From: John Robinson
To: Christopher Weisgram
Subject: Fw: [SUSPECTED SPAM] Marathon County Board Meeting 10/1/19 - Public Comment; Kayla Gorman
Date: Tuesday, October 22, 2019 9:16:09 AM
Attachments: PIC Immunocompromised Children.pdf
PIC Waning Immunity & Measles.pdf
PIC Measles Info.pdf

From: kkHAL <khalv510@gmail.com>
Sent: Monday, September 30, 2019 12:11 PM
Subject: [SUSPECTED SPAM] Marathon County Board Meeting 10/1/19 - Public Comment; Kayla Gorman

Good Afternoon,

I am writing to express my concerns and opposition to the resolution that supports the removal of the personal conviction vaccine exemption that will be voted on during tomorrows Marathon County Board Meeting. I've included my detailed comments below, along with references and educational handouts from Physicians for Informed Consent that further support my comments below. Please vote NO and leave this decision between parents and their health care provider.

My name is Kayla Gorman and I am a mother to a 19-month-old and have another baby on the way. The one size fits all vaccine policies and laws, which fail to respect biodiversity and force everyone to be treated the same, places an unfair risk on a minority of unidentified individuals that are unable to survive vaccination without being harmed. Parents can, in partnership with their child's health care provider, make informed decisions that best suits their family and their own medical history, whether that decision be to fully vaccinate according to the CDC schedule, partially vaccinate, vaccinate on an alternative schedule or not vaccinate at all.

Prior to any medical procedure, the U.S. Department of Health & Human Service explains that the "voluntary consent of the human subject is absolutely essential (1, 2)." Coercion invalidates informed consent. Infringing this right by eliminating vaccine exemptions is unethical and un-American given that pharmaceutical companies have no incentive to assure vaccine safety since Congress passed the National Childhood Vaccine Injury Act in 1986 (3). This Act eliminated pharmaceutical company liability for injuries caused by their vaccine products. We also know for a fact that these same pharmaceutical companies that make almost all of the childhood vaccines frequently lose law suits and have paid out billions for their misconduct and injuries related to their drug products since 1986 (4, 5). A recent example of pharma misconduct is the opioid epidemic (6, 7). Just this month, Purdue Pharma has to pay up to $12 Billion in relation to their role in the opioid epidemic. They contributed to more than 700,000 drug overdose deaths in the US since 1999. If pharma is frequently guilty of misconduct with products that they ARE liable for, they most certainly are not upstanding, well meaning citizens when it comes to producing and evaluating safety of the vaccines that they are not liable for, that we inject into children.

Our children currently receive 72 doses of vaccines (8). This number has skyrocketed since the 1980's, when children such as myself only received 10-12 doses (9). Coincidentally, the CDC vaccine schedule started to grow tremendously after the Act of 1986 when Pharma was no longer liable for vaccine injuries. There are hundreds of new vaccines in the pipeline right now (10). If parental choice, civil rights and vaccine exemptions are taken away, we will be forced to vaccinate with any new vaccines that are

released and added to the schedule in the future.

Did you know that there is a newly added Adult vaccination schedule posted on the CDC website, which includes 14 vaccines (11)? As soon as exemptions are removed, adults will no longer have a choice on whether they want to get the flu shot annually or if they want to get the HPV vaccine, or any other vaccine on the schedule. Ask yourself if you are comfortable with getting all vaccinations as well as all new future vaccinations – there are 200+ vaccines in the pipeline right now. Do you want the government to force pharmaceutical products, products where the manufactures are completely liability free, on your body or do you want to have a choice?

I also want touch on the concerns that are driving this push to remove exemptions.

First, I want to touch on Measles. What many people fail to understand is that unvaccinated children are not always the ones responsible for outbreaks. Nearly 50% of school children and most adults vaccinated with two doses of the MMR vaccine can still be infected with the wild measles virus and spread it to others, even with mild or NO symptoms of their own (12-15). Those that have recently been vaccinated with the MMR vaccine can also pass the vaccine strain virus to others for weeks after vaccination. For example, during the Disneyland Measles outbreak in 2015, 38% of the cases were vaccine strain measles and many suspected cases occurred in people that had been recently vaccinated (16).

Unvaccinated children that contract the infection will present with FULL symptoms. Because these children appear sick, common sense parents will keep their sick child at home instead of sending them to school or daycare. Since vaccinated children may present mild symptoms or even no symptoms at all, their parents are going to send them to school, not knowing that they have the disease and can spread it to others. So how can we mandate vaccination on all children when these outbreaks are not necessarily unvaccinated children's fault?

The media has stated that 1 in 1,000 reported measles cases will result in a death, but this statistic is misleading to the public. The key word is REPORTED. Only 10% of cases are reported to public health departments. Since nearly 90% of measles cases are not reported to the CDC, the result is a case-fatality rate of 1 in 10,000 for all measles cases.

Another argument for mandated vaccines is to protect the immunocompromised. Did you know that all immunocompromised children have the option to receive all the vaccines licensed for children in the US, except for the live virus vaccines (MMR and Varicella (17))? However, as I already mentioned previously, half of the people vaccinated with the MMR vaccine can still be infected with measles virus and spread to others, even with mild or no symptoms. In fact, since only 2% of the population uses exemptions and 50% of those vaccinated can still be infected with the measles virus, I'd argue that an immunocompromised child is more likely to be infected by a vaccinated child because they are exhibiting mild or no symptoms and being sent to school.

As far as disease treatment goes, there are highly effective options for everyone to use, but some are specific to immunocompromised people. There is an Immune globulin available for the prevention of severe symptoms in immunocompromised children exposed to measles. There is also an immune globulin available for rubella, chickenpox, Hepatitis B and tetanus (18-20). The World Health Organization (WHO) recommends that serious measles cases be treated with high-dose vitamin A (21).

This treatment alone can prevent serious measles cases. This is why we see a lot more deaths from Measles in underdeveloped countries where people are malnourished, especially in vitamin A (22-24). In the US and other developed countries, 75-92% of hospitalized measles cases are low in vitamin A (25, 26).

Lastly, there is no record of an immunocompromised child catching a disease from an unvaccinated child and dying. If there was, it would be plastered all over the news. The vaccine mandates are being pushed based on a theory of immunocompromised people catching a vaccine preventable disease from an unvaccinated person and dying. There have however, been 143 deaths related to vaccinations reported to the Vaccine Adverse Event Reporting System since the beginning of this year (27). A recent study conducted by Harvard found that only 1% of adverse reactions to vaccines are reported to the Vaccine Adverse Event Reporting System (28). This means that there may be over 14,000 vaccine related deaths this year alone.

