BROWN
AP Newsfeatures Writer

German measles parties for girls are not a fad. It's all in the interest of our new age of enlightenment to produce healthy babies, says Dr. Virginia Apgar of Tenafly, N. J., specialist in the problems of newborn infants.

"Junior and senior high school students should intentionally expose themselves to German measles and many are doing it. This year the virus in pregnant women may result in a 50 per cent loss in the first month of pregnancy or in abnormal babies," she points out.

Dr. Apgar is creator of the Apgar Score, a way of determining within one minute after birth whether a baby is normal, in establishing permanent health records for individuals, she says.

"If a young married person finds a brother or sister has some mental deficiency, their child can be tested by one prick on the heel, the blood tested and the child treated so that he can grow up to be a bright, young man," she says.

Medical science knows many ways you can have a normal healthy baby, she says, such as:

1. Marry the right man (if there is something in the background, you can adopt children).

2. Go to a German measles party, if you've never had the virus. Although vaccines have been made, they aren't quite ready.

Specialist Gives Approval To German Measles Party

By VIVIAN BROWN
AP Newsfeatures Writer

German measles parties for girls are not a fad. It's all in the interest of our new age of enlightenment to produce healthy babies, says Dr. Virginia Apgar of Tenafly, N.J., specialist in the problems of newborn infants.

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Measles Parties
Suggested In U. S.

NEW YORK — (AP) — Young American women should take a cue from their British cousins and stage measles parties, says the Nassau county health commissioner.

In an article in a county publication, Dr. Earle G. Brown wrote that German measles have been found to cause deformities in babies if mothers have the disease

By Dr. T. R. Van Dellen

HOW TO KEEP WELL

Have Measles Party

GERMAN measles parties are the latest fad among the younger female set in London, according to a report in Nassau (New York) Health. When a young girl contracts the disease she invites any of her girl friends who want to "catch the measles."

Rubella (German measles) in youngsters usually is mild, and one attack confers lasting immunity. Contracting it at this age avoids the possibility of developing it after marriage during the first three months of pregnancy.

* * *

AT THIS time, repercussions may occur because the baby's organs are developing. The infection often causes defects;

TODAY'S HEALTH HINT—
Give a little and take a little but give more than you take.

country, mothers of little girls often bring them to visit friends with rubella. The idea is the same as in London but a party is more fun.

The disease is called three-day measles because it usually lasts that long. It resembles ordinary measles the first day,

As seen all around the country concerning pertussis, and of particular note at the Harvard-Westlake School, all the students who came down with pertussis were VACCINATED and the unvaccinated did not get the infection.

As for mumps, the USS Fort McHenry was an unwitting vaccine efficacy study of the MMR. The ship was quarantined at sea for 5 months this year because of mumps outbreaks amidst their 100% vaccinated crew. The vaccine doesn't work.

Based on these examples alone, a parent is wholly justified in refusing a vaccine for their child due to lack of faith in a pharmaceutical product. If the medicine works, people will buy it. If it doesn't work, do you support forcing people to buy it?

The ACIP just ended their meeting in October 2019 and recorded this statement:

"We can't force vaccinate, but we must capture kids that are already in the system to force compliance among parents."

Do these sound like the words of a benevolent government agency or of mafia kidnappers? Is Marathon County supposed to do the bidding of the ACIP or of

Wisconsin citizens?

And, please don’t assume that the personal conviction waiver is irrelevant because the religious and medical waivers are still there. The ACIP also set a goal for 2020 to remove all RELIGIOUS exemptions for vaccines.

Have you seen what happened in California with the religious and medical waivers? Do you see the agenda that you are being expected to follow and also the slippery slope you will begin to slide down if you support removing the personal exemption waiver? Once a freedom is gone, it will never come back and if its loss doesn’t personally affect you now, it most certainly will in the future and you won’t like it.

Please act according to the constitutional rights of Marathon County and State of Wisconsin citizens with your decision and OPPOSE the resolution to remove the personal conviction waiver.

Thank you,

Laura Rice

Sent from my iPhone

Sent from my iPhone

From: John Robinson
To: Christopher Weisgram
Subject: Fwd: AB248 SB262 commentary
Date: Tuesday, November 5, 2019 7:32:00 AM

Sent from my iPad

Begin forwarded message:

> **From:** Jen Faust <jennifer.k.faust@gmail.com>
> **Date:** November 4, 2019 at 3:50:02 PM CST
> **To:** john.robinson@co.marathon.wi.us, sandi.cihlar@co.marathon.wi.us, maryann.crosby@co.marathon.wi.us, kim.trueblood@co.marathon.wi.us
> **Subject: AB248 SB262 commentary**
>
> Dear Marathon County Board of Health:
>
> Please consider NOT supporting the proposed AB 248 and SB 262. This bill is an intrusion and disrespect to people and families who are doing their due diligence by thoroughly reading the mountains of information available (albeit recently heavily censored) of the biased and slanted science of vaccine efficacy and subsequently making an informed decision for themselves.
> Do you know that the personal conviction waiver in Wisconsin exists because a parent in the 1980s was diligent enough to create change after her son's permanent brain injury following a vaccination? This exemption exists for a reason, and thousands of parents in this state still rely on this to keep their children safe from harm.
> There is not one study showing that the current and very hefty childhood vaccine schedule is safe and effective. Instead, we are living during the greatest decline in public health in history and children have to live with chronic, life-long health conditions.
> Some are wary of maintaining a certain percentage of vaccination status in order to create a herd immunity. If one does further reading, one will find that vaccine herd immunity is based on a theory of natural immunity and has never been proven to exist.
> Both of my children were harmed by vaccines, and one now lives with life-threatening disease after I was shamed into vaccination by his doctor after hesitation. Why is it acceptable to pharmaceutical companies and the government to mandate vaccination to children for entry to public education and daycare given that there are clearly dangerous side effects? The government most certainly doesn't decide that toxic and ineffective vaccination is required for my children to obtain a public education or that it is safe for them. PARENTS decide that based on the risks that are clearly indicated from pharmaceutical companies.
> People should absolutely have the right to send their children to public school with a personal conviction exemption, as they're capable enough of comprehending information after seeking it out on their own. Should the personal conviction exemption not exist, it is expected that my family wouldn't be able to

obtain a medical exemption for my child - it would definitely be impossible to obtain in California at this point, for example. So, then, how do I continue to protect my child from mandatory toxins? My job is to keep him safe. Mandatory vaccination is not safe for him.
Please do not support this bill. As a parent who wants nothing more than for my children to be as healthy as possible in this world, we don't need a government bill to take away that right to know right from wrong my children. I've done my expected due diligence as a parent in knowing right from wrong, and I don't need that taken away.
You might find this informational letter helpful: http://denverpolitics.org/philosophical-exemptions-as-behavioral-economic-signals-of-fraud/?fbclid=IwAR3eEmVYW3Faxy4hXyfVrgBpz1eB7P1ZfigMmlejYWNmwG3-DuRGYevNHzQ
As well as: https://jameslyonsweiler.com/2019/10/24/memo-to-hhs-et-alpersonal-exemptions-are-an-essential-safety-valve-on-whole-population-vaccination-programs/?fbclid=IwAR3QigG46Dl3mgOMJzWMLVk_GurBPFBv-qs88QYMuW1mljYxH46PPzds4Cg

Kindest Regards,
Jen Faust

Dear Marathon County Health Board members and officers,

I am writing to request that you consider the evidence presented at your last board meeting, and since, by concerned citizens of the county regarding a motion to remove personal exemptions for vaccination. I ask that you please support parental rights by opposing the proposed resolution to support the removal of the personal conviction exemption waiver to vaccination in Wisconsin. To support the recommendation of rejection, I submit the following reasons that are in accordance with the Constitution of the United States of America as well as legal and judicial constructs we adhere to in this democracy. The construct of "reasonable doubt" which asserts there must be no question as to the evidence for or against a decision. Clear and convincing, preponderance of the evidence. This is a standard for decisions that guarantees justice for American citizens, freedoms guaranteed in the Constitution of the United States, and to ensure harm and injustice are not allowed to occur against the innocent.

A great deal of evidence has been submitted to you regarding the questionable safety of our vaccination program. Evidence that harm has occurred has been submitted, taken directly from the CDC, NIH, WHO and FDA. Evidence included was also from accredited and prestigious institutions and scientists, researchers and doctors of health, learning/education and scientific research. Much of this research has existed for decades. Much of the research that supposedly supports vaccination efficacy has been shown to be grossly inadequate, substandard, not scientific, and yes, in many cases even tampered with. It is often conducted by scientists who receive financial reward and compensation from the pharmaceutical company who manufactures the very same vaccine being tested. As reported in Time Magazine in August 2014, a lead scientist with the CDC study in 2004 (1) claiming to prove the MMR vaccine did not increase the development of autism in children, spoke out and provided clear evidence the CDC knowingly tampered with the data to achieve their desired outcome. Statistically significant data that proved there was a correlation between receiving this vaccination and the onset of autism was deliberately removed from the study, directed by officials at the CDC. In fact, there are other scientific studies proving the earlier the MMR vaccine is given, and if given with the varicella vaccination, the more likely there may be significant neurological damage to a child.

While writing this letter, I went to the FDA website and only searched drugs, not other products and there are currently 1,109 drugs recalled over only the last 2 years(2). Drugs that were supposedly determined to be safe for the public. Now the damage is done. Lives irreparably damaged or lost due to insufficient or poor science and research. The pharmaceutical companies lobbied for and received immunity from the damage created by vaccines. How many other companies are not held liable for the damages of their own products?

The real issue that needs to be addressed is the issue of making vaccines safer. If public health entities are truly committed to the policy of vaccination you must insist on the safety and efficacy of said policy. We put men on the moon, we have developed technology to assist the paralyzed to stand and walk again. Are we going to believe safer vaccines are not possible? Are we not willing to demand this of an industry that can make up to $1 billion dollars in one year for one vaccine, knowing they spend twice as much on advertising as research and development? We have no moral right to demand our citizens be

forced to submit to experimentation without their consent regarding unproven and unscientifically sound medical procedures. This is what Nazi Germany was condemned for. This is why the Nuremburg Code exists. Your position on the board requires due diligence and study on evidence presented to you regarding the effect on the public, of safety or lack of safety of said policy. Reasonable doubt and insufficient scientific data has been presented to you that questions existing research on vaccination as well as the completely absent double blind placebo vaccination studies not conducted as of yet. There are no studies today comparing the health condition of vaccinated vs. unvaccinated populations. There are no studies to investigate the genetic, gender specific, autoimmune and biologically/environmentally high risk populations for vaccine injury. A 2009 study demonstrated an infant at birth in the U.S. may have as many as 232 synthetic chemicals in their cord blood at the time they take their first breath (3). 232 chemicals that alter how that infant will respond to all of the chemicals and viral DNA components injected into them from birth on. Parents are told a fever is a "normal response to vaccination" even though it is known medically a fever is not a fully developed, normal response in any infant and is cause for great concern. Furthermore, the blood brain barrier may fail in certain conditions and if inflammation is present, increasing the risk and effect of toxins breaching the barrier and entering the nervous system. Their treatment recommendation is to add another chemical agent, Tylenol, to treat the child. The blood brain barrier, which protects the embryonic/infants brain from environmental and chemical toxins (many of which vaccines are made with) is not fully mature for up to 2 years of age (3). Since the blood-brain barrier is not fully developed at birth, the risk of toxicity from exposure to some chemicals is higher for newborns and young children than it is for adults (4)(5)(6).

The Herd Immunity effect does not work (7). The subject of vaccine failure is not addressed adequately by our institutions mentioned above which is a complete lack of due diligence by the pharmaceutical industry. The most powerful lobby in Washington D.C. is the pharmaceutical industry. We are only 1 of 2 countries in the world that allow direct advertising of pharmaceutical agents to the public who largely has no or insufficient knowledge or education in pharmacology. Why? Because it is financially beneficial to a degree only other companies dream of. Before we can force the American citizen to a medical procedure it must be proven beyond doubt of it's safety and efficacy by objective institutions and scientists who have no possible connection, benefit, or profit from the use of said product. We demand it of the food we eat, and we have the right to demand it of any products that enter our bodies and therefore affect our health and well being. Parents expect the right to make this choice for their children. I recently had an 18 year old female patient report last week that she was given the meningitis vaccine upon entering U.W. Stevens Point without any discussion of her options or possible adverse reactions to the vaccine. This is not informed consent. In 25 years of practice I have yet to hear from one parent they were given full informed consent prior to the vaccination of a child regarding any contraindications or side effects. This is not informed consent or due diligence in a court of law and this is not good medicine. The CDC determined the flu vaccination efficacy for 2005-2015 was less than 50% effective. A study in Japan showed that Vitamin D3 supplementation was just as effective for avoiding the Type A flu and asthma attacks during "flu season" as the flu vaccine (8). And yet every year we are told a lie – that the vaccine is our best defense against the flu. We must not base health policy on poor, inadequate, and absent double blind placebo scientific studies. We have an obligation for public safety to demand scientifically sound studies conducted by outside, objective accredited scientific institutions.

In summary, I submit the following reasons to reject the resolution to remove the personal exemption waiver to vaccination policy:

1. Evidence of the absence of “due diligence” by the medical and scientific community regarding vaccine safety and efficacy.
2. Profoundly inconsistent informed consent.
3. Underreported injuries and deaths as documented at VAERS, which undermines the medical exemption waiver (9).
4. “One size fits all” policy does not apply to scientific methodology or sound medical science.
5. Inadequate scientific studies of vaccine failure.
6. A scientifically flawed Herd Immunity policy.
7. The poorest infant mortality rate of all industrialized nations points to unaccountability and poor scientific methodology within our current medical system. It does not support our vaccination program.
8. The financial influence of the pharmacological industry on our governmental institutions contributing to deeply flawed, inaccurate and unaccountable systems and policies.
9. The right of every parent to decide the course of medical intervention in their children’s lives for their wellbeing and health, based on morally ethical and scientifically objective, rigorous long term studies for safety and efficacy of every vaccine or medication released for use on the citizens of the world.