It's important to remember that force is not consistent with the American story, nor is force consistent with the liberty our forefathers sought when they came to America. In fact, in his first Presidential inaugural address, Thomas Jefferson warned:

"All, too, will bear in mind this sacred principle, that though the will of the majority is in all cases to prevail, that will to be rightful must be reasonable; that the minority possess their equal rights, which equal law must protect, and to violate would be oppression."

Therefore, condoning the elimination of civil rights, including the right to opposition guaranteed under the First Amendment of the U.S. Constitution, to enforce vaccination creates a slippery slope. If we cannot be free to make informed, voluntary decisions about which pharmaceutical products we are willing to risk our health and lives for, then we are not free in any sense of the word. We have to stop to think. Are the parents the caretaker of their child's body, or is the government? Aren't parents in charge of raising children and making decisions for them, or is the government? If we are forced to vaccinate according to the CDC schedule, what will be forced on us next? Coercion, will destroy, not instill, public trust in the integrity of medical practice and public health laws.

We all want the same thing - our children to be safe and healthy. Forced vaccination is not the answer. Please vote NO on this resolution.

Sincerely,

Kayla Gorman

*****Informational handouts on Measles and the Immunocompromised are attached.*****

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5. https://www.drugwatcher.org/zostavax-lawsuit/
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From: John Robinson
To: Christopher Weisgram
Subject: Fw: health board meeting
Date: Saturday, October 26, 2019 12:59:16 PM

FYI

From: Valerie Charneski <sweetsonthird@gmail.com>
Sent: Saturday, October 26, 2019 11:39 AM
To: Sandi Cihlar; John Robinson; Mary Ann Crosby
Subject: Re: health board meeting

Hello,
Could you please submit this memo dated 10/24/19 to the remainder of the health board, as well as include it in the information for your upcoming meeting on November 5? There is a link to the original publication as well as copied and pasted below that. Thanks!

Valerie

https://jameslyonsweiler.com/2019/10/24/memo-to-hhs-et-alpersonal-exemptions-are-an-essential-safety-valve-on-whole-population-vaccination-programs/

jameslyonsweiler in Cures October 24, 2019 2,209 Words

Memo to HHS et al:Personal Exemptions are an Essential Safety Valve on Whole-Population Vaccination Programs

MEMO

Date: 10/24/2019

TO: Office of Infectious Disease and HIV/AIDS Policy (OIDP), Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services (HHS).

FROM: Dr. James Lyons-Weiler, PhD

RE: Request for Information (RFI) From Non-Federal Stakeholders: Developing the 2020 National Vaccine Plan

Non-experts in vaccine science such as policy makers and lawmakers have no frame of reference for skepticism of the claims of wholesale and universal safety of vaccines. To non-expert who have not read vaccine safety studies, and who do not have knowledge of important principles and proper practices of clinical trial study, claims of universal vaccine safety and the robustness and reliability of vaccine safety science appear reassuring. The thinking is that universal vaccination will lead to “herd immunity”, and thus individuals

"should" vaccinate for the "greater good".

However, a few cogent facts, such as the existence of a National Injury Compensation Program, the existence of a limited Table of Vaccine Injuries (published by HHS), the fact that the National Vaccine Injury Compensation Program has paid out over US $4Billion in settlements and awards to families who have members who have experienced on-table and off-table vaccine injury.

A moment's reflection on these facts, however, should cause such individuals to pause and realize the following:

- Any paradigm of 100% forced vaccination will reveal, by injury, maiming or death everyone in the population who is susceptible.
- Science has not defined any way (yet) to identify, contra the 1986 National Childhood Vaccine Injury Act, the individuals in the population who are most susceptible.
- Susceptibility to vaccine injury and death almost certainly has a genetic risk that is not universally shared across the population.
- By placing some potentially identifiable individuals at risk, universal forced vaccination is discriminatory and therefore places some families at increased risk of carrying all of the burden of morbidity and mortality
- Under the 14th Amendment, this potentially identifiable, albeit heterogeneous population, is entitled to Equal Protection from harm from vaccines.
- Families learn, via direct, personal empirical observation and experience, ahead of the ability of science, that they are at increased risk compared to the general population
- Non-medical exemptions, put in place by past generations, provide citizens who have already tried to participate in the whole-population vaccination program to opt out without carrying an undue burden of vaccine injury and harm.
- Vaccination programs without non-medical exemptions are cruel and inhumane to an identifiable subset of individuals and families who should not vaccinate..
- Vaccine injury and death denialism based on the absence of studies that have yet to be conducted is cruel.

The above points alone are sufficient to warrant the continuance of universal personal exemptions to vaccine mandates (aka "philosophical exemptions").

The counterarguments to this position are falsifiable, and include

- **CLAIM: Vaccine studies have been conducted that should have detected the adverse events claimed by citizens who no longer want to vaccinate.**

REALITY: Most vaccine safety studies that could have detected serious adverse events now

being claimed by tens of thousands or in some cases hundreds of thousands have been too brief, too small, correct for outcome variables related to likely vaccine adverse events, or exclude individual likely at high risk of serious vaccine adverse events. Unlike trials for drugs, clinical trials of vaccines have short outcome follow-up periods. We rely on post-market "surveillance" studies that employ passively collected vaccine adverse events, which capture less than 1% of vaccine injuries[1]. This means that although they are required by law to do so, most doctors fail to report ill health following vaccination to the Vaccine Adverse Events Reporting System (VAERS). The requirement to report any ill health following vaccination exists whether the physician thinks the ill health is due to the vaccination or note, but there is no penalty to physicians who refuse to submit reports to VAERS. Post-market surveillance studies of VAERS data therefore cannot find new, real vaccine adverse events that doctors think are attributable to vaccines. Further, by most short-term randomized clinical trials on vaccine safety have been conducted without a proper inert placebo. Remarkable, nearly all have been conducted comparing the safety to other vaccines or to active vaccine ingredients such as various forms of aluminum, an adjuvant designed to activate the immune system Fig 1; [2].

Figure 1. Comprehensive literature analysis and review of vaccine safety studies by ICAN (Informed Consent Action Network) published in 2018[2] reveals the absence of studies that use inert placebo in a control group to study vaccine safety.