Facts do not cease to exist because they are ignored – Aldous Huxley

1. https://time.com/3208886/whistleblower-claims-cdc-covered-up-data-showing-vaccine-autism-link/
2. https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts
3. https://www.scientificamerican.com/article/chemicals-umbilical-cord-blood/
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3314990/
5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4292164/
6. https://www.sciencedirect.com/topics/agricultural-and-biological-sciences/blood-brain-barrier
7. https://www.google.com/search?q=Fine+PEM.+Herd+Immunity%3A+History%2C+Theory%2C+Practic.+The+Johns+Hopkins+University+School+of+Hygiene+and+Public+Health.+Epidemiological+Reviews+1993%3B+15(4)%3A265-302.+(https%3A%2F%2Ftinyurl.com%2Fpv7duxc)&rlz=1C1OKWM_enUS790US790&oq=Fine+PEM.+Herd+Immunity%3A+History%2C+Theory%2C+Practic.+The+Johns+Hopkins+University+School+of+Hygiene+and+Public+Health.+Epidemiological+Reviews+1993%3B+15(4)%3A265-302.+(https%3A%2F%2Ftinyurl.com%2Fpv7duxc)&aqs=chrome..69i57.113684j0j7&sourceid=chrome&ie=UTF-8
8. https://articles.mercola.com/sites/articles/archive/2017/11/09/2017-2018-flu-vaccine-update.aspx
9. https://www.google.com/search?q=AHRQ+Electronic+Support+for+Public+Health-Vaccine+Adverse+Event+Reporting+System+(ESP%3AVAERS)+Dec+1%2C+2007-Sep.+30%2C+2010.+(https%3A%2F%2Ftinyurl.com%2Flzecs3v)&rlz=1C1OKWM_enUS790US790&oq=AHRQ+Electronic+Support+for+Public+Health-Vaccine+Adverse+Event+Reporting+System+(ESP%3AVAERS)+Dec+1%2C+2007-

Sep.+30%2C+2010.+(https%3A%2F%2Ftinyurl.com%2Flzecs3v)&aqs=chrome..69i57.95517j0j7&sourceid=chrome&ie=UTF-8

Recommended Adult Immunization Schedule
for ages 19 years or older

UNITED STATES
2019

How to use the adult immunization schedule

1 Determine recommended vaccinations by age **(Table 1)**

2 Assess need for additional recommended vaccinations by medical condition and other indications **(Table 2)**

3 Review vaccine types, frequencies, and intervals, and considerations for special situations **(Notes)**

Vaccines in the Adult Immunization Schedule*

Vaccines	Abbreviations	Trade names
Haemophilus influenzae type b vaccine	Hib	ActHIB Hiberix
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB Heplisav-B
Human papillomavirus vaccine	HPV vaccine	Gardasil 9
Influenza vaccine, inactivated	IIV	Many brands
Influenza vaccine, live attenuated	LAIV	FluMist Quadrivalent
Influenza vaccine, recombinant	RIV	Flublok Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Tetanus and diphtheria toxoids	Td	Tenivac Td vaccine
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant	RZV	Shingrix
Zoster vaccine live	ZVL	Zostavax

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), and American College of Nurse-Midwives (www.midwife.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Injury claims

All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide and zoster vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation or 800-338-2382.

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.

Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine Information Statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2019: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Table 1 Recommended Adult Immunization Schedule by Age Group United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or **Influenza recombinant** (RIV)	1 dose annually				
or					
Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) *(preferred)*				2 doses	
or				or	
Zoster live (ZVL)				1 dose	
Human papillomavirus (HPV) **Female**	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) **Male**	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

No recommendation

Table 2 Recommended Adult Immunization Schedule by Medical Condition and Other Indications United States, 2019

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count <200	HIV infection CD4 count ≥200	Asplenia, complement deficiencies	End-stage renal disease, on hemodialysis	Heart or lung disease, alcoholism[1]	Chronic liver disease	Diabetes	Health care personnel[2]	Men who have sex with men
IIV or RIV	1 dose annually										
or										or	
LAIV	CONTRAINDICATED					PRECAUTION				1 dose annually	
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td booster every 10 yrs									
MMR	CONTRAINDICATED	1 or 2 doses depending on indication									
VAR	CONTRAINDICATED	2 doses									
RZV *(preferred)*	DELAY				2 doses at age ≥50 yrs						
or						or					
ZVL	CONTRAINDICATED				1 dose at age ≥60 yrs						
HPV Female	DELAY	3 doses through age 26 yrs			2 or 3 doses through age 26 yrs						
HPV Male		3 doses through age 26 yrs			2 or 3 doses through age 21 yrs						2 or 3 doses through age 26 yrs
PCV13		1 dose									
PPSV23		1, 2, or 3 doses depending on age and indication									
HepA	2 or 3 doses depending on vaccine										
HepB	2 or 3 doses depending on vaccine										
MenACWY	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains										
MenB	PRECAUTION	2 or 3 doses depending on vaccine and indication									
Hib		3 doses HSCT[3] recipients only			1 dose						

- Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
- Recommended vaccination for adults with an additional risk factor or another indication
- Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
- Delay vaccination until after pregnancy if vaccine is indicated
- Contraindicated—vaccine should not be administered because of risk for serious adverse reaction
- No recommendation

1. Precaution for LAIV does not apply to alcoholism. **2.** See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. **3.** Hematopoietic stem cell transplant.

Notes

Recommended Adult Immunization Schedule United States, 2019

Haemophilus influenzae type b vaccination

Special situations

- **Anatomical or functional asplenia (including sickle cell disease)**: 1 dose Hib if previously did not receive Hib; if elective splenectomy, 1 dose Hib, preferably at least 14 days before splenectomy
- **Hematopoietic stem cell transplant** (HSCT): 3-dose series Hib 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history

Hepatitis A vaccination

Routine vaccination

- **Not at risk but want protection from hepatitis A** (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 5 months between doses 2 and 3])

Special situations

- **At risk for hepatitis A virus infection**: 2-dose series HepA or 3-dose series HepA-HepB as above
  - **Chronic liver disease**
  - **Clotting factor disorders**
  - **Men who have sex with men**
  - **Injection or non-injection drug use**
  - **Homelessness**
  - **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A virus infection
  - **Travel in countries with high or intermediate endemic hepatitis A**
  - **Close personal contact with international adoptee** (e.g., household, regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

Hepatitis B vaccination

Routine vaccination

- **Not at risk but want protection from hepatitis B** (identification of risk factor not required): 2- or 3-dose series HepB (2-dose series Heplisav-B at least 4 weeks apart [2-dose series HepB only applies when 2 doses of Heplisav-B are used at least 4 weeks apart] or 3-dose series Engerix-B or Recombivax HB at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 8 weeks between doses 2 and 3, 16 weeks between doses 1 and 3]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 5 months between doses 2 and 3])

Special situations

- **At risk for hepatitis B virus infection**: 2-dose (Heplisav-B) or 3-dose (Engerix-B, Recombivax HB) series HepB, or 3-dose series HepA-HepB as above
  - **Hepatitis C virus infection**
  - **Chronic liver disease** (e.g., cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice upper limit of normal)
  - **HIV infection**
  - **Sexual exposure risk** (e.g., sex partners of hepatitis B surface antigen (HBsAg)-positive persons; sexually active persons not in mutually monogamous relationships, persons seeking evaluation or treatment for a sexually transmitted infection, men who have sex with men)
  - **Current or recent injection drug use**
  - **Percutaneous or mucosal risk for exposure to blood** (e.g., household contacts of HBsAg-positive persons; residents and staff of facilities for developmentally disabled persons; health care and public safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids; hemodialysis, peritoneal dialysis, home dialysis, and predialysis patients; persons with diabetes mellitus age younger than 60 years and, at discretion of treating clinician, those age 60 years or older)
  - **Incarcerated persons**
  - **Travel in countries with high or intermediate endemic hepatitis B**

Human papillomavirus vaccination

Routine vaccination

- **Females through age 26 years and males through age 21 years:** 2- or 3-dose series HPV vaccine depending on age at initial vaccination; males age 22 through 26 years may be vaccinated based on individual clinical decision (HPV vaccination routinely recommended at age 11–12 years)
- **Age 15 years or older at initial vaccination**: 3-dose series HPV vaccine at 0, 1–2, 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, 5 months between doses 1 and 3; repeat dose if administered too soon)
- **Age 9 through 14 years at initial vaccination and received 1 dose, or 2 doses less than 5 months apart**: 1 dose HPV vaccine
- **Age 9 through 14 years at initial vaccination and received 2 doses at least 5 months apart**: HPV vaccination complete, no additional dose needed
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

Special situations

- **Immunocompromising conditions (including HIV infection) through age 26 years**: 3-dose series HPV vaccine at 0, 1–2, 6 months as above
- **Men who have sex with men and transgender persons through age 26 years**: 2- or 3-dose series HPV vaccine depending on age at initial vaccination as above
- **Pregnancy through age 26 years**: HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

Notes

Recommended Adult Immunization Schedule United States, 2019

Influenza vaccination

Routine vaccination

- **Persons age 6 months or older**: 1 dose IIV, RIV, or LAIV appropriate for age and health status annually
- For additional guidance, see www.cdc.gov/flu/professionals/index.htm

Special situations

- **Egg allergy, hives only**: 1 dose IIV, RIV, or LAIV appropriate for age and health status annually
- **Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): 1 dose IIV, RIV, or LAIV appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- **Immunocompromising conditions (including HIV infection), anatomical or functional asplenia, pregnant women, close contacts and caregivers of severely immunocompromised persons in protected environment, use of influenza antiviral medications in previous 48 hours, with cerebrospinal fluid leak or cochlear implant**: 1 dose IIV or RIV annually (LAIV not recommended)
- **History of Guillain-Barré syndrome within 6 weeks of previous dose of influenza vaccine**: Generally should not be vaccinated

Measles, mumps, and rubella vaccination

Routine vaccination

- **No evidence of immunity to measles, mumps, or rubella**: 1 dose MMR
  - Evidence of immunity: Born before 1957 (except health care personnel [see below]), documentation of receipt of MMR, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)

Special situations

- **Pregnancy with no evidence of immunity to rubella**: MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose MMR
- **Non-pregnant women of childbearing age with no evidence of immunity to rubella**: 1 dose MMR
- **HIV infection with CD4 count ≥200 cells/μL for at least 6 months and no evidence of immunity to measles, mumps, or rubella**: 2-dose series MMR at least 4 weeks apart; MMR contraindicated in HIV infection with CD4 count <200 cells/μL
- **Severe immunocompromising conditions**: MMR contraindicated
- **Students in postsecondary educational institutions, international travelers, and household or close personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella**: 1 dose MMR if previously received 1 dose MMR, or 2-dose series MMR at least 4 weeks apart if previously did not receive any MMR
- **Health care personnel born in 1957 or later with no evidence of immunity to measles, mumps, or rubella**: 2-dose series MMR at least 4 weeks apart for measles or mumps, or at least 1 dose MMR for rubella; if born before 1957, consider 2-dose series MMR at least 4 weeks apart for measles or mumps, or 1 dose MMR for rubella

Meningococcal vaccination

Special situations for MenACWY

- **Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, eculizumab use**: 2-dose series MenACWY (Menactra, Menveo) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease, microbiologists routinely exposed to *Neisseria meningitidis***: 1 dose MenACWY and revaccinate every 5 years if risk remains
- **First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) and military recruits**: 1 dose MenACWY

Special situations for MenB

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, eculizumab use, microbiologists routinely exposed to *Neisseria meningitidis***: 2-dose series MenB-4C (Bexsero) at least 1 month apart, or 3-dose series MenB-FHbp (Trumenba) at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)
- **Pregnancy**: Delay MenB until after pregnancy unless at increased risk and vaccination benefit outweighs potential risks
- **Healthy adolescents and young adults age 16 through 23 years (age 16 through 18 years preferred) not at increased risk for meningococcal disease**: Based on individual clinical decision, may receive 2-dose series MenB-4C at least 1 month apart, or 2-dose series MenB-FHbp at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)

Notes

Recommended Adult Immunization Schedule United States, 2019

Pneumococcal vaccination

Routine vaccination

- **Age 65 years or older** (immunocompetent): 1 dose PCV13 if previously did not receive PCV13, followed by 1 dose PPSV23 at least 1 year after PCV13 and at least 5 years after last dose PPSV23
  - Previously received PPSV23 but not PCV13 at age 65 years or older: 1 dose PCV13 at least 1 year after PPSV23
  - When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during same visit)

Special situations

- **Age 19 through 64 years with chronic medical conditions (chronic heart [excluding hypertension], lung, or liver disease; diabetes), alcoholism, or cigarette smoking**: 1 dose PPSV23
- **Age 19 years or older with immunocompromising conditions (congenital or acquired immunodeficiency [including B- and T-lymphocyte deficiency, complement deficiencies, phagocytic disorders, HIV infection], chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression [e.g., drug or radiation therapy], solid organ transplant, multiple myeloma) or anatomical or functional asplenia (including sickle cell disease and other hemoglobinopathies)**: 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later, then another dose PPSV23 at least 5 years after previous PPSV23; at age 65 years or older, administer 1 dose PPSV23 at least 5 years after most recent PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older)
- **Age 19 years or older with cerebrospinal fluid leak or cochlear implant**: 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later; at age 65 years or older, administer another dose PPSV23 at least 5 years after PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older)

Tetanus, diphtheria, and pertussis vaccination

Routine vaccination

- **Previously did not receive Tdap at or after age 11 years**: 1 dose Tdap, then Td booster every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, and pertussis**: 1 dose Tdap followed by 1 dose Td at least 4 weeks after Tdap, and another dose Td 6–12 months after last Td (Tdap can be substituted for any Td dose, but preferred as first dose); Td booster every 10 years thereafter
- **Pregnancy**: 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm

Varicella vaccination

Routine vaccination

- **No evidence of immunity to varicella**: 2-dose series VAR 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine: 1 dose VAR at least 4 weeks after first dose
  - Evidence of immunity: U.S.-born before 1980 (except for pregnant women and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease

Special situations

- **Pregnancy with no evidence of immunity to varicella**: VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose VAR if previously received 1 dose varicella-containing vaccine, or dose 1 of 2-dose series VAR (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **Health care personnel with no evidence of immunity to varicella**: 1 dose VAR if previously received 1 dose varicella-containing vaccine, or 2-dose series VAR 4–8 weeks apart if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **HIV infection with CD4 count ≥200 cells/μL with no evidence of immunity**: Consider 2-dose series VAR 3 months apart based on individual clinical decision; VAR contraindicated in HIV infection with CD4 count <200 cells/μL
- **Severe immunocompromising conditions**: VAR contraindicated

Zoster vaccination

Routine vaccination

- **Age 50 years or older**: 2-dose series RZV 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon) regardless of previous herpes zoster or previously received ZVL (administer RZV at least 2 months after ZVL)
- **Age 60 years or older**: 2-dose series RZV 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon) or 1 dose ZVL if not previously vaccinated (if previously received ZVL, administer RZV at least 2 months after ZVL); RZV preferred over ZVL

Special situations

- **Pregnancy**: ZVL contraindicated; consider delaying RZV until after pregnancy if RZV is otherwise indicated
- **Severe immunocompromising conditions (including HIV infection with CD4 count <200 cells/μL)**: ZVL contraindicated; recommended use of RZV under review

DO NOT ELIMINATE THE WISCONSIN PERSON CONVICTION VACCINE EXEMPTION

It has come to my attention that LRB 19-0312_1 would eliminate the vaccine personal conviction exemptions.

In 1986 Congress granted vaccine manufacturer's unprecedented, **economic immunity** **NO "LIABILITY" from vaccine death and injury lawsuits** by passing The National Childhood Vaccine Injury Act (NCVIA). If vaccines are "safe & effective" WHY NO LIABILITY?
As of 2019, $4.1 billion was paid for vaccine injury and death by taxpayers.

1986: National Childhood Vaccine Act NCVIA

National Childhood Vaccine Act of 1986 is passed by Congress and provides total liability protection to the vaccine makers. U.S. citizens are no longer able to sue a vaccine manufacturer if they are injured or die from vaccines. Compensation for vaccine injuries and death is now paid out of vaccine taxes and not by vaccine manufacturers.

1962 Vaccine Schedule 5 doses
Polio – Smallpox - DTP

1340% increase of vaccines from 1962 to 2017

See 2nd page from CDC to verify

408% increase after NO LIABILITY

CDC Childhood Immunization Schedule[12]

1986	2017	
DTP (2 months)	Influenza (pregnancy)	Influenza (18 months)
Polio (2 months)	TDaP (pregnancy)	Influenza (2 years)
DTP (4 months)	Hepatitis B (one day)	Influenza (3 years)
Polio (4 months)	Hepatitis B (one month)	Influenza (4 years)
DTP (6 months)	DTaP (2 months)	DTaP (4 years)
MMR (15 months)	Polio (2 months)	Polio (4 years)
DTP (18 months)	Hib (2 months)	MMR (4 years)
Polio (18 months)	PCV (2 months)	Varicella (4 years)
DTP (4 years)	Rotavirus (2 months)	Influenza (5 years)
Polio (4 years)	DTaP (4 months)	Influenza (6 years)
Tetanus (14 years)	Polio (4 months)	Influenza (7 years)
	Hib (4 months)	Influenza (8 years)
	PCV (4 months)	Influenza (9 years)
	Rotavirus (4 months)	Influenza (10 years)
	DTaP (6 months)	HPV (11 years)
	Polio (6 months)	Men (11 years)
	Hepatitis B (6 months)	TDaP (11 years)
	Hib (6 months)	Influenza (11 years)
	PCV (6 months)	HPV (11 ½ years)
	Rotavirus (6 months)	Influenza (12 years)
	Influenza (6 months)	HPV (12 years)
	MMR (12 months)	Influenza (13 years)
	Varicella (12 months)	Influenza (14 years)
	Hib (12 months)	Influenza (15 years)
	Hepatitis A (12 months)	Men (16 years)
	PCV (12 months)	Influenza (16 years)
	DTaP (15 months)	Influenza (17 years)
	Hepatitis A (18 months)	Influenza (18 years)

In a ground breaking 2018 lawsuit, RFK Jr. discovered that pursuant to the NCVIA of 1986 – **no vaccine safety testing for 32 years!** HHS has had the primary and virtually sole responsibility to make and assure improvements in the licensing, manufacturing, adverse reaction reporting, research, safety and efficacy testing of vaccines in order to reduce the risk of adverse vaccine reactions. See court stipulation here tinyurl.com/yaxbodz7

==========Vaccine insert==Cancer===Sterility====Genetic Damage==========

Pertussis **DTaP Sanofi Pasteur DAPTACEL product insert**

Pertussis (whooping cough) is a respiratory disease caused by *B pertussis*. This Gram-negative coccobacillus produces a variety of biologically active components, though their role in either the pathogenesis of, or immunity to, pertussis has not been clearly defined.

13 NON-CLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

DAPTACEL has not been evaluated for carcinogenic or mutagenic potential or impairment of fertility.

Vaccine inserts all in one place

tinyurl.com/ye4l2mx

Conclusion – no liability, no safety testing – DO NOT ELIMINATE the personal conviction vaccine exemption for the health, safety and financial wellbeing of Wisconsin families.

There was never a "Golden Age", In the past when Vaccine Acceptance and Vaccination rates were higher than they are today. The truth is there are more US children getting more vaccines for more Infections at younger ages than ever in history!

Vaccine Coverage Levels – United States, 1962-2016

Year	DTP 3+	DTP4+	Polio 3+	MMR*	Hib3+	Var	PCV3+	HepB3+	Rota	Combined 4-3-1	Combined 4-3-1-3
1962	67.3										
1963	71.4										
1964	74.6										
1965	72.7										
1966	74.0										
1967	77.9			60.0							
1968	76.8			61.5							
1969	77.4			61.4							
1970	76.4			58.4							
1971	77.8			62.2							
1972	74.1			62.8							
1973	71.7		59.5	61.0							
1974	72.4		60.0	63.4							
1975	73.2		63.6	65.5							
1976	72.7		61.3	66.3							
1977	69.6		62.6	65.0							
1978	66.6		59.5	63.6							
1979	64.4		59.7	66.5							
1980	66.0		58.9	66.6							
1981	68.1		59.2	66.8							
1982	67.1		57.0	67.6							
1983	65.4		56.9	66.3							
1984	65.0		53.2	65.8							
1985	63.6		53.6	61.2							
1986†											
1987†											
1988†											
1989†											
1990†											
1991	68.8		53.2	82.0							
1992	83.0	59.0	72.4	82.5	28.2			8.0		68.7	55.3
1993	88.2	72.1	78.9	84.1	55.0			16.3		67.1	
1994	93.0	77.7	83.0	89.0	86.0			37.0		75.0	
1995	94.7	78.5	87.9	87.6	91.7			68.0		76.2	74.2
1996	95.0	81.1	91.1	90.7	91.7	16.0		81.8		78.4	76.5
1997	95.5	81.5	90.8	90.5	92.7	25.9		83.7		77.9	76.2
1998	95.6	83.9	90.8	92.0	93.4	43.2		87.0		80.6	79.2
1999	95.9	83.3	89.6	91.5	93.5	57.5		88.1		79.9	78.4
2000	94.1	81.7	89.5	90.5	93.4	67.8		90.3		77.6	76.2
2001	94.3	82.1	89.4	91.4	93.0	76.3		88.9		78.6	77.2
2002	94.9	81.6	90.2	91.6	93.1	80.6	40.8	88.9		78.5	77.5
2003	96.0	84.8	91.6	93.0	93.9	84.8	68.1	92.4		82.2	81.3
2004	95.9	85.5	91.6	93.0	93.5	87.5	73.2	92.4		83.5	82.5
2005	96.1	85.7	91.7	91.5	93.9	87.9	82.8	92.9		83.1	82.4
2006	95.8	85.2	92.9	92.4	93.4	89.3	87.0	93.4		83.2	82.3
2007	95.5	84.5	92.6	92.3	92.6	90.0	90.0	92.7		82.8	81.1
2008	96.2	84.6	93.6	92.1	90.9	90.7	92.8	93.5		82.5	79.6
2009	94.0	83.9	92.8	90.0	92.1	89.6	92.6	92.4	43.9	81.5	50.6
2010	95.0	84.4	93.3	91.5	90.4	90.4	92.6	91.8	59.2	82.0	78.8
2011	95.5	84.6	93.9	91.6	94.0	90.8	93.6	91.1	67.3	82.6	81.9
2012	94.3	82.5	92.8	90.8	93.0	90.2	92.3	89.7	68.6	80.5	76.0
2013	94.1	83.1	92.7	91.9	92.8	91.2	92.4	90.8	72.6	81.5	77.1
2014	94.7	84.2	93.3	91.5	92.6	91.0	92.6	91.6	71.7	82.6	77.7
2015	95.0	84.6	93.7	91.9	93.2	91.8	93.3	92.6	73.2	83.2	77.7
2016	93.7	83.4	91.1	91.1	91.6	90.6	91.8	90.5	74.1	81.9	76.8

Decades of 30%-40% unvaccinated populations with no epidemics

The 90% plus coverage rates we see today were first achieved in the late 90's, and are the result of the convergence of 3 programs-

1. School attendance requirements, which began in the late 70's & early 80's.
2. The near complete indemnification for liability for bankrupted vaccine manufacturers and administrators by the NVICP. The National Vaccine Injury Compensation in 1988; and
3. VFC - Vaccines For Children: a funding scheme whereby the government buys and provides all "required" vaccines, 1993.

Required vaccines are now legislated purchases.
2018 court ruling found NO Safety Testing for 32 years on vaccines as required by the 1986 (NVICP).
RFK Jr. Lawsuit tinyurl.com/yaxbodz7

Autism uptick begins

*Previously reported as measles-containing vaccine (MCV)
†No national coverage data were collected from 1986 through 1990.

Combined 4-3-1: Four or more doses of DTP/DTaP/DT, three or more doses of poliovirus vaccine, and one or more doses of any measles-containing vaccine.

Combined 4-3-1-3: Four or more doses of DTP/DTaP/DT, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of *Haemophilus influenzae* type b vaccine.

Data prior to 1993 were collected by the National Health Interview Survey and represent 2-year-old children. Data from 1993 forward are from the National Immunization Survey and represent 19-35 month-old children. Different methods were used for the two surveys.

Data are available for vaccines and combinations of vaccines not reflected on this table. For more information about annual coverage figures from 1995 to the present, see https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/index.html .

Centers for Disease Control and Prevention
Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition March 2018

NO VACCINE LIABILITY 1986
==NO SAFETY TESTING==
Increases state funding for medical and social services

M-M-R® II
(MEASLES, MUMPS, and RUBELLA VIRUS VACCINE LIVE)

DESCRIPTION

M-M-R® II (Measles, Mumps, and Rubella Virus Vaccine Live) is a live virus vaccine for vaccination against measles (rubeola), mumps, and rubella (German measles).

M-M-R II is a sterile lyophilized preparation of (1) ATTENUVAX® (Measles Virus Vaccine Live), a more attenuated line of measles virus, derived from Enders' attenuated Edmonston strain and propagated in chick embryo cell culture; (2) MUMPSVAX® (Mumps Virus Vaccine Live), the Jeryl Lynn™ (B level) strain of mumps virus propagated in chick embryo cell culture; and (3) MERUVAX® II (Rubella Virus Vaccine Live), the Wistar RA 27/3 strain of live attenuated rubella virus propagated in WI-38 human diploid lung fibroblasts.{1,2}

The growth medium for measles and mumps is Medium 199 (a buffered salt solution containing vitamins and amino acids and supplemented with fetal bovine serum) containing SPGA (sucrose, phosphate, glutamate, and recombinant human albumin) as stabilizer and neomycin.

The growth medium for rubella is Minimum Essential Medium (MEM) [a buffered salt solution containing vitamins and amino acids and supplemented with fetal bovine serum] containing recombinant human albumin and neomycin. Sorbitol and hydrolyzed gelatin stabilizer are added to the individual virus harvests.

The cells, virus pools, and fetal bovine serum are all screened for the absence of adventitious agents.

The reconstituted vaccine is for subcutaneous administration. Each 0.5 mL dose contains not less than 1,000 $TCID_{50}$ (tissue culture infectious doses) of measles virus; 12,500 $TCID_{50}$ of mumps virus; and 1,000 $TCID_{50}$ of rubella virus. Each dose of the vaccine is calculated to contain sorbitol (14.5 mg), sodium phosphate, sucrose (1.9 mg), sodium chloride, hydrolyzed gelatin (14.5 mg), recombinant human albumin (≤0.3 mg), fetal bovine serum (<1 ppm), other buffer and media ingredients and approximately 25 mcg of neomycin. The product contains no preservative.

Before reconstitution, the lyophilized vaccine is a light yellow compact crystalline plug. M-M-R II, when reconstituted as directed, is clear yellow.

CLINICAL PHARMACOLOGY

Measles, mumps, and rubella are three common childhood diseases, caused by measles virus, mumps virus (paramyxoviruses), and rubella virus (togavirus), respectively, that may be associated with serious complications and/or death. For example, pneumonia and encephalitis are caused by measles. Mumps is associated with aseptic meningitis, deafness and orchitis; and rubella during pregnancy may cause congenital rubella syndrome in the infants of infected mothers.