The absence of appropriate control for potential harm to health from aluminum adjuvants puts the US vaccination program in a state at risk of being rejected by the public as poor science. The reliance of observational studies for long-term health outcomes and the lack of studies focused on the effects of receipt of multiple vaccines at once also places the vaccination program at risk of rejection by an increasingly vaccine-risk aware public.

CLAIM: Vaccines are such a boon to public health that individuals are not entitled to a choice or to informed consent.

REALITY: Current vaccines – and post-market surveillance studies – are not exempt from Federal rules and laws protecting the individual's right to informed consent. Nothing in the Code of Federal Regulations, for example, distinguishing individuals' rights to decline to participate in vaccine safety studies, including whole-population human subject post-market surveillance studies. Vaccination programs without personal exemption violate provisions of the National Research Act [Title II, Public Law 93-348], Regulations for the Protection of Human Subjects of Biomedical and Behavioral Research [45 CFR 46] and revisions of various regulations, rules, and laws ([21 CFR 50, [21 CFR 56], [45 CFR 46 Subpart D], [10 CFR 745]. Pregnant women and fetuses are afforded special protections by [45 CFR 46 Subpart B], and children are afforded additional protections by [45 CFR 46 Subpart D]. Currently, rights of pregnant women and fetuses are violated with each and every vaccine administered to them

because not only is there a paucity of pre-licensing clinical trials, no vaccine has been licensed for use to protect fetuses, and pregnant women are not told any of this as they are pressured to get vaccinated. Of note, in the Common Federal Policy for the Protection of Human Subjects ("Common Rule") [10 CFR 745] Sec 745.103(b)(3), none of these rights were revoked by any subsequent legislation, including [21 CFR 50.24], which allows the relaxation of requirements for informed consent during emergencies. In fact, the Common Rule re-asserted safeguards both for informed consent, and for special protections against coercion:

I cite here section §46.116, "General requirements for informed consent":

Except as provided elsewhere in this policy, no investigator may involve a human being as a subject in research covered by this policy unless the investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative. An investigator shall seek such consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence. The information that is given to the subject or the representative shall be in language understandable to the subject or the representative. No informed consent, whether oral or written, may include any exculpatory language through which the subject or the representative is made to waive or appear to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, the institution or its agents from liability for negligence.

"When some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects."

Any whole-population vaccination program that does not include personal exemptions subjects the entire population to coercion, thus violating the US Code of Federal Regulations. Personal exemptions allow individuals to react to adverse events they experience while participating in post-market surveillance studies, and such decisions should be respected. The rights of any individual to opt-out of human subjects experimentation should be preserved.

The question of the value of entire vaccination on public health has two problems at this time (10/2019) based on two points. First, some studies show significant population health reduction from vaccination (e.g., 3-6). Current vaccines are aging, and many appear to be no longer effective at preventing transmission of the wild-type pathogens they were designed to protect against. These include influenza vaccines (annually announced in the press as inexact), pertussis vaccines [7,8], and the MMR for mumps[9], rubella[10] and possibly measles [11]. Outbreaks of pertussis and mumps in completely vaccinated populations are now commonplace, and individuals up to date on measles vaccination now develop measles after exposure to other vaccinated or unvaccinated who are infected. For influenza and

measles, vaccinated individuals tend to have milder symptoms, but can carry the pathogens into schools and other public places. For mumps, rubella and chickenpox, break-through infections in vaccinated persons can be more serious, Instead of acknowledging the role of asymptomatic transmission, now routinely reported in numerous studies and discussed openly in the vaccine science literature [7], public health policy and the whole-population vaccination agenda blames the 1-2% who are not vaccinated. This is different from individuals "shedding" vaccine-type live organisms, it is now also known that a large percentage of individuals who were diagnosed with measles in the 2014 Disneyland outbreak had breakthrough viremia and symptoms of measles from the vaccine type. It is now impossible to blame unvaccinated individuals on outbreaks, which will continue even if the US achieves 100% vaccination coverage in all children for all vaccines on the CDC schedule. No form of herd immunity can exist when the vaccine in question masks the infection. The vaccinated asymptomatic carriers of infectious agents can carry infections into schools and into other public places just as well, but for longer periods of time, because, unlike the unvaccinated, they have no symptoms. It is even reasonable to assert that the unvaccinated serve an important public health service by alerting schools of the presence of an active transmission chain of viruses and bacteria that can threaten the lives of the immunocompromised.

Given these realities, the claim that vaccines are such a boon to public health that individuals are not entitled to a choice or to informed consent is clearly falsified.

Clearly, those pushing for universal vaccination with current vaccines are hoping to continue their contracts by masking symptoms of illness from circulating wild-type pathogens that their vaccines no longer effectively target. A case in point in the case in a PA court in which two whistleblowers report that their supervisors at Merck told them to spike human samples with rabbit-derived anti-mumps virus antibodies to defraud the FDA and the US public to continue Merck's contract for the MMR vaccine. The systematic fraud is not sustainable, and removal of personal exemptions will not prevent the obvious failure of many of the current vaccines.

In the meantime, US citizens are asserting their rights under the US CFR and will continue to do so; no parent who has witnessed serious adverse events in their child or children will continue to vaccinate no matter what laws are passed to coerce them. Personal exemptions are a safety valve not only the vaccination program – they are the way our society enacts the ethos embodied by our own national, and international laws protecting human beings from harm from human experimentation. Loss of personal exemption options may appear to be a trivial change to the majority of Americans, but for some, it means certain death and destruction of their lives.

For these reasons and realities, it would be both immoral and unethical to remove or deny personal exemptions to vaccination.