The impact of measles, mumps, and rubella vaccination on the natural history of each disease in the United States can be quantified by comparing the maximum number of measles, mumps, and rubella cases reported in a given year prior to vaccine use to the number of cases of each disease reported in 1995. For measles, 894,134 cases reported in 1941 compared to 288 cases reported in 1995 resulted in a 99.97% decrease in reported cases; for mumps, 152,209 cases reported in 1968 compared to 840 cases reported in 1995 resulted in a 99.45% decrease in reported cases; and for rubella, 57,686 cases reported in 1969 compared to 200 cases reported in 1995 resulted in a 99.65% decrease.{3}

Clinical studies of 284 triple seronegative children, 11 months to 7 years of age, demonstrated that M-M-R II is highly immunogenic and generally well tolerated. In these studies, a single injection of the vaccine induced measles hemagglutination-inhibition (HI) antibodies in 95%, mumps neutralizing antibodies in 96%, and rubella HI antibodies in 99% of susceptible persons. However, a small percentage (1-5%) of vaccinees may fail to seroconvert after the primary dose (see also INDICATIONS AND USAGE, *Recommended Vaccination Schedule*).

A study{4} of 6-month-old and 15-month-old infants born to vaccine-immunized mothers demonstrated that, following vaccination with ATTENUVAX, 74% of the 6-month-old infants developed detectable neutralizing antibody (NT) titers while 100% of the 15-month-old infants developed NT. This rate of seroconversion is higher than that previously reported for 6-month-old infants born to naturally immune mothers tested by HI assay. When the 6-month-old infants of immunized mothers were revaccinated at 15

months, they developed antibody titers equivalent to the 15-month-old vaccinees. The lower seroconversion rate in 6-month-olds has two possible explanations: 1) Due to the limit of the detection level of the assays (NT and enzyme immunoassay [EIA]), the presence of trace amounts of undetectable maternal antibody might interfere with the seroconversion of infants; or 2) The immune system of 6-month-olds is not always capable of mounting a response to measles vaccine as measured by the two antibody assays.

There is some evidence to suggest that infants who are born to mothers who had wild-type measles and who are vaccinated at less than one year of age may not develop sustained antibody levels when later revaccinated. The advantage of early protection must be weighed against the chance for failure to respond adequately on reimmunization.{5,6}

Efficacy of measles, mumps, and rubella vaccines was established in a series of double-blind controlled field trials which demonstrated a high degree of protective efficacy afforded by the individual vaccine components.{7-12} These studies also established that seroconversion in response to vaccination against measles, mumps, and rubella paralleled protection from these diseases.{13-15}

Following vaccination, antibodies associated with protection can be measured by neutralization assays, HI, or ELISA (enzyme linked immunosorbent assay) tests. Neutralizing and ELISA antibodies to measles, mumps, and rubella viruses are still detectable in most individuals 11 to 13 years after primary vaccination.{16-18} See INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females*, for Rubella Susceptibility Testing.

The RA 27/3 rubella strain in M-M-R II elicits higher immediate post-vaccination HI, complement-fixing and neutralizing antibody levels than other strains of rubella vaccine{19-25} and has been shown to induce a broader profile of circulating antibodies including anti-theta and anti-iota precipitating antibodies.{26,27} The RA 27/3 rubella strain immunologically simulates natural infection more closely than other rubella vaccine viruses.{27-29} The increased levels and broader profile of antibodies produced by RA 27/3 strain rubella virus vaccine appear to correlate with greater resistance to subclinical reinfection with the wild virus,{27,29-31} and provide greater confidence for lasting immunity.

INDICATIONS AND USAGE

Recommended Vaccination Schedule

M-M-R II is indicated for simultaneous vaccination against measles, mumps, and rubella in individuals 12 months of age or older.

Individuals first vaccinated at 12 months of age or older should be revaccinated prior to elementary school entry. Revaccination is intended to seroconvert those who do not respond to the first dose. The Advisory Committee on Immunization Practices (ACIP) recommends administration of the first dose of M-M-R II at 12 to 15 months of age and administration of the second dose of M-M-R II at 4 to 6 years of age.{32} In addition, some public health jurisdictions mandate the age for revaccination. Consult the complete text of applicable guidelines regarding routine revaccination including that of high-risk adult populations.

Measles Outbreak Schedule

Infants Between 6 to 12 Months of Age

Local health authorities may recommend measles vaccination of infants between 6 to 12 months of age in outbreak situations. This population may fail to respond to the components of the vaccine. Safety and effectiveness of mumps and rubella vaccine in infants less than 12 months of age have not been established. The younger the infant, the lower the likelihood of seroconversion (see CLINICAL PHARMACOLOGY). Such infants should receive a second dose of M-M-R II between 12 to 15 months of age followed by revaccination at elementary school entry.{32}

Unnecessary doses of a vaccine are best avoided by ensuring that written documentation of vaccination is preserved and a copy given to each vaccinee's parent or guardian.

Other Vaccination Considerations

Non-Pregnant Adolescent and Adult Females

Immunization of susceptible non-pregnant adolescent and adult females of childbearing age with live attenuated rubella virus vaccine is indicated if certain precautions are observed (see below and PRECAUTIONS). Vaccinating susceptible postpubertal females confers individual protection against subsequently acquiring rubella infection during pregnancy, which in turn prevents infection of the fetus and consequent congenital rubella injury.{33}

Women of childbearing age should be advised not to become pregnant for 3 months after vaccination and should be informed of the reasons for this precaution.

The ACIP has stated "If it is practical and if reliable laboratory services are available, women of childbearing age who are potential candidates for vaccination can have serologic tests to determine susceptibility to rubella. However, with the exception of premarital and prenatal screening, routinely performing serologic tests for all women of childbearing age to determine susceptibility (so that vaccine is given only to proven susceptible women) can be effective but is expensive. Also, 2 visits to the health-care provider would be necessary — one for screening and one for vaccination. Accordingly, rubella vaccination of a woman who is not known to be pregnant and has no history of vaccination is justifiable without serologic testing — and may be preferable, particularly when costs of serology are high and follow-up of identified susceptible women for vaccination is not assured."{33}

Postpubertal females should be informed of the frequent occurrence of generally self-limited arthralgia and/or arthritis beginning 2 to 4 weeks after vaccination (see ADVERSE REACTIONS).

Postpartum Women

It has been found convenient in many instances to vaccinate rubella-susceptible women in the immediate postpartum period (see PRECAUTIONS, *Nursing Mothers*).

Other Populations

Previously unvaccinated children older than 12 months who are in contact with susceptible pregnant women should receive live attenuated rubella vaccine (such as that contained in monovalent rubella vaccine or in M-M-R II) to reduce the risk of exposure of the pregnant woman.

Individuals planning travel outside the United States, if not immune, can acquire measles, mumps, or rubella and import these diseases into the United States. Therefore, prior to international travel, individuals known to be susceptible to one or more of these diseases can either receive the indicated monovalent vaccine (measles, mumps, or rubella), or a combination vaccine as appropriate. However, M-M-R II is preferred for persons likely to be susceptible to mumps and rubella; and if monovalent measles vaccine is not readily available, travelers should receive M-M-R II regardless of their immune status to mumps or rubella.{34-36}

Vaccination is recommended for susceptible individuals in high-risk groups such as college students, health-care workers, and military personnel.{33,34,37}

According to ACIP recommendations, most persons born in 1956 or earlier are likely to have been infected with measles naturally and generally need not be considered susceptible. All children, adolescents, and adults born after 1956 are considered susceptible and should be vaccinated, if there are no contraindications. This includes persons who may be immune to measles but who lack adequate documentation of immunity such as: (1) physician-diagnosed measles, (2) laboratory evidence of measles immunity, or (3) adequate immunization with live measles vaccine on or after the first birthday.{34}

The ACIP recommends that "Persons vaccinated with inactivated vaccine followed within 3 months by live vaccine should be revaccinated with two doses of live vaccine. Revaccination is particularly important when the risk of exposure to wild-type measles virus is increased, as may occur during international travel."{34}

Post-Exposure Vaccination

Vaccination of individuals exposed to wild-type measles may provide some protection if the vaccine can be administered within 72 hours of exposure. If, however, vaccine is given a few days before exposure, substantial protection may be afforded.{34,38,39} There is no conclusive evidence that vaccination of individuals recently exposed to wild-type mumps or wild-type rubella will provide protection.{33,37}

Use With Other Vaccines

See DOSAGE AND ADMINISTRATION, *Use With Other Vaccines*.

CONTRAINDICATIONS

Hypersensitivity to any component of the vaccine, including gelatin.{40}

Do not give M-M-R II to pregnant females; the possible effects of the vaccine on fetal development are unknown at this time. If vaccination of postpubertal females is undertaken, pregnancy should be avoided for three months following vaccination (see INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females* and PRECAUTIONS, *Pregnancy*).

Anaphylactic or anaphylactoid reactions to neomycin (each dose of reconstituted vaccine contains approximately 25 mcg of neomycin).

Febrile respiratory illness or other active febrile infection. However, the ACIP has recommended that all vaccines can be administered to persons with minor illnesses such as diarrhea, mild upper respiratory infection with or without low-grade fever, or other low-grade febrile illness.{41}

Patients receiving immunosuppressive therapy. This contraindication does not apply to patients who are receiving corticosteroids as replacement therapy, e.g., for Addison's disease.

Individuals with blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems.

Primary and acquired immunodeficiency states, including patients who are immunosuppressed in association with AIDS or other clinical manifestations of infection with human immunodeficiency viruses;{41-43} cellular immune deficiencies; and hypogammaglobulinemic and dysgammaglobulinemic states. Measles inclusion body encephalitis{44} (MIBE), pneumonitis{45} and death as a direct consequence of disseminated measles vaccine virus infection have been reported in immunocompromised individuals inadvertently vaccinated with measles-containing vaccine.

Individuals with a family history of congenital or hereditary immunodeficiency, until the immune competence of the potential vaccine recipient is demonstrated.

WARNINGS

Due caution should be employed in administration of M-M-R II to persons with a history of cerebral injury, individual or family histories of convulsions, or any other condition in which stress due to fever should be avoided. The physician should be alert to the temperature elevation which may occur following vaccination (see ADVERSE REACTIONS).

Hypersensitivity to Eggs

Live measles vaccine and live mumps vaccine are produced in chick embryo cell culture. Persons with a history of anaphylactic, anaphylactoid, or other immediate reactions (e.g., hives, swelling of the mouth and throat, difficulty breathing, hypotension, or shock) subsequent to egg ingestion may be at an enhanced risk of immediate-type hypersensitivity reactions after receiving vaccines containing traces of chick embryo antigen. The potential risk to benefit ratio should be carefully evaluated before considering vaccination in such cases. Such individuals may be vaccinated with extreme caution, having adequate treatment on hand should a reaction occur (see PRECAUTIONS).{46}

However, the AAP has stated, "Most children with a history of anaphylactic reactions to eggs have no untoward reactions to measles or MMR vaccine. Persons are not at increased risk if they have egg allergies that are not anaphylactic, and they should be vaccinated in the usual manner. In addition, skin testing of egg-allergic children with vaccine has not been predictive of which children will have an immediate hypersensitivity reaction...Persons with allergies to chickens or chicken feathers are not at increased risk of reaction to the vaccine."{47}

Hypersensitivity to Neomycin

The AAP states, "Persons who have experienced anaphylactic reactions to topically or systemically administered neomycin should not receive measles vaccine. Most often, however, neomycin allergy manifests as a contact dermatitis, which is a delayed-type (cell-mediated) immune response rather than anaphylaxis. In such persons, an adverse reaction to neomycin in the vaccine would be an erythematous, pruritic nodule or papule, 48 to 96 hours after vaccination. A history of contact dermatitis to neomycin is not a contraindication to receiving measles vaccine."{47}

Thrombocytopenia

Individuals with current thrombocytopenia may develop more severe thrombocytopenia following vaccination. In addition, individuals who experienced thrombocytopenia with the first dose of M-M-R II (or its component vaccines) may develop thrombocytopenia with repeat doses. Serologic status may be evaluated to determine whether or not additional doses of vaccine are needed. The potential risk to benefit ratio should be carefully evaluated before considering vaccination in such cases (see ADVERSE REACTIONS).

PRECAUTIONS

General

Adequate treatment provisions, including epinephrine injection (1:1000), should be available for immediate use should an anaphylactic or anaphylactoid reaction occur.

Special care should be taken to ensure that the injection does not enter a blood vessel.

Children and young adults who are known to be infected with human immunodeficiency viruses and are not immunosuppressed may be vaccinated. However, vaccinees who are infected with HIV should be monitored closely for vaccine-preventable diseases because immunization may be less effective than for uninfected persons (see CONTRAINDICATIONS).{42,43}

Vaccination should be deferred for 3 months or longer following blood or plasma transfusions, or administration of immune globulin (human).{47}

Excretion of small amounts of the live attenuated rubella virus from the nose or throat has occurred in the majority of susceptible individuals 7 to 28 days after vaccination. There is no confirmed evidence to indicate that such virus is transmitted to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission through close personal contact, while accepted as a theoretical possibility, is not regarded as a significant risk.{33} However, transmission of the rubella vaccine virus to infants via breast milk has been documented (see *Nursing Mothers*).

There are no reports of transmission of live attenuated measles or mumps viruses from vaccinees to susceptible contacts.

It has been reported that live attenuated measles, mumps and rubella virus vaccines given individually may result in a temporary depression of tuberculin skin sensitivity. Therefore, if a tuberculin test is to be done, it should be administered either before or simultaneously with M-M-R II.

Children under treatment for tuberculosis have not experienced exacerbation of the disease when immunized with live measles virus vaccine;{48} no studies have been reported to date of the effect of measles virus vaccines on untreated tuberculous children. However, individuals with active untreated tuberculosis should not be vaccinated.

As for any vaccine, vaccination with M-M-R II may not result in protection in 100% of vaccinees.

The health-care provider should determine the current health status and previous vaccination history of the vaccinee.