Respectfully,

Dr. James Lyons-Weiler, PhD

2912 Kilcairn Lane

Allison Park, PA 15101

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Sent from my iPhone

From: John Robinson
To: Christopher Weisgram
Subject: Fw: November 5th board meeting
Date: Friday, October 18, 2019 1:41:00 PM

Chris
Chris

FYI

John

From: Michael Bautsch <Michael@Bautsch.com>
Sent: Friday, October 18, 2019 12:17 PM
To: John Robinson; Katie Rosenberg; Romey Wagner; Dave Nutting; Ka Lo; Jeff Johnson; Mary Ann Crosby; Donna Krause; Alyson Leahy; Arnold Schlei; Matt Bootz; Rick Seefeldt; Randy Fifrick; Jeffrey Zriny; Edward Stark; Craig McEwen; Yee Leng Xiong; Sara Guild; Loren White; Alan Christensen; Chris Voll; Jean Maszk; Sandi Cihlar; John Durham; Thomas Seubert; Maynard Tremelling; Jim Bove; Richard Gumz; Allen Drabek; Kurt Gibbs; Tim Buttke; Gary Beastrom; Jacob Langenhahn; Bill Miller; Allen Opall; Jim Schaefer
Subject: RE: November 5th board meeting

Here's another great opportunity to educate yourself that was published Oct 4th, 2019

https://www.youtube.com/watch?v=_MyPP7RnUL4
In a rare and extended interview, both Robert F. Kennedy, Jr. and Del Bigtree take on the many complex problems that dominate the current vaccination program in the U.S. and around the world. Journalist Katia Txi recently sat down with both icons in the medical freedom/vaccine safety movement to provide their perspectives on everything from how they got involved with these issues, to the historical underpinnings of a corrupt process and what we need to do as a movement to be successful in bringing truth and justice into the equation. This must-see interview will resonate with seasoned advocates as well as those new to the movement, and is an excellent resource for educating friends and family members on why advocates are so passionate about protecting medical freedom.

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

From: Michael Bautsch
Sent: Wednesday, October 16, 2019 2:34 PM
To: John Robinson <john.robinson@co.marathon.wi.us>; 'katie.rosenberg@co.marathon.wi.us' <katie.rosenberg@co.marathon.wi.us>; 'romey.wagner@co.marathon.wi.us'

<romey.wagner@co.marathon.wi.us>; 'dave.nutting@ci.wausau.wi.us' <dave.nutting@ci.wausau.wi.us>; 'ka.lo@co.marathon.wi.us' <ka.lo@co.marathon.wi.us>; 'jeff.johnson@co.marathon.wi.us' <jeff.johnson@co.marathon.wi.us>; 'maryann.crosby@co.marathon.wi.us' <maryann.crosby@co.marathon.wi.us>; 'donna.krause@co.marathon.wi.us' <donna.krause@co.marathon.wi.us>; 'alyson.leahy@co.marathon.wi.us' <alyson.leahy@co.marathon.wi.us>; 'arnold.schlei@co.marathon.wi.us' <arnold.schlei@co.marathon.wi.us>; 'matt.bootz@co.marathon.wi.us' <matt.bootz@co.marathon.wi.us>; 'rick.seefeldt@co.marathon.wi.us' <rick.seefeldt@co.marathon.wi.us>; 'randy.fifrick@co.marathon.wi.us' <randy.fifrick@co.marathon.wi.us>; 'jeffrey.zriny@co.marathon.wi.us' <jeffrey.zriny@co.marathon.wi.us>; 'edward.stark@co.marathon.wi.us' <edward.stark@co.marathon.wi.us>; 'craig.mcewen@co.marathon.wi.us' <craig.mcewen@co.marathon.wi.us>; 'yee.xiong@co.marathon.wi.us' <yee.xiong@co.marathon.wi.us>; 'sara.guild@co.marathon.wi.us' <sara.guild@co.marathon.wi.us>; 'loren.white@co.marathon.wi.us' <loren.white@co.marathon.wi.us>; 'alan.christensen@co.marathon.wi.us' <alan.christensen@co.marathon.wi.us>; 'chris.voll@co.marathon.wi.us' <chris.voll@co.marathon.wi.us>; 'jean.maszk@co.marathon.wi.us' <jean.maszk@co.marathon.wi.us>; 'sandi.cihlar@co.marathon.wi.us' <sandi.cihlar@co.marathon.wi.us>; 'john.durham@co.marathon.wi.us' <john.durham@co.marathon.wi.us>; 'thomas.seubert@co.marathon.wi.us' <thomas.seubert@co.marathon.wi.us>; 'maynard.tremelling@co.marathon.wi.us' <maynard.tremelling@co.marathon.wi.us>; 'Jim.Bove@co.marathon.wi.us' <Jim.Bove@co.marathon.wi.us>; 'richard.gumz@co.marathon.wi.us' <richard.gumz@co.marathon.wi.us>; 'allen.drabek@co.marathon.wi.us' <allen.drabek@co.marathon.wi.us>; 'kurt.gibbs@co.marathon.wi.us' <kurt.gibbs@co.marathon.wi.us>; 'tim.buttke@co.marathon.wi.us' <tim.buttke@co.marathon.wi.us>; 'gary.beastrom@co.marathon.wi.us' <gary.beastrom@co.marathon.wi.us>; 'jacob.langenhahn@co.marathon.wi.us' <jacob.langenhahn@co.marathon.wi.us>; 'bill.miller@co.marathon.wi.us' <bill.miller@co.marathon.wi.us>; 'allen.opall@co.marathon.wi.us' <allen.opall@co.marathon.wi.us>; 'jim.schaefer@co.marathon.wi.us' <jim.schaefer@co.marathon.wi.us>
Subject: RE: November 5th board meeting

Free Version of Vaxxed for your viewing per my request in my email on Oct 10th that you please watch this documentary.

Watch "Vaxxed: From Cover-up to Catastrophe" on YouTube
https://youtu.be/cJNGVVfgu6A

Visually a tough version because it needed to be recorded with a movie camera and posted due to internet censorship.

Here's a perfect example of Censorship:
https://schiff.house.gov/news/press-releases/schiff-sends-letter-to-amazon-ceo-regarding-anti-

vaccine-misinformation
Adam Schiff (D – CA) forces Amazon's CEO, Jeff Bezos to remove Vaxxed from Prime

Sad world we live in!