The health-care provider should question the patient, parent, or guardian about reactions to a previous dose of M-M-R II or other measles-, mumps-, or rubella-containing vaccines.

Information for Patients

The health-care provider should provide the vaccine information required to be given with each vaccination to the patient, parent, or guardian.

The health-care provider should inform the patient, parent, or guardian of the benefits and risks associated with vaccination. For risks associated with vaccination see WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS.

Patients, parents, or guardians should be instructed to report any serious adverse reactions to their health-care provider who in turn should report such events to the U.S. Department of Health and Human Services through the Vaccine Adverse Event Reporting System (VAERS), 1-800-822-7967.{49}

Pregnancy should be avoided for 3 months following vaccination, and patients should be informed of the reasons for this precaution (see INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females*, CONTRAINDICATIONS, and PRECAUTIONS, *Pregnancy*).

Laboratory Tests

See INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females*, for Rubella Susceptibility Testing, and CLINICAL PHARMACOLOGY.

Drug Interactions

See DOSAGE AND ADMINISTRATION, *Use With Other Vaccines*.

Immunosuppressive Therapy

The immune status of patients about to undergo immunosuppressive therapy should be evaluated so that the physician can consider whether vaccination prior to the initiation of treatment is indicated (see CONTRAINDICATIONS and PRECAUTIONS).

The ACIP has stated that "patients with leukemia in remission who have not received chemotherapy for at least 3 months may receive live virus vaccines. Short-term (<2 weeks), low- to moderate-dose systemic corticosteroid therapy, topical steroid therapy (e.g. nasal, skin), long-term alternate-day treatment with low to moderate doses of short-acting systemic steroid, and intra-articular, bursal, or tendon injection of corticosteroids are not immunosuppressive in their usual doses and do not contraindicate the administration of [measles, mumps, or rubella vaccine]."{33,34,37}

Immune Globulin

Administration of immune globulins concurrently with M-M-R II may interfere with the expected immune response.{33,34,47}

See also PRECAUTIONS, *General*.

Carcinogenesis, Mutagenesis, Impairment of Fertility

M-M-R II has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility.

Pregnancy

Animal reproduction studies have not been conducted with M-M-R II. It is also not known whether M-M-R II can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Therefore, the vaccine should not be administered to pregnant females; furthermore, pregnancy should be avoided for 3 months following vaccination (see INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females* and CONTRAINDICATIONS).

In counseling women who are inadvertently vaccinated when pregnant or who become pregnant within 3 months of vaccination, the physician should be aware of the following: (1) In a 10-year survey involving over 700 pregnant women who received rubella vaccine within 3 months before or after conception (of whom 189 received the Wistar RA 27/3 strain), none of the newborns had abnormalities compatible with congenital rubella syndrome;{50} (2) Mumps infection during the first trimester of pregnancy may increase the rate of spontaneous abortion. Although mumps vaccine virus has been shown to infect the placenta and fetus, there is no evidence that it causes congenital malformations in humans;{37} and (3) Reports have indicated that contracting wild-type measles during pregnancy enhances fetal risk. Increased rates of spontaneous abortion, stillbirth, congenital defects and prematurity have been observed subsequent to infection with wild-type measles during pregnancy.{51,52} There are no adequate studies of the attenuated (vaccine) strain of measles virus in pregnancy. However, it would be prudent to assume that the vaccine strain of virus is also capable of inducing adverse fetal effects.

Nursing Mothers

It is not known whether measles or mumps vaccine virus is secreted in human milk. Recent studies have shown that lactating postpartum women immunized with live attenuated rubella vaccine may secrete the virus in breast milk and transmit it to breast-fed infants.{53} In the infants with serological evidence of rubella infection, none exhibited severe disease; however, one exhibited mild clinical illness typical of acquired rubella.{54,55} Caution should be exercised when M-M-R II is administered to a nursing woman.

Pediatric Use

Safety and effectiveness of measles vaccine in infants below the age of 6 months have not been established (see also CLINICAL PHARMACOLOGY). Safety and effectiveness of mumps and rubella vaccine in infants less than 12 months of age have not been established.

Geriatric Use

Clinical studies of M-M-R II did not include sufficient numbers of seronegative subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger subjects.

ADVERSE REACTIONS

The following adverse reactions are listed in decreasing order of severity, without regard to causality, within each body system category and have been reported during clinical trials, with use of the marketed vaccine, or with use of monovalent or bivalent vaccine containing measles, mumps, or rubella:

Body as a Whole

Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability.

Cardiovascular System

Vasculitis.

Digestive System

Pancreatitis; diarrhea; vomiting; parotitis; nausea.

Endocrine System

Diabetes mellitus.

Hemic and Lymphatic System

Thrombocytopenia (see WARNINGS, *Thrombocytopenia*); purpura; regional lymphadenopathy; leukocytosis.

Immune System

Anaphylaxis and anaphylactoid reactions have been reported as well as related phenomena such as angioneurotic edema (including peripheral or facial edema) and bronchial spasm in individuals with or without an allergic history.

Musculoskeletal System

Arthritis; arthralgia; myalgia.

Arthralgia and/or arthritis (usually transient and rarely chronic), and polyneuritis are features of infection with wild-type rubella and vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. This type of involvement as well as myalgia and paresthesia, have also been reported following administration of MERUVAX II.

Chronic arthritis has been associated with wild-type rubella infection and has been related to persistent virus and/or viral antigen isolated from body tissues. Only rarely have vaccine recipients developed chronic joint symptoms.

Following vaccination in children, reactions in joints are uncommon and generally of brief duration. In women, incidence rates for arthritis and arthralgia are generally higher than those seen in children (children: 0-3%; women: 12-26%),{17,56,57} and the reactions tend to be more marked and of longer duration. Symptoms may persist for a matter of months or on rare occasions for years. In adolescent girls, the reactions appear to be intermediate in incidence between those seen in children and in adult women. Even in women older than 35 years, these reactions are generally well tolerated and rarely interfere with normal activities.

Nervous System

Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE) (see CONTRAINDICATIONS); subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia.

Encephalitis and encephalopathy have been reported approximately once for every 3 million doses of M-M-R II or measles-, mumps-, and rubella-containing vaccine administered since licensure of these vaccines.

The risk of serious neurological disorders following live measles virus vaccine administration remains less than the risk of encephalitis and encephalopathy following infection with wild-type measles (1 per 1000 reported cases).{58,59}

In severely immunocompromised individuals who have been inadvertently vaccinated with measles-containing vaccine; measles inclusion body encephalitis, pneumonitis, and fatal outcome as a direct consequence of disseminated measles vaccine virus infection have been reported (see CONTRAINDICATIONS). In this population, disseminated mumps and rubella vaccine virus infection have also been reported.

There have been reports of subacute sclerosing panencephalitis (SSPE) in children who did not have a history of infection with wild-type measles but did receive measles vaccine. Some of these cases may have resulted from unrecognized measles in the first year of life or possibly from the measles vaccination. Based on estimated nationwide measles vaccine distribution, the association of SSPE cases to measles vaccination is about one case per million vaccine doses distributed. This is far less than the association with infection with wild-type measles, 6-22 cases of SSPE per million cases of measles. The results of a retrospective case-controlled study conducted by the Centers for Disease Control and Prevention suggest that the overall effect of measles vaccine has been to protect against SSPE by preventing measles with its inherent higher risk of SSPE.{60}

Cases of aseptic meningitis have been reported to VAERS following measles, mumps, and rubella vaccination. Although a causal relationship between the Urabe strain of mumps vaccine and aseptic meningitis has been shown, there is no evidence to link Jeryl Lynn™ mumps vaccine to aseptic meningitis.

Respiratory System

Pneumonia; pneumonitis (see CONTRAINDICATIONS); sore throat; cough; rhinitis.

Skin

Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; measles-like rash; pruritis.

Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; induration; tenderness; vesiculation at injection site; Henoch-Schönlein purpura; acute hemorrhagic edema of infancy.

Special Senses — Ear

Nerve deafness; otitis media.

Special Senses — Eye

Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis.

Urogenital System

Epididymitis; orchitis.

Other

Death from various, and in some cases unknown, causes has been reported rarely following vaccination with measles, mumps, and rubella vaccines; however, a causal relationship has not been established in healthy individuals (see CONTRAINDICATIONS). No deaths or permanent sequelae were reported in a published post-marketing surveillance study in Finland involving 1.5 million children and adults who were vaccinated with M-M-R II during 1982 to 1993.{61}

Under the National Childhood Vaccine Injury Act of 1986, health-care providers and manufacturers are required to record and report certain suspected adverse events occurring within specific time periods after vaccination. However, the U.S. Department of Health and Human Services (DHHS) has established a Vaccine Adverse Event Reporting System (VAERS) which will accept all reports of suspected events.{49} A VAERS report form as well as information regarding reporting requirements can be obtained by calling VAERS 1-800-822-7967.

DOSAGE AND ADMINISTRATION

FOR SUBCUTANEOUS ADMINISTRATION

Do not inject intravascularly.

The dose for any age is 0.5 mL administered subcutaneously, preferably into the outer aspect of the upper arm.

The recommended age for primary vaccination is 12 to 15 months.

Revaccination with M-M-R II is recommended prior to elementary school entry. See also INDICATIONS AND USAGE, *Recommended Vaccination Schedule*.

Children first vaccinated when younger than 12 months of age should receive another dose between 12 to 15 months of age followed by revaccination prior to elementary school entry.{32} See also INDICATIONS AND USAGE, *Measles Outbreak Schedule*.

Immune Globulin (IG) is not to be given concurrently with M-M-R II (see PRECAUTIONS, *General* and PRECAUTIONS, *Drug Interactions*).

CAUTION: A sterile syringe free of preservatives, antiseptics, and detergents should be used for each injection and/or reconstitution of the vaccine because these substances may inactivate the live virus vaccine. A 25 gauge, 5/8" needle is recommended.

To reconstitute, use only the diluent supplied, since it is free of preservatives or other antiviral substances which might inactivate the vaccine.

Single Dose Vial — First withdraw the entire volume of diluent into the syringe to be used for reconstitution. Inject all the diluent in the syringe into the vial of lyophilized vaccine, and agitate to mix thoroughly. If the lyophilized vaccine cannot be dissolved, discard. Withdraw the entire contents into a syringe, inject the total volume of restored vaccine subcutaneously, and discard vial.

It is important to use a separate sterile syringe and needle for each individual patient to prevent transmission of hepatitis B and other infectious agents from one person to another.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. M-M-R II, when reconstituted, is clear yellow.

Use With Other Vaccines

M-M-R II should be given one month before or after administration of other live viral vaccines.

M-M-R II has been administered concurrently with VARIVAX® [Varicella Virus Vaccine Live (Oka/Merck)], and PedvaxHIB® [*Haemophilus b* Conjugate Vaccine (Meningococcal Protein Conjugate)] using separate injection sites and syringes. No impairment of immune response to individually tested vaccine antigens was demonstrated. The type, frequency, and severity of adverse experiences observed with M-M-R II were similar to those seen when each vaccine was given alone.

Routine administration of DTP (diphtheria, tetanus, pertussis) and/or OPV (oral poliovirus vaccine) concurrently with measles, mumps and rubella vaccines is not recommended because there are limited data relating to the simultaneous administration of these antigens.

However, other schedules have been used. The ACIP has stated "Although data are limited concerning the simultaneous administration of the entire recommended vaccine series (i.e., DTaP [or DTwP], IPV [or OPV], Hib with or without Hepatitis B vaccine, and varicella vaccine), data from numerous studies have

indicated no interference between routinely recommended childhood vaccines (either live, attenuated, or killed). These findings support the simultaneous use of all vaccines as recommended."{62}

HOW SUPPLIED

No. 4681 — M-M-R II is supplied as follows: (1) a box of 10 single-dose vials of lyophilized vaccine (package A), **NDC** 0006-4681-00; and (2) a box of 10 vials of diluent (package B). To conserve refrigerator space, the diluent may be stored separately at room temperature.

Storage

To maintain potency, M-M-R II must be stored between -58°F and +46°F (-50°C to +8°C). Use of dry ice may subject M-M-R II to temperatures colder than -58°F (-50°C).

Protect the vaccine from light at all times, since such exposure may inactivate the viruses.

Before reconstitution, store the lyophilized vaccine at 36°F to 46°F (2°C to 8°C). The diluent may be stored in the refrigerator with the lyophilized vaccine or separately at room temperature. **Do not freeze the diluent.**

It is recommended that the vaccine be used as soon as possible after reconstitution. Store reconstituted vaccine in the vaccine vial in a dark place at 36°F to 46°F (2°C to 8°C) and discard if not used within 8 hours.

For information regarding stability under conditions other than those recommended, call 1-800-MERCK-90.

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THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.