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 10, 2019 8:01 AM
To: John Robinson <john.robinson@co.marathon.wi.us>; katie.rosenberg@co.marathon.wi.us; romey.wagner@co.marathon.wi.us; dave.nutting@ci.wausau.wi.us; ka.lo@co.marathon.wi.us; jeff.johnson@co.marathon.wi.us; maryann.crosby@co.marathon.wi.us; donna.krause@co.marathon.wi.us; alyson.leahy@co.marathon.wi.us; arnold.schlei@co.marathon.wi.us; matt.bootz@co.marathon.wi.us; rick.seefeldt@co.marathon.wi.us; randy.fifrick@co.marathon.wi.us; jeffrey.zriny@co.marathon.wi.us; edward.stark@co.marathon.wi.us; craig.mcewen@co.marathon.wi.us; yee.xiong@co.marathon.wi.us; sara.guild@co.marathon.wi.us; loren.white@co.marathon.wi.us; alan.christensen@co.marathon.wi.us; chris.voll@co.marathon.wi.us; jean.maszk@co.marathon.wi.us; sandi.cihlar@co.marathon.wi.us; john.durham@co.marathon.wi.us; thomas.seubert@co.marathon.wi.us; maynard.tremelling@co.marathon.wi.us; Jim.Bove@co.marathon.wi.us; richard.gumz@co.marathon.wi.us; allen.drabek@co.marathon.wi.us; kurt.gibbs@co.marathon.wi.us; tim.buttke@co.marathon.wi.us; gary.beastrom@co.marathon.wi.us; jacob.langenhahn@co.marathon.wi.us; bill.miller@co.marathon.wi.us; allen.opall@co.marathon.wi.us; jim.schaefer@co.marathon.wi.us
Subject: November 5th board meeting

Good Morning Board Members,

Thank you, for tabling the Marathon County personal exemption vote until the November meeting in order to investigate the information you had been presented with during public comments. In an effort help with that education, I've recently run across a video that has done a good job of summarizing the challenge we face as parents trying to decide whether we should or should not be vaccinating our children. Before you vote please please be sure to have at least viewed this video a couple of times. Please pause it as you watch it so you can read every line in it.

https://www.facebook.com/THE.Jack.Duffie/videos/2526734224059398/

Recently, we've watch other counties around WI remove or table the exemption issue from their agenda's after being educated on what the real risk is for children during public comment. We hope Marathon County comes to the same understanding and does the same in November.

Highlights as you watch the video and incidentally information other County Health Board members didn't realize until public comments:

- Prior to the Pharma Liability Exemption of 1986 there were 7 vaccines in 24 doses with chronic illness at a rate of 12.8%
- Since the Pharma Liability Exemption there are now **16 vaccines** and **72 doses** with chronic illness exploding to a whopping **54%**
- Most of the Chronic illnesses are the labeled side effect on the vaccine bottle
- No double-blind placebo-controlled study has ever been done – the GOLD standard clinical drug trials
- According to HHS less than 1% of vaccine injuries are actually reported – Suggesting the annual injury number is more like **6 MILLION**
- Historical data shows disease and mortality rates had declined prior to vaccines
- Vaccine safety is the responsibility of the drug companies themselves – this should set off **RED FLAGS** all over the place!!!
- New Bills being purposed that aim to prevent parents and now Doctors from being able to make the choice

Additionally, I strongly request you that you watch the movie Vaxxed prior to the November meeting (if you can't get a hold of it, I would be happy to provide a viewing). **There is a study in there that if true should scare all of us who love this great country of ours!**

- In 2014 there were 644 cases of measles that NO ONE died from at the same time diagnosed Autism cases were 1,082,353 – YES that's nearly 1.1 MILLION cases!!
- **By 2032 - 1 in every 2 children (50%) will be diagnosed with Autism (80% of them male)!**

Let's just assume for a moment that this study is true; can you imagine what that will do to this great country and to the world as a whole? Just for starters we would not be able to defend our country physically or mentally. Think about the burden this has on the Medicare, Medicaid and the Health Care System today before it even gets to 1 in every 2 children living with Autism.

If thing are allowed to continue where my ability to protect my own body or my children's body are taken away from me with your vote you will have destroyed the very thing we fight to defend "FREEDOM"!!

As you think about your vote and if you as a member of this board votes yes, eliminating our rights to choose there is a REAL chance you've just guaranteed that you've sentenced 50% of the children to an entire lifetime Autism, a lifetime of Food Allergies, a lifetime of Asthma or a lifetime of ADHD.

Do you really want to inflict this pain on families for a lifetime? I know how I'd vote in your shoes, there's no way I could sleep at night knowing that my vote took away their ability to protect themselves or for that matter that I sentenced just one child or one family to a lifetime of emotional and financial stress!

Respectfully,

Michael Bautsch
| 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: John Robinson
To: Christopher Weisgram
Subject: Fw: November 5th board meeting
Date: Tuesday, October 15, 2019 8:12:07 PM

FYI

John

From: Michael Bautsch <Michael@Bautsch.com>
Sent: Thursday, October 10, 2019 8:01 AM
To: John Robinson; Katie Rosenberg; Romey Wagner; Dave Nutting; Ka Lo; Jeff Johnson; Mary Ann Crosby; Donna Krause; Alyson Leahy; Arnold Schlei; Matt Bootz; Rick Seefeldt; Randy Fifrick; Jeffrey Zriny; Edward Stark; Craig McEwen; Yee Leng Xiong; Sara Guild; Loren White; Alan Christensen; Chris Voll; Jean Maszk; Sandi Cihlar; John Durham; Thomas Seubert; Maynard Tremelling; Jim Bove; Richard Gumz; Allen Drabek; Kurt Gibbs; Tim Buttke; Gary Beastrom; Jacob Langenhahn; Bill Miller; Allen Opall; Jim Schaefer
Subject: November 5th board meeting

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https://www.facebook.com/THE.Jack.Duffie/videos/2526734224059398/

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Respectfully,

Michael Bautsch
| 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: John Robinson
To: Christopher Weisgram
Subject: Fw: Personal Conviction Waiver
Date: Tuesday, October 22, 2019 9:02:46 AM

From: Dana Woods <Skarletteetchings@hotmail.com>
Sent: Thursday, October 10, 2019 8:35 PM
To: Dana Villa-Smith
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 1 and the 2011 Supreme Court Decision BRUESEWITZ ET
AL. v. WYETH LLC, FKA WYETH, INC., ET AL 2

took away the right for those injured or killed by vaccines to
sue the vaccine manufacturer in a civil court of law. There are NO incentives for pharmaceutical companies to assure that their products are safe.
Since 1989, the U.S. Government has paid out over $4.1 billion dollars to vaccine victims through the National Vaccine Compensation Program.3 This money does not come from the pharmaceutical companies who make the vaccines that cause these injuries and death. The program is funded by U.S.
taxpayers, through a 75-cent tax levied on all administered vaccines.4
The CDC currently recommends that all children receive 50 doses of 14 different vaccines between the
day of birth and age six and at least 69 doses of 16 vaccines between the day of birth and age eighteen.5 This more than doubles the government childhood schedule of 34 doses of 11 different vaccines in the year 2000.6

In the past 15 years, 35 doses and 5 more unique vaccines have been added
to the schedule. While adding vaccine after vaccine and dose after dose, the CDC has yet to do a single

study on whether or not this ever-growing vaccine schedule is actually safe for our children. There is no end in sight to the number of vaccines that could be added to the schedule, with over 260 vaccines
currently in development.7 This exemption protects us from any future vaccines which could potentially
be added to the schedule.
Data from the Wisconsin Department of Health reports that vaccines don't always work and that vaccinated individuals can still get sick and even spread illness on to others. Mumps outbreaks are occurring in highly vaccinated populations. People vaccinated for pertussis can still spread the disease,
even without symptoms.8 9 10 11
While public health officials often use the argument that everyone should be vaccinated to protect those who can't be, the reality is, according to the CDC, nearly all persons with chronic illness, including
immunocompromised children, can receive vaccines. Few school children qualify for medical exemptions to vaccination.12 13 Wisconsin's own data reports on the failure of vaccines to work and immunocompromised school children at risk for diseases from both vaccinated and unvaccinated schoolmates, and at risk for developing diseases that we don't vaccinate for. The removal of the personal exemption to vaccination in Wisconsin will not solve this problem.
Please vote NO to this resolution!
14 and 15 reference vaccine safety, and the failure of Health and Human Services to provide safety reporting on vaccine safety in over 30 years.

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

References
1 U.S. Code 42 USC CHAPTER 6A, SUBCHAPTER XIX, Part 2: National Vaccine Injury Compensation Program
From Title 42—THE PUBLIC HEALTH AND WELFARE - CHAPTER 6A—PUBLIC HEALTH SERVICE SUBCHAPTER XIX—VACCINES
2 U.S. Supreme Court. Bruesewitz v. Wyeth 09-152; Feb. 22, 2011. Justices Sotomayor and Ginsberg Dissenting
(pg. 30).
3 U.S. Department of Health and Human Services. National Vaccine Injury Compensation Program Data—May 1,
2019. National Vaccine Injury Compensation Program. May. 1, 2019
4 U.S. Department of Health and Human Services. About the National Vaccine Injury Compensation Program.
National Vaccine Injury Compensation Program. March 2019
5 CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States,
2019 Feb. 5, 2019
6 CDC Notice to Readers: Recommended Childhood Immunization Schedule -- United States, 2000 MMWR Jan. 21,

2000; 49(02);35-38,47
7 Pharmaceutical Research and Manufacturers of America (PHRMA) VACCINES: HARNESSING SCIENCE TO
DRIVE INNOVATION FOR PATIENTS Oct. 2017
8 Vaccine-Preventable Diseases Surveillance Summary Wisconsin, 2018 Wisconsin Dept. of Health - P-02321 (April
2019)
9 Fields VS, Safi H, Waters C et al. Mumps in a highly vaccinated Marshallese community in Arkansas, USA: an
outbreak report. Lancet Infect Dis. 2019 Feb;19(2):185-192
10 Peltola H, Kulkarni PS, Kapre SV et al. Mumps outbreaks in Canada and the United States: time for new thinking
on mumps vaccines. Clin Infect Dis. 2007 Aug 15;45(4):459-66
11 CDC Pertussis (Whooping Cough) – Pertussis Frequently Asked Questions – Apr. 1, 2019
12 Centers for Disease Control and Prevention.Recommendations of the Advisory Committee on Immunization
Practices (ACIP): Use of Vaccines and Immune Globulins in Persons with Altered Immunocompetence. Morbidity and
Mortality Weekly Report Apr. 9, 1993.)
13 CDC Contraindications and Precautions - General Best Practice Guidelines for Immunization: Best Practices
Guidance of the Advisory Committee on Immunization Practices (ACIP) Aug. 20, 2019
14 https://www.icandecide.org/wp-content/uploads/2019/08/VaccineSafety-Version-1.0-October-2-2017-1.pdf
15 https://www.icandecide.org/wp-content/uploads/2019/08/Stipulated-Order-copy-1.pdf

From: John Robinson
To: Christopher Weisgram
Subject: Fw: personal exemption vote
Date: Tuesday, October 22, 2019 9:11:32 AM

From: Angela Quance <angela20103@yahoo.com>
Sent: Thursday, October 3, 2019 8:36 PM
To: John Robinson
Subject: personal exemption vote

Hi, I just recently found out about the personal exemption vote that was to be held October 1st. I had only heard about it the night before so I wasn't prepared to be able to attend. I heard that your board has decided to table it until next month to allow you all to make a more educated decision. Thank you for taking the time to do this!
I was told maybe I could email in my thoughts as I didn't get a chance to attend or speak at the meeting.
If I were to speak I would have mentioned to you my sweet 8 year old daughter, Evie. She was a perfectly healthy little girl. At 12 months old, she received her standard shots they would give at 12 months-MMR, varicella, hep a, and pneumococcol. I didn't understand at that time that it was a choice and that I didn't have to vaccinate her. So I let them vaccinate her. I want to share with you her a little bit of her journey, so you may understand a little about why it should be a person's choice what to allow in their body or not. I'm not saying that people shouldn't vaccinate, but that we should have a choice as to whether we want to or not, especially when my family now knows that there are risks.
My sweet little 12 month old daughter Evie went to bed that night after she had had her shots in the afternoon. In the morning when I went to wake her, she wasn't happy and talking and standing in her crib like usual. When I went in to her room, I saw her laying up in the corner of the crib on her back. It was unusual. I felt her. She was burning hot. I picked her up, she was limp. She couldn't move. All that moved was her eyes. She didn't talk or babble, or crawl, or anything. Just layed there with wide eyes staring at me. I was worried. I took her to the doctor.
What we found out happened (because it happened again during her 2 week hospital stay, and because of all the MRIs and CT scans), was that she developed a very high fever from the shots. The fever made her have seizures. The seizures went on for so long that she lost too much oxygen in the brain causing a stroke which paralyzed her on the left side. Simultaneously, the shots caused ADEMS (acute disseminated encephalomyelitis). It is where the myelin of her brain (the protective coating) was eaten away by the vaccines. And now her body instead of fighting off and attacking the viruses of the vaccines, was attacking her brain cells and making it swell. They gave her steroids and we had to just wait for it to stop and the swelling to go down. She had several more seizures start up in the hospital. After 2 weeks, they let us go home. It has now been 7.5 years since then.
My sweet Evie has endured so many pokes, so many needles, so many MRIs and spinal taps and so much pain. She was left with epilepsy and left hemiplegic cerebral palsy. Her epilepsy is still not controlled. She's ridden in many an ambulance. She's