10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

THE DANGER OF ELIMINATING VACCINE EXEMPTIONS & CURTAILING VACCINE CRITICISM

ICAN
Informed Consent Action Network

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."[1] **Coercion invalidates informed consent.**[2] 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.[3] 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.[4]

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.[5] 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.[6] 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.[7] 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**").[8] In nearly every case the injured person bears the burden to prove causation.[9] Despite these hurdles, since 1986, HHS has paid over $4 billion for vaccine injuries.[10]

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.[11] 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.[12]

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."[13] As HHS recently

[1] https://ori.hhs.gov/chapter-3-The-Protection-of-Human-Subjects-nuremberg-code-directives-human-experimentation
[2] https://www.utcomchatt.org/docs/biomedethics.pdf
[3] 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.")
[4] 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."); Bruesewitz 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")
[5] https://www.citizen.org/sites/default/files/2408.pdf
[6] 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 aggressive defenses in compensation cases," "establish[ed] a cadre of attorneys specializing in vaccine injury" and "an expert witness program to challenge claims.")
[7] Ibid.
[8] Ibid.
[9] 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
[10] https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-february-2019.pdf
[11] *See fn.* 6 and 9.
[12] http://vaccinesafetycommission.org/pdfs/Conflicts-Govt-Reform.pdf
[13] 42 U.S.C. § 300aa-27

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.[14]

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.[15] The safety profile for a pediatric vaccine is therefore not known before it is licensed and routinely used in children.[16]

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."[17] 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.[18]

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.[19] 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.[20] 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.[21]

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.[22]

11. Carcinogenicity, Mutagenicity & Infertility. Most vaccines have never been evaluated for their potential to cause cancer, mutate genes or cause infertility.[23]

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.[24] The CDC tells these parents that "Vaccines Do Not Cause Autism."[25] 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.[26] The same is true for Hep B, Hib, PCV 13, and IPV.[27] 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.[28] Moreover, HHS's primary autism expert in Vaccine Court recently provided an affidavit explaining that vaccines can cause autism in some children.[29] 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.[30] These conditions have sharply

[14] http://icandecide.org/government/ICAN-HHS-Stipulated-Order-July-2018.pdf
[15] https://icandecide.org/hhs/ICAN-Reply.pdf (see Section I)
[16] Ibid.
[17] https://icandecide.org/hhs/ICAN-Reply.pdf (see Appendix B)
[18] Ibid.
[19] https://wonder.cdc.gov/vaers.html
[20] https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf
[21] https://icandecide.org/hhs/ICAN-Reply.pdf (see Section III)
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[24] 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/
[25] https://www.cdc.gov/vaccinesafety/concerns/autism.html
[26] 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
[27] https://icandecide.org/hhs/ICAN-Reply.pdf (see Section VI)
[28] 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-reasearch-fraud
[29] http://icandecide.org/documents/zimmerman.pdf
[30] https://www.ncbi.nlm.nih.gov/pubmed/21570014

risen in lock-step with the increases in the CDC's recommended vaccine schedule.[31] That schedule has risen from 7 injections of just 2 vaccines in 1986 to the current total of 50 injections of 12 different vaccines.[32] 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.[33] 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.[34] 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.[35] Nonetheless, HHS and CDC refuse to publish any studies comparing the health outcomes between vaccinated and unvaccinated children.[36]

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.[37] In 1962, a year before the first measles vaccine, the CDC reported a total of 408 deaths.[38] That amounts to 1 in 500,000 Americans at a time when measles infected nearly every American.[39]

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.[40] Combined, these cancers killed 20,960 Americans in 2018.[41] As another example, individuals who never had measles, mumps or rubella had a 50% increased rate of ovarian cancer.[42] In 2018, ovarian cancer killed 14,070 Americans.[43] 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]."[44] Heart disease killed 610,000 Americans in 2018.[45] 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."[46] 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.[47]

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).[48] MMR produces no immunity in 2% to 10% of vaccinees; and 22 years after two doses of MMR approximately 33% of vaccinees are again

[31] https://www.ncbi.nlm.nih.gov/pubmed/20159870
[32] https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg; https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf
[33] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/
[34] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/
[35] http://www.oatext.com/pdf/JTS-3-186.pdf; http://www.oatext.com/pdf/JTS-3-187.pdf
[36] https://icandecide.org/hhs/ICAN-Reply.pdf (see Section VII)
[37] https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf; https://www.cdc.gov/nchs/data/vsus/VSUS_1962_2A.pdf
[38] https://www.cdc.gov/nchs/data/vsus/VSUS_1962_2A.pdf
[39] Ibid.; https://www.census.gov/library/publications/1962/compendia/statab/83ed.html
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[47] https://www.fda.gov/downloads/BiologicsBloodVaccines/UCM123789.pdf
[48] https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/coverage.pdf

potentially susceptible to measles.[49] The proportion after 30 years is even higher.[50] 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."[51] 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).[52] 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.[53]

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.[54] 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.[55] 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.[56] Moreover, the immunity from this vaccine wanes and, absent natural boosting from exposure to chicken pox virus, can lead to shingles.[57] 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.[58]

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.[59]

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:

a. Vaccine safety duties should be removed entirely from HHS and placed into an independent board;

b. Pharmaceutical companies should be liable for injuries caused by their vaccine products; and

c. 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

[49] https://www.ncbi.nlm.nih.gov/pubmed/17339511
[50] Ibid.
[51] 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")
[52] Ibid.
[53] Ibid.
[54] http://polioeradication.org/polio-today/polio-prevention/the-vaccines/ipv/
[55] Ibid.
[56] https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142813.pdf
[57] https://www.ncbi.nlm.nih.gov/pubmed/22659447; https://www.ncbi.nlm.nih.gov/pubmed/24275643
[58] https://www.nhs.uk/common-health-questions/childrens-health/why-are-children-in-the-uk-not-vaccinated-against-chickenpox/
[59] 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

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

Source: www.CDC.gov

2019

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
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

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

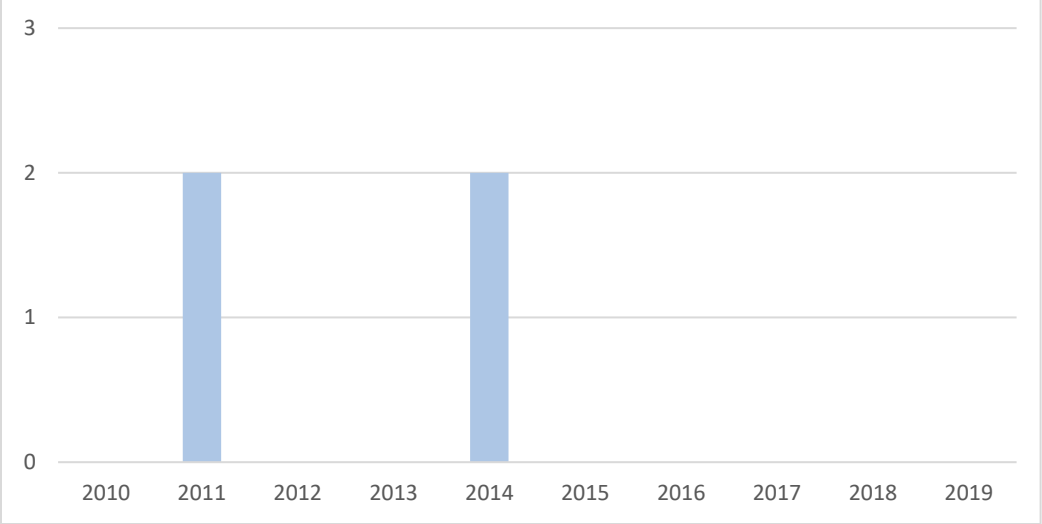
To date there is over **4 BILLION DOLLARS** paid out for vaccine injury and death.

Wisconsin UNITED FOR freedom

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 12th 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 40th 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 [i] and the 2011 Supreme Court Decision BRUESEWITZ ET AL. *v*. WYETH LLC, FKA WYETH, INC., ET AL [ii] 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.[iii] 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.[iv]

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.[v] This more than doubles the government childhood schedule of 34 doses of 11 different vaccines in the year 2000.[vi] 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.[vii]

The U.S. Vaccine Market alone was $36.45 Billion in 2018 and expected to reach $50.42 billion by 2023.[viii] 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.[ix]

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**.[x] 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.[xi]

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." [xii]

References

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[i] 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

[ii] 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

[iii] 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

[iv] U.S. Department of Health and Human Services. About the National Vaccine Injury Compensation Program. *National Vaccine Injury Compensation Program*. June 2019

[v] CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019 Feb. 5, 2019

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

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

[viii] Markets and Markets Vaccines Market worth $50.42 billion by 2023 *Press Release*. No Date

[ix] Blankenship K, Pharma lobbyists flood the zone in D.C., with Pfizer and Amgen leading the way *Fierce Pharma* Apr. 23, 2019

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

[xi] AHRQ Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS) Dec 1, 2007-Sep. 30, 2010

[xii] 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 [1]

Wisconsin's vaccination rates have remained stable. In 2018-2019, only 1.1% of Wisconsin students had waived all immunizations. [2]

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 12th grade students.

Percentage of Wisconsin day care center attendees ages 2 through 4 years who met each Immunization compliance category, by assessment year[3]

"Vaccination rates have remained stable since 2011-12."[4]

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

[1] 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)

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

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

[4] Ibid

6.3 MILLION
Adverse Reactions!

100%
Absorption of Heavy Metals!

Vaccine Court: The Vaccine Adverse Event Reporting System

VAERS DATA	2016	2018
Deaths	432	533
Permanent Disabilities	1091	1438
Hospitalizations	4132	5108
Emergency Room Visits	10,284	5588
Total Reports	**59,117**	**62,803**

Fewer than 1% of adverse events are reported

(Report funde by HHS)

Vaccine Court: The Vaccine Adverse Event Reporting System

VAERS DATA	2016	*2016*	2018	*2018*
	CORRECTED TO REPRESENT 100% PARCIPITATION			
Deaths	432	43,200	533	53,300
Permanent Disabilities	1091	109,100	1438	143,800
Hospitalizations	4132	413,200	5108	510,800
Emergency Room Visits	10,284	1,028,400	5588	558,800
Total Reports	**59,117**	**5,911,700**	**62,803**	**6,280,300**

6.3 MILLION ADVERSE REACTIONS!

Fewer than 1% of adverse events are reported

(Report funde by HHS)

Dynavax Shares Plunge on Delayed FDA Decision for Hep B Vaccine Heplisav – Aug 2017

Milton Packer, the only cardiologist on the advisory panel, a Distinguished Scholar in Cardiovascular Science at **Baylor University Medical Center at Dallas**, wrote about the vaccine for *STAT News* **today**. He writes, "The vaccine works through a unique adjuvant—a substance that improves the body's immune response to the virus. The advantages of the Dynavax vaccine were demonstrated in a randomized trial of more than 8,000 patients: About 5,600 received the new vaccine and about 2,800 received the existing standard hepatitis B vaccine. **During the trial, though, 14 people in the Dynavax group had heart attacks compared to just one in the conventional vaccine group.** Since the Dynavax group was twice as large, **the heart attack risk was seven times higher with the new vaccine."**

825,000 susceptible to Heart Attack in the U.S.!

The committee apparently spent quite some time trying to determine, based on available data, whether the heart attack risk was caused by the vaccine. **The adjuvant used in it causes an inflammatory response for an unknown period. Inflammation causes atherosclerotic plaques in coronary arteries to rupture, which triggers most heart attacks.** So a link was a possibility. But was it just a coincidence?

The available data couldn't tell. They would need data in 50,000 people. Packer was one of the three committee members who abstained.

https://www.biospace.com/article/dynavax-shares-plunge-on-delayed-fda-decision-for-hep-b-vaccine-heplisav-/

https://www.nbcnews.com/health/kids-health/new-report-95-percent-baby-foods-tested-contain-toxic-metals-n1068306

95% OF BABY FOODS CONTAMINATED BY HEAVY METALS

Oct. 17, 2019, 6:56 PM CDT
By Sarah Jackson

There's a strong chance your baby's food contains traces of toxic heavy metals, including arsenic and lead, according to a new study.

The research, commissioned by Healthy Babies Bright Futures (HBBF) and outlined in a report released Thursday, tested 168 baby foods for the presence of four heavy metals: arsenic, lead, mercury and cadmium. They **found that 95 percent of the baby foods were contaminated by at least one of the heavy metals**, and **one in four** of the baby foods tested **contained all four of the heavy metals**. Only nine of the 168 baby foods tested were not found to contain traces of any of the four metals.

Four of seven infant rice cereals tested contained inorganic arsenic, which is the more toxic form of the metal, in levels exceeding the Food and Drug Administration's proposed limit of 100 parts per billion.

"The heavy metals interfere with the way the brain is supposed to get wired," registered nurse Charlotte Brody, one of the authors of the report and the national director of the HBBF, told NBC News. **"Everything we can do to drop the levels of these chemicals that kids are exposed to just gives them a better chance of learning."**

Additional effects of heavy metal exposure include attention deficits, as well as learning and behavioral impacts.

"There's so many things that we can't protect our kids from; the places where we can give our kids a better chance, we have a responsibility as parents and as a society to do what we can," Brody said. "Lowering the levels of these exposures is one thing we can do."

Dear County Board Member,

Please support parental rights by opposing the proposed resolution to support the removal of the personal conviction exemption waiver to vaccination in Wisconsin.

The issue is not about vaccines but rather personal and parental choice. The choice to vaccinate must remain between parents and their healthcare provider. Government should not have the 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.

Parents can, in consultation with their trusted healthcare provider, make fully informed medical decisions regarding the use of vaccines for their children. It is not the right of the state to use its power to compel or coerce the use of liability-free pharmaceutical products. Public vaccine policy without flexible exemptions to protect personal convictions constitutes an assault on the right to informed consent.

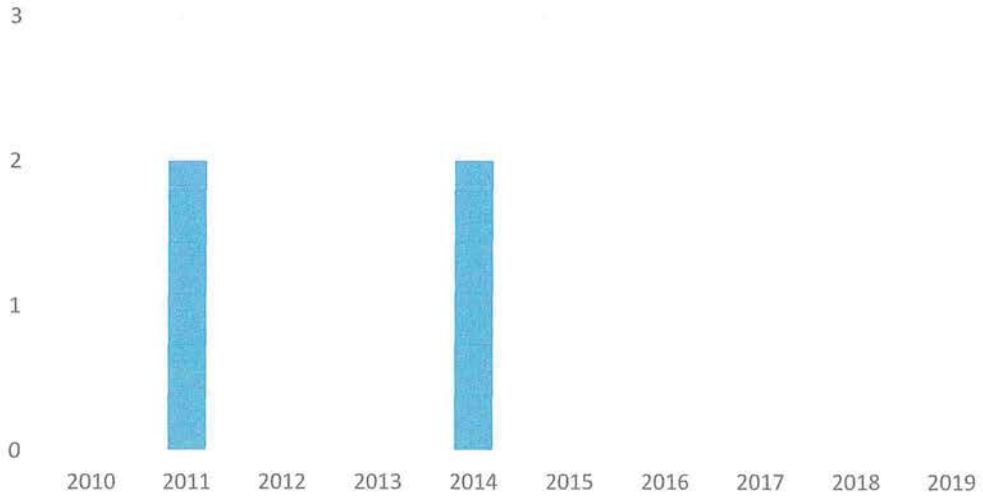
Informed consent includes the right to decide what goes into our own bodies, and the right as a parent to choose what is injected into our children's bodies.