been in many ERs and hospitals over the years. She takes daily medication and has rescue medications. She takes extra medications with every fever too because without it, she had grand mal seizures, ambulance, ER and hospital from each fever. This all happened within hours of her shots. She also wears a leg brace on her left side. She walks with a limp that she will have forever. She has attended countless OT, PT, and hippotherapy over the years. She is a fighter and has come so far. She re-learned how to sit, chew, swallow, crawl, and walk! We are so happy that she has overcome so much. But we feel this needs to be a choice. Knowing what we do now, what this caused for our family, how this will affect her and us for the rest of our lives...we want a choice for our other children. You see, they give Evie a medical exemption because of her very horrific reaction to the vaccines, but what about our other children who have the same mom and dad, similar dna makeup? How can we be asked to inject those children with such similar makeups as Evie to the same vaccines she received knowing how they almost claimed her life, and how much she's had to and still has to suffer? We ask you to please keep Marathon County's choice for personal conviction waivers!
Thank you so much if you've read this far!
Please feel free to contact me. And could you please share this email with anyone you think it may benefit to hear it, or anyone else on the board that will be voting on this issue?
Thanks again,
Angela Quance
Mother of Evie, age 8.

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Personal Vaccine Exemption Information
Date:	Tuesday, October 22, 2019 9:02:07 AM

From: Chelsea Poland <drchelsea15@gmail.com>
Sent: Sunday, October 13, 2019 6:37 PM
To: John Robinson; Katie Rosenberg; Romey Wagner; Dave Nutting; Ka Lo; Jeff Johnson; Mary Ann Crosby; Donna Krause; Alyson Leahy; Arnold Schlei; Matt Bootz; Rick Seefeldt; Randy Fifrick; Jeffrey Zriny; Edward Stark; Craig McEwen; Yee Leng Xiong; Sara Guild; Loren White; Alan Christensen; Chris Voll; Jean Maszk; Sandi Cihlar; John Durham; Thomas Seubert; Maynard Tremelling; Jim Bove; Richard Gumz; Allen.drabeck@co.marathon.wi.us; Kurt Gibbs; Tim Buttke; Gary Beastrom; Jacob Langenhahn; Bill Miller; Allen Opall; Jim Schaefer
Subject: Personal Vaccine Exemption Information

Dear Marathon County Board Members,

I'm writing this email for information regarding my opposition to the removal of the personal vaccine exemption.

Before reading further, I'm going to please ask that you read this with an open mind. The vaccine conversation has become a topic that people seem to have a strong emotional attachment to, and when people become emotionally attached to something it is much easier to make assumptions that fit their narrative. I ask that you read this willing to try and understand the information, even if it opposes your opinion on the matter. I'm going to also ask that you try to read the email in its entirety. Before sending, I re-read the email and it took me ten minutes. I realize ten minutes is a ridiculously long time to spend reading an email, but as a citizen in the county that you represent, I cannot overstate how much I would appreciate you giving ten minutes of your time to go through this.

To better understand my position, I would like to start with a little personal background. I grew up in Marathon County and graduated as Valedictorian from D.C. Everest High School in 2008. I then went on to receive my Bachelor's of Science degree in Biology from the University of Wisconsin-Madison in 2011. Following this, I moved to Georgia to pursue my Doctorate degree, which I received in 2015 while graduating with Magna Cum Laude honors. All that is to say, I am well educated and well versed in the science field.

I first began questioning certain aspects of vaccines during my education at the University of Wisconsin-Madison. In one of our biology classes, we wrote a research paper on the safety and efficacy of the Gardasil vaccine. Being a student at the school, I had unlimited free access to all of the best scientific research journals. Despite having access to all of these journals, our group discovered that there was not a single published study regarding the safety or efficacy of the vaccine that was not funded by Merck. Merck is the pharmaceutical company that makes the Gardasil vaccine. I remember asking my professor about the importance of this and my professor's response was something along the lines of, "If McDonald's did a study and found that their hamburgers gave people food poisoning, do you think McDonald's would pay to have that study published?" While we cannot know for certain that Merck purposely tried to eliminate any information that may have shown safety/efficacy concerns, it was the first time I questioned the role of research bias in vaccine science. At the time, though, there was no evidence that I found showing that Gardasil was unsafe, so I simply just let that concern be filed in the back of my mind and didn't think much of it.

Then when I moved to Georgia, I had my first encounter with someone who had a severely vaccine

injured child. I was in chiropractic school at the time, and the child was a patient in clinic. This baby went from developing normally, meeting their milestones, crawling, making eye contact, and generally just a happy child to a completely different child just hours after the baby was vaccinated. The baby became inconsolable, was constantly screaming, stopped eating, stopped crawling, and completely regressed on development.

I wish that were the only personal experience I could talk about when it comes to vaccine injuries, but that was just the first. Being in the profession I am has now exposed me to countless similar situations. If you were at the meeting in Marathon County in October, you were able to hear first hand the story of the mother who carried her limp son into the emergency room just hours after he received his vaccines. You also got to hear from various other parents representing their vaccine-injured children, and while they may not have all had time to tell their complete story, the fact of the matter is that these stories are no longer uncommon to hear. I personally have met far too many families and heard far too many stories to not start to question the safety of vaccines.

Because of these experiences, I have returned to the scientific research on the topic over the past couple of years. Luckily for me, my educational background in science makes me comfortable trying to sort through all of the different information. While there are research articles supporting the safety and efficacy of vaccines, it seems that the media and popular culture would have you believe that ALL scientific data supports vaccination. What I discovered, however, is that there is also a vast amount of scientific information questioning vaccine policy and demonstrating that vaccines can have dangerous side effects. Due to this, I would like to provide you with some of the scientific information I am talking about. I am also going to provide links to evidence regarding these topics, which comes from peer-reviewed, scientific journals, and government websites. All the claims I make are cited, and the references can be found at the bottom. If you have any problems with the links please let me know, as my specialty may be science but it is certainly not computer science :)

I know this is a lot of information, and I certainly don't expect you to read every single research article. But with all due respect, your board stated the reason for a delay in a discussion on this matter was for you all to have time to look at the evidence. I feel as though if you are to have an opinion on this topic, it is necessary to look at this information. These research studies are just a small portion of the evidence that is available, but for the sake of my time I can only post enough to hopefully make you aware that there is plenty of scientific research supporting the fact that vaccines are not safe.