The removal of the personal conviction vaccine exemption coerces parents into a medical procedure that carries very real concerns due to both known and unknown risks. And it jeopardizes a child's constitutional right to an education.

Please support parental rights by voting no to the proposed resolution

NUMBER OF MEASLES CASES REPORTED BY YEAR IN WISCONSIN

2010-2019 (as of October 20, 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.

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Measles outbreaks ARE NOT occurring in our Wisconsin Schools

In 2019, there have been 1,250 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.

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

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Health Waiver						0.1%	0.2%
Religious Waiver						0.3%	0.3%
Personal Conviction Waiver						2.0%	2.1%

Vaccines are pharmaceutical products that carry the risk for injury and death. Science and government have acknowledged this fact. While vaccine acquired immunity and naturally acquired immunity play a role in public health, there are also other significant contributing factors that have improved public health. For example, science and federal health officials note the important role that improved living conditions like diet, sanitation, and hygiene played prior to the introduction of many vaccines in the decline in infectious disease deaths.[32] [33] [34]

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.(https://tinyurl.com/hz82q44)

[3] U.S. Department of Health and Human Services. National Vaccine Injury Compensation Program Data—Oct 1, 2019. *National Vaccine Injury Compensation Program*. Oct. 1, 2019. (https://tinyurl.com/y2825mr3)

[4] 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)

[5] CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019 Feb. 5, 2019. (https://tinyurl.com/zmpul2y)

[6] CDC Notice to Readers: Recommended Childhood Immunization Schedule -- United States, 2000 *MMWR* Jan. 21, 2000; 49(02);35-38,47. (https://tinyurl.com/yy6nkadw)

[7] 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)

[8] Markets and Markets Vaccines Market worth $50.42 billion by 2023 *Press Release*. No Date. (https://tinyurl.com/y2gg78ss)

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THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.

10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

	Kim 1979	Jaelan 1998	Moses and Isaac 2019
Dtap	5	5	5
Hep B	3	3	3
MMR	1	1	2
Polio	5	4	4
Varicella		2	2
Hib		4	4
Rotavirus			2
Pneumococcal			4
Influenza			18
Hep A			2
Meningococcal			2
Tdap			1
HPV			2-3
Total	14	19	51-52

MEDPAGE TODAY®

Blogs > Revolution and Revelation

Does a New Hepatitis Vaccine Cause Heart Attacks?

— In this *Revolution and Revelation*, Milton Packer asks how you would answer this question

by Milton Packer MD
August 02, 2017

The FDA has a really important question and wants your advice.

This is not a fairy tale. This is a real-life story.

Hepatitis B is a serious disease. A company (Dynavax) has a new hepatitis vaccine that induces hepatitis antibodies more vigorously than existing vaccines and does so after 2 doses (instead of the usual 3). The vaccine works through a unique adjuvant. The serological advantages of the Dynavax vaccine were demonstrated in a randomized trial of >8000 patients; about 5600 people received the new vaccine and about 2800 people received the existing standard.

Why does the FDA need your help?

In the trial, an acute myocardial infarction occurred in 14 people in the Dynavax group,

but in only one person receiving the conventional vaccine. The events were confirmed by adjudication. Since the Dynavax group was twice as large, the risk of acute myocardial infarction in the trial was seven times greater with the new vaccine. The FDA wants to know if the new vaccine should be approved for use in millions of people.

What do you say? What recommendation would you make?

If you think this is just hypothetical, think again. On July 28, 2017, the FDA convened a public advisory committee meeting to consider this exact question. The members of the committee consisted primarily of experts in infectious diseases and immunology. I was the only cardiologist on the committee.

If the 14:1 imbalance was due to the play of chance, then the issue of myocardial infarction risk was spurious, and the vaccine should be approved. However, if the 14:1 imbalance reflected a real increase in cardiovascular risk, then approval of Dynavax vaccine would be problematic.

Was it biologically plausible for the new vaccine to cause heart attacks?

The new adjuvant in the vaccine caused an inflammatory response (of uncertain duration), and inflammation is an important cause of rupture of atherosclerotic plaques. So a causal linkage was not out of the question.

Was the imbalance in myocardial infarctions due to the play of chance?

That was a good question, but it was impossible to know. Many might think that calculation of a *P* value would help, but it wouldn't. *P* values have a place in clinical trials, but not when the number of events is so small and the number of comparisons is so great. So no one asked for or showed any *P* values during the meeting. Everyone agreed that statistics could not resolve the uncertainty.

If you wanted to know if the 14:1 imbalance represented a real risk, you needed more information. You needed comparative data in 50,000 people. The fastest way of obtaining that evidence was through a post-marketing trial. But a post-marketing trial was possible only if the vaccine was approved for public use.

So what recommendation would you have made to the FDA?

The FDA asked the committee if there was reasonable evidence that the vaccine was safe.

On July 28, the committee vote 12-1 (with 3 abstentions) in favor of the safety of the new vaccine. I was one of the three abstentions. Most of the committee believed that the vaccine's serological advantages outweighed the uncertainty, but the vote is non-binding. The FDA will decide on the new vaccine by August 10.

Why did I abstain? Based on the available data, it was impossible for anyone to know if the imbalance in myocardial infarctions was real or spurious. So although the question was fascinating and the discussion was terrific, my vote wasn't that complicated.

There is a simple rule in life: if you don't know, you should say that you don't know.

Packer has recently consulted for Amgen, Boehringer Ingelhim, Cardiorentis and Sanofi. He was one of the two co-principal investigators for the PARADIGM-HF trial (sacubitril/valsartan) and currently chairs the Executive Committee for the EMPEROR trial program (empagliflozin).

LAST UPDATED **11.14.2017**

Thimerosal and Animal Brains: New Data for Assessing Human Ethylmercury Risk

Julia R. Barrett

Since the 1930s, vaccines have contained thimerosal, a mercury-based preservative that breaks down to ethylmercury and thiosalicylate in the body. By some calculations, children given the usual schedule of vaccines containing thimerosal receive ethylmercury in doses exceeding the U.S. Environmental Protection Agency's guidelines for methylmercury, a known neurotoxicant. Because of the lack of pharmacokinetic and toxicity data for ethylmercury, methylmercury has been used as a reference for ethylmercury toxicity based on the assumption that the two compounds share similar toxicokinetic profiles. However, a new animal study shows that methylmercury is an inadequate reference for ethylmercury due to significant differences in tissue distribution, clearance rates, and ratios of organic to inorganic mercury in the brain **[*EHP* 113:1015–1021]**.

During their first two years, children in the United States may receive more than 20 routine vaccinations. The rise in childhood autism has sparked concerns that thimerosal-derived ethylmercury may be at least partly to blame for some of these cases—concerns that are largely driven by awareness of methylmercury's neurotoxicity. Beginning in 1999 thimerosal-free versions of routine vaccines for children under age 6 started becoming available. However, as of winter 2005, the flu vaccine still contained thimerosal, and the preservative continues to be used in vaccines in other countries.

In the current study, researchers assigned 41 newborn monkeys to one of three exposure groups. Seventeen of the monkeys were injected with vaccines spiked with thimerosal for a total mercury dose of 20 micrograms per kilogram (μg/kg) at ages 0, 7, 14, and 21 days, mimicking the typical schedule of vaccines for human infants. At the same ages, another 17 monkeys received 20 μg/kg methylmercury by stomach tube to mimic typical methylmercury exposure. A third group of 7 monkeys served as unexposed controls.

The researchers drew blood from all monkeys prior to any exposure and at other points prior to sacrifice, which occurred 2, 4, 7, or 28 days after the last dosing on day 21. Total mercury concentrations were measured in blood samples, and total and inorganic mercury concentrations were measured in brain samples. Organic mercury concentrations were calculated from those values.

The initial absorption rate and tissue distribution of mercury was similar in both exposed groups. However, total mercury progressively accumulated in the blood of methylmercury-exposed monkeys and remained detectable 28 days after the last dose. Among thimerosal-exposed monkeys, total mercury in blood declined rapidly between doses, and the researchers estimated clearance to be 5.4-fold higher than in the methylmercury group. In the thimerosal group, the half-life of total mercury in blood was 6.9 days, compared to 19.1 days for the methylmercury group.

Brain concentrations of total mercury were approximately 3–4 times lower in the thimerosal group than in the methylmercury group, and total mercury cleared more rapidly in the thimerosal group (with a half-life of 24.2 days versus 59.5 days). However, the proportion of inorganic mercury in the brain was much higher in the thimerosal group (21–86% of total mercury) compared to the methylmercury group (6–10%). Brain concentrations of inorganic mercury were approximately twice as high in the thimerosal group compared to the methylmercury group. Inorganic mercury remains in the brain much longer than organic mercury, with an estimated half-life of more than a year. It's not currently known whether inorganic mercury presents any risk to the developing brain.

Given these findings, the researchers caution that risk assessments for thimerosal based on studies using blood mercury measurements may not be valid, depending on the design of the study. Further, the observed differences in distribution and breakdown of mercury compounds between exposed groups indicate that methylmercury is not a suitable model for thimerosal toxicity.

The researchers emphasize, however, that the risks associated with low-level exposures to inorganic mercury in the developing brain are unknown, and they describe other research linking persistent inorganic mercury exposure with increased activation of microglia in the brain, an effect recently reported in children with autism. They recommend further research focused specifically on the biotransformation of thimerosal and its neurotoxic potential.

A sticky situation.

Article information

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Environews

Science Selections

Julia R. Barrett

See "Comparison of Blood and Brain Mercury Levels in Infant Monkeys Exposed to Methylmercury or Vaccines Containing Thimerosal" in volume 113 on page 1015.

Articles from Environmental Health Perspectives are provided here courtesy of **National Institute of Environmental Health Science**

Intended for healthcare professionals

News

MEPs devise strategy to tackle vaccine hesitancy among public

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Cite this as: BMJ 2018;360:k1378

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New unsafe vaccines will only add to vaccine hesitancy

The HEPLISAV-B [1] hepatitis B vaccine and the SHINGRIX [2] shingles vaccine were recently approved in the US.
Hansenula polymorpha yeast is used to produce HEPLISAV-B. The HEPLISAV-B vaccine thus contains yeast proteins (up to 5% of total protein). HEPLISAV-B uses a new powerful adjuvant, CpG 1018. Clinical trials showed an increase in myocardial infarction among patients who received HEPLISAV-B, compared to controls.
Uniprot [3] lists >5000 proteins for this yeast. I randomly picked one yeast protein "Cation transport ATPase" and ran a BLASTP [4] protein sequence alignment against homo sapiens, to check for molecular mimicry/autoimmunity potential. The top match was for “copper-transporting ATPase 1 isoform 1 [Homo sapiens]”, with a match score of 559. There are also subsequent matches to Menkes’ disease and Wilson's disease associated human proteins. Copper deficiency is associated with these heart diseases. [6]
In contrast, the top BLASTP match score between the H1N1 nucleoprotein (that caused Pandemrix induced narcolepsy [5]), and homo sapiens is only 32.5.

So it seems easily possible that this yeast containing vaccine with a powerful new adjuvant is creating autoantibodies that affect copper transport to the heart, due to molecular mimicry between yeast and human proteins. This can explain the huge increase in myocardial infarction occurrence following the administration of this vaccine. Yet the vaccine has been approved.

The FDA Briefing Document (Sep 13 2017) for the FDA VRBPAC meeting below details supraventricular tachycardia and tachyarrhythmia as serious adverse events (SAE) in SHINGRIX vaccinated subjects, detected during vaccine clinical studies.

https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMateri...

The vaccine package insert (Revised: 10/2017) [2], omits any reference to supraventricular tachycardia or

tachyarrhythmia. Thus doctors who administer this vaccine are being kept in the dark about these SAEs. The Vaccine Adverse Event Reporting System (VAERS) depends on doctors reporting adverse events. Underreporting is a known problem with these passive surveillance methods. Hiding information from doctors only makes the problem worse.

The SHINGRIX vaccine contains Chinese Hamster Ovary (CHO) cell proteins used to produce the vaccine. Once again, autoimmunity [7] due to molecular mimicry between human and CHO proteins could be the cause of the SAEs.

Such vaccine approvals despite obvious safety problems detected during clinical trials, prove that vaccine regulators are not serious about safety at all.

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Competing interests: No competing interests

01 April 2018

New Concerns about the Human Papillomavirus Vaccine

American College of Pediatricians – January 2016

The American College of Pediatricians (The College) is committed to the health and well-being of children, including prevention of disease by vaccines. It has recently come to the attention of the College that one of the recommended vaccines could possibly be associated with the very rare but serious condition of premature ovarian failure (POF), also known as premature menopause. There have been two case report series (3 cases each) published since 2013 in which post-menarcheal adolescent girls developed laboratory documented POF within weeks to several years of receiving Gardasil, a four-strain human papillomavirus vaccine (HPV4).[1,2] Adverse events that occur after vaccines are frequently not caused by the vaccine and there has not been a noticeable rise in POF cases in the last 9 years since HPV4 vaccine has been widely used.

Nevertheless there are legitimate concerns that should be addressed: (1) long-term ovarian function was not assessed in either the original rat safety studies[3,4] or in the human vaccine trials, (2) most primary care physicians are probably unaware of a possible association between HPV4 and POF and may not consider reporting POF cases or prolonged amenorrhea (missing menstrual periods) to the Vaccine Adverse Event Reporting System (VAERS), (3) potential mechanisms of action have been postulated based on autoimmune associations with the aluminum adjuvant used[1] and previously documented ovarian toxicity in rats from another component, polysorbate 80,[2] and (4) since licensure of Gardasil® in 2006, there have been about 213 VAERS reports (per the publicly available CDC WONDER VAERS database) involving amenorrhea, POF or premature menopause, 88% of which have been associated with Gardasil.[5] The two-strain HPV2, Cervarix™, was licensed late in 2009 and accounts for 4.7 % of VAERS amenorrhea reports since 2006, and 8.5% of those reports from February 2010 through May 2015. This compares to the pre-HPV vaccine period from 1990 to 2006 during which no cases of POF or premature menopause and 32 cases of amenorrhea were reported to VAERS.

Many adolescent females are vaccinated with influenza, meningococcal, and tetanus vaccines without getting Gardasil®, and yet only 5.6% of reports related to ovarian dysfunction since 2006 are associated with such vaccines in the absence of simultaneous Gardasil administration. The overwhelming majority (76%) of VAERS reports since 2006 with ovarian failure, premature menopause, and/or amenorrhea are associated *solely* with Gardasil®. When VAERS reports since 2006 are restricted to cases in which amenorrhea occurred for at least 4 months and is not associated with other known causes like polycystic ovary syndrome or pregnancy, 86/89 cases are associated with Gardasil, 3/89 with Cervarix™, and 0/89 with other vaccines administered independently of an HPV vaccine.[5] Using the same criteria, there are only 7 reports of amenorrhea from 1990 through 2005 and no more than 2 of those associated with any one vaccine type.

Few other vaccines besides Gardasil® that are administered in adolescence contain polysorbate 80.[6] Pre-licensure safety trials for Gardasil used placebo that contained polysorbate 80 as well as aluminum adjuvant.[2,7] Therefore, if such ingredients could cause ovarian dysfunction, an increase in amenorrhea probably would not have been detected in the placebo controlled trials. Furthermore, a large number of girls in the original trials were taking hormonal contraceptives which can mask ovarian dysfunction

including amenorrhea and ovarian failure.[2] Thus a causal relationship between human papillomavirus vaccines (if not Gardasil® specifically) and ovarian dysfunction cannot be ruled out at this time.

Numerous Gardasil safety studies, including one released recently,[8] have looked at demyelinating and autoimmune diseases and have not found any significant problems. Unfortunately, none of them except clinical safety pre-licensure studies totaling 11,778 vaccinees[9] specifically addressed post-vaccination ovarian dysfunction. While data from those studies do not indicate an increased rate of amenorrhea after vaccination, the essential lack of saline placebos and the majority of participants taking hormonal contraceptives in those studies preclude meaningful data to rule out an effect on ovarian function.

A Vaccine Safety Datalink POF study is planned to address an association between these vaccines and POF, but it may be years before results will be determined. Plus, POF within a few years of vaccination could be the tip of the iceberg since ovarian dysfunction manifested by months of amenorrhea may later progress to POF. Meanwhile, the author of this statement has contacted the maker of Gardasil®, the Advisory Committee on Immunization Practices (ACIP), and the Food and Drug Administration (FDA) to make known the above concerns and request that (1) more rat studies be done to look at long-term ovarian function after HPV4 injections, (2) the 89 VAERS reports identified with at least 4 months amenorrhea be reviewed by the CDC for further clarification since the publicly available WONDER VAERS database only contains initial reports, and (3) primary care providers be notified of a possible association between HPV and amenorrhea. A U.S. Government Representative responded that they "will continue to conduct studies and monitor the safety of HPV vaccines. Should the weight of the evidence from VAERS or VSD and other sources indicate a likely causal association between POF and HPV vaccines, appropriate action will be taken in terms of communication and public health response."

The College is posting this statement so that individuals considering the use of human papillomavirus vaccines could be made aware of these concerns pending further action by the regulatory agencies and manufacturers. While there is no strong evidence of a causal relationship between HPV4 and ovarian dysfunction, this information should be public knowledge for physicians and patients considering these vaccines.

Primary author: Scott S. Field, MD
January 2016

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By_____ Dep. Clerk

UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF PENNSYLVANIA

CHATOM PRIMARY CARE, P.C., on Behalf of Itself And All Others Similarly Situated, Plaintiff, v. MERCK & CO., INC., Defendant.	CIVIL ACTION NO. 12 3555 **CLASS ACTION COMPLAINT** **JURY TRIAL DEMANDED** **Electronically Filed**

Plaintiff Chatom Primary Care, P.C., on behalf of itself and all others similarly situated, brings this action against Merck & Co., Inc. ("Merck" or "Defendant"), and alleges as follows, based on information and belief, counsel's investigation, and a *qui tam* action filed by Stephen A. Krahling and Joan A. Wlochowski (the "Relators") captioned *Krahling v. Merck & Co., Inc.*, 2:10-cv-04374-CDJ (E.D. Pa.) (the "*Qui Tam* Action"):

INTRODUCTION

1. Merck is the exclusive supplier of mumps vaccine (including M-M-R®II and ProQuad®) (collectively, "Mumps Vaccine") in the U.S.

2. This lawsuit is brought as a proposed class action against Merck for unlawfully monopolizing the U.S. market for Mumps Vaccine by engaging in a decade-long scheme to falsify and misrepresent the true efficacy of its vaccine.

3. Specifically, Merck fraudulently represented and continues to falsely represent in its labeling and elsewhere that its Mumps Vaccine has an efficacy rate of 95 percent or higher.

In reality, Merck knows and has taken affirmative steps to conceal -- by using improper testing techniques and falsifying test data -- that its Mumps Vaccine is, and has been since at least 1999, far less than 95 percent effective.

4. Merck manufactures its Mumps Vaccine using an attenuated virus. An attenuated virus is created when its pathogenicity has been reduced so that it will initiate an immune response without producing the specific disease. Pathogenicity is reduced by "passaging" the virus through a series of cell cultures or animal embryos. With each passage, the virus becomes better at replicating in the host, but loses its ability to replicate in human cells. Eventually, the attenuated virus will be unable to replicate well (or at all) in human cells, and can be used in a vaccine. When this vaccine is administered to a human, the virus in it will be unable to replicate enough to cause illness, but will still provoke an immune response that can protect against future infection.

5. However, Merck knew and understood that the continued passaging of the attenuated virus from which its Mumps Vaccine was created (over forty years ago) had altered the virus and degraded its efficacy.

6. For a variety of reasons, including Merck's development and quest for approval of a new combination vaccine that contained its Mumps Vaccine, Merck initiated new efficacy testing of its Mumps Vaccine in the late 1990s. As demonstrated below, the goal of this new efficacy testing was to support its original efficacy findings at all costs, including the use of scientifically flawed methodology and falsified test results.

7. First, Merck designed a testing methodology that evaluated its vaccine against a less virulent strain of the mumps virus. After the results failed to yield Merck's desired efficacy, Merck abandoned the methodology and concealed the study's findings.

8. Second, Merck designed an even more scientifically flawed methodology, this time incorporating the use of animal antibodies to artificially inflate the results, but it too failed to achieve Merck's fabricated efficacy rate. Confronted with two failed methodologies, Merck then falsified the test data to guarantee the results it desired. Having reached the desired, albeit falsified, efficacy threshold, Merck submitted these fraudulent results to the Food & Drug Administration ("FDA") and European Medicines Agency ("EMA").

9. Third, Merck took steps to cover up the tracks of its fraudulent testing by destroying evidence of the falsified data and then lying to an FDA investigator that questioned Merck about its ongoing testing. Merck also attempted to buy the silence and cooperation of its staff by offering them financial incentives to follow the direction of the Merck personnel overseeing the fraudulent testing process. Merck also threatened a relator in the *Qui Tam* Action, Stephen Krahling, a virologist in Merck's vaccine division from 1999 to 2001, with jail if he reported the fraud to the FDA.

10. Fourth, in 2004 Merck submitted its application for approval for ProQuad®, a combination vaccine containing mumps, measles, rubella and chickenpox vaccines, certifying the contents of the application as true even though Merck knew the statements about the effectiveness of the Mumps Vaccine were, in fact, false. At no time during this application process did Merck disclose to the FDA the problems of which it was aware (or should have been aware) relating to the significantly diminished efficacy of its Mumps Vaccine. Accordingly, in 2005, the FDA approved Merck's application for ProQuad®.

11. Fifth, Merck sought and secured FDA approval to change the labeling for M-M-R®II – which is composed of Merck's mumps, measles and rubella vaccines – to reflect an almost 40 percent reduction in the minimum potency of the Mumps Vaccine component. It did

this while leaving its false representations of efficacy unchanged. And it did this fully appreciating that if the current, higher potency vaccine had an efficacy rate far lower than the falsely represented 95 percent, there was no way the vaccine would achieve that efficacy with significantly less attenuated virus in each shot.

12. Sixth, Merck continued to conceal what it knew (or should have known) about the diminished efficacy of its Mumps Vaccine even after significant mumps outbreaks in 2006 and 2009.

13. To be sure, Merck has now known for over a decade that its Mumps Vaccine is far less effective than advertised publicly and represented to government agencies. As Merck profited from its unlawful scheme, health care providers around the country have purchased millions of doses of Mumps Vaccine, with questionable efficacy, at artificially inflated prices.

PARTIES

14. Plaintiff Chatom Primary, Care P.C. is an Alabama corporation. During the Class Period (defined below), Chatom Primary Care, P.C. purchased the Mumps Vaccine from Merck at artificially inflated prices.

15. Defendant Merck is a New Jersey corporation with its vaccine division based in West Point, Pennsylvania. Merck—directly and/or through its subsidiaries, which it wholly owned and/or controlled—manufactured, marketed and/or sold Mumps Vaccine that was purchased throughout the United States, including in this district, during the Class Period. Merck is one of the largest pharmaceutical companies in the world with annual revenues exceeding $20 billion. Merck is also a leading seller of childhood vaccines and currently markets in the U.S. vaccines for 12 of the 17 diseases for which the CDC currently recommends vaccination.

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The 112-Year Odyssey of Pertussis and Pertussis Vaccines-Mistakes Made and Implications for the Future.

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Abstract

Effective diphtheria, tetanus toxoids, whole-cell pertussis (DTwP) vaccines became available in the 1930s, and they were put into routine use in the United States in the 1940s. Their use reduced the average rate of reported pertussis cases from 157 in 100 000 in the prevaccine era to <1 in 100 000 in the 1970s. Because of alleged reactions (encephalopathy and death), several countries discontinued (Sweden) or markedly decreased (United Kingdom, Germany, Japan) use of the vaccine. During the 20th century, Bordetella pertussis was studied extensively in animal model systems, and many "toxins" and protective antigens were described. A leader in B pertussis research was Margaret Pittman of the National Institutes of Health/US Food and Drug Administration. She published 2 articles suggesting that pertussis was a pertussis toxin (PT)-mediated disease. Dr Pittman's views led to the idea that less-reactogenic acellular vaccines could be produced. The first diphtheria, tetanus, pertussis (DTaP) vaccines were developed in Japan and put into routine use there. Afterward, DTaP vaccines were developed in the Western world, and definitive efficacy trials were carried out in the 1990s. These vaccines were all less reactogenic than DTwP vaccines, and despite the fact that their efficacy was less than that of DTwP vaccines, they were approved in the United States and many other countries. DTaP vaccines replaced DTwP vaccines in the United States in 1997. In the last 13 years, major pertussis epidemics have occurred in the United States, and numerous studies have shown the deficiencies of DTaP vaccines, including the small number of antigens that the vaccines contain and the type of cellular immune response that they elicit. The type of cellular response a predominantly, T2 response results in less efficacy and shorter duration of protection. Because of the small number of antigens (3-5 in DTaP vaccines vs >3000 in DTwP vaccines), linked-epitope suppression occurs. Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this

increased lifetime susceptibility.

KEYWORDS: DTaP; DTwP; cellular response; linked-epitope suppression

PMID: 30793754 DOI: 10.1093/jpids/piz005

LinkOut - more resources

Herd Immunity and Vaccination

The Facts

The original theory of herd immunity had nothing to do with vaccination

The underlying hypothesis of the original theory was that a community as a whole would develop a certain degree of natural protection from an infectious disease after a portion of its members actually came down with the disease, recovered from it, and became immune to it.[1] [2]

In other words, the more members of a community (herd) who were exposed to an infectious disease and developed natural immunity to it, the less of a threat that disease posed to the entire community (herd).

This theory cannot be applied to vaccination because:

Vaccination and immunization are not the same thing. Recovery from disease provides a person with long-lasting immunity. Vaccination can only provide temporary immunity. Hence the need for booster doses. Many adults who received vaccines as children no longer have immunity.[3] [4]

Not everyone develops antibodies after vaccination. Vaccine effectiveness varies widely among vaccines and among individuals. People are unique and respond differently to nearly everything in our environments, including vaccine products. In the case of the measles vaccine, up to 10% of the population may not develop protective antibodies.[5] [6]

Problems with vaccine-acquired immunity.

We don't know how long vaccine-acquired immunity lasts. Diseases such as chickenpox, measles, and mumps have been historically referred to as "childhood illnesses". As vaccines wear off, adults are becoming more at risk for childhood illnesses, which may result in serious complications.[7] [8] [9]

Today, because most women have been vaccinated as children, they don't have the same kind of robust maternal measles antibodies to pass on to their newborns like mothers in past generations. Most newborns today are susceptible to measles infections from birth, when complications can be more severe.[10] [11]

Vaccines can fail and vaccinated individuals can still spread diseases.

Data from the Wisconsin Department of Health reports that vaccines don't always work and that vaccinated individuals can still get sick. Mumps outbreaks are occurring in highly vaccinated populations. People vaccinated for pertussis can still spread the disease, even without symptoms.[12] [13] [14] [15]

Vaccinating to protect those who can't be vaccinated?

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.[16] [17]

Immunocompromised school children are 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.

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