-**Number of Vaccine Doses and Infant Mortality Rate:** Research showed a correlation between an increasing number of vaccine doses and increasing infant mortality rates. [1] **this study alone should start sounding the alarm bells! Infant mortality rate is often used as an indicator of health in a country. In the United States, we rank 170/225. [9] That means 55 countries rank higher than the United States in this important health statistic. How many of those 55 countries spend more on healthcare than the United States? ZERO. We spend more money on healthcare than any other country in the world. [10] How can we spend more than anyone else and yet rank so low when it comes to the health of our country? The answer is clear - we are doing something wrong! It is unethical to know this information and not challenge our current health care policies.**

- **DTP and Death:** An observational study in West Africa found that children receiving the DTP vaccine at 2-8 months of age had higher mortality over the next 6 months compared to DTP unvaccinated children. [2]

- **HPV Vaccine and Infertility:** Women vaccinated for HPV had a lower probability of conceiving. [3]

-**HPV Vaccine and Nerve Damage:** A biopsy-proven case of serious nerve damage developing within days of the HPV vaccine. [4]

-**HPV Vaccine and Premature Ovarian Insufficiency:** Case reports suggesting a link between HPV vaccine and premature ovarian insufficiency. [5]

-HPV Vaccine and Autoimmunity: Documented evidence of the potential of the HPV vaccine to trigger a

life-disabling autoimmune condition. [6]

-**DTap, Polio Vaccine, and Flu Vaccine and Seizures:** DTaP-IPV-Hib vaccination was associated with an increased risk of febrile seizures on the day of the first 2 vaccinations given at 3 and 5 months. [7 **]**

- **DTP and Asthma:** The odds of having asthma was twice as great among vaccinated subjects than among unvaccinated subjects. [8]

-**Aluminum and Neurological Deficits:** Aluminum, a product in vaccines, was shown to be associated with neurological deficits in adults. Additionally, a highly significant correlation was shown to exist between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders [11]

-**Aluminum and Autism Spectrum Disorder (ASD):** the increase in exposure to aluminum adjuvants significantly correlates with the increase in ASD prevalence in the United States observed over the last two decades [12]

-Aluminum and Motor and Neurological Deficits: Analysis revealed significant impairments in a number of motor functions as well as diminished spatial memory capacity after aluminum injections. [13]

-**Aluminum and Brain Dysfunction:** Long-term persistence of vaccine-derived aluminum hydroxide within the body is associated with cognitive dysfunction. [14]

-MMR and Seizures: MMR vaccination almost triples the risk of febrile seizures in the second week following vaccination. [15]

This list alone is startling. We're not talking about vaccines just making people sore at the injection site. This research is showing severe side effects with lifelong effects ranging from brain dysfunction to death! We can't ignore this information, especially considering this is just a short list that I was able to put together this afternoon during some free time. On the flip side, though, there is also a long list of research supporting the use of vaccines. This research is also valuable, but here are some generalized main concerns I have with much of the research supporting vaccines:

1) Financial Bias - The vast majority of these studies are being performed and funded by the pharmaceutical companies that produce the vaccines, as I demonstrated earlier in my example with the Gardasil vaccine. It is unbelievable to me that the Gardasil vaccine had been on the market for years when I was in college, and there was still not a single study performed by an outside, unbiased source regarding its safety and efficacy. How important is bias? Well, the pharmaceutical industry clearly has the most to gain financially with the approval of vaccines, so their data should not be relied upon for safety and efficacy standards. There is a clear conflict of interest in vaccine research. The following reference highlights the fact that, "research funded by industry undermines confidence in medical knowledge." To fix this problem, this article suggests developing an entirely separate funding source for research that is separate from the pharmaceutical industry. [16] Another article notes how conflicts of interest in the creation of public policy, especially health or nutrition related policies such as the vaccine policy, tobacco control, and research related to health, can have negative impact on the lives of millions of people. [17] If you ask any scientist that critically analyzes research, they would tell you that a financial conflict of interest reduces the credibility of the research. We need to do better!

2) Inadequacy of Safety Research - In vaccine research, there are often inadequacies in the description of the study populations, response rates, vaccine content, and reported outcomes, as Cochrane noted in their review on the MMR vaccine. [18] Cochrane is an organization that conducts systematic reviews of health care interventions and publishes them in the Cochrane Library. Cochrane reviews are often meant to be the last word in evidence based medicine, and the authors have concluded that when it comes to safety assessment of the MMR vaccine that the studies are inadequate. [18] And this is just information on one vaccine of the many that children are scheduled to receive! When so many families are reporting injuries from vaccines, there is no excuse for these inadequacies in the research.

Despite these main concerns, I could still sit here and provide you with scientific research that supports the safety and efficacy of vaccines, but ultimately that would not change the bottom line, which is that there IS a risk when it comes to vaccination. Not only is this risk demonstrated by the people in Marathon County fighting for their vaccine-injured children, but I hope I have now shown that it is also demonstrated in the research. So the question then becomes, why is the government trying to force families to take this risk? I often hear the response that the risk of vaccination is necessary in order to provide immunity to those who are too immunocompromised to receive vaccines. Because, in theory, if vaccines work, the parents of vaccinated children do no have to worry. It is the children that cannot get vaccinated that are vulnerable and need to be protected. Well, let's look into this a little further. Children that are too sick to receive vaccinations would get a medical exemption. In the 2017/2018 school year, the median rate of medical exemption for kids entering kindergarten was 0.2% in the United States. [19] For further understanding, my graduating class at D.C. Everest was about 450 students. Out of 450 students, 0.2% does not even equate to one person. On a larger scale, if we take 0.2% of the entire United States population of 327 million, that equals approximately 655,000 people that would be considered too sick to get their vaccines. Let's then compare this to the risk of receiving vaccinations. When someone has a vaccine injury, the CDC recommends reporting that injury to the Vaccine Adverse Event Reporting System (VAERS). [20] In the year 2018, there were 52,244 adverse events reported VAERS, including injuries as serious as death. [21] Reports have shown that fewer than 1% of vaccine adverse events are reported. [22] That would mean that in 2018 alone, an estimated over 5 million people had an adverse event to a vaccine. FIVE MILLION. So the argument that five million injuries are required to protect 655,000 from a disease that they might not ever even be exposed to does not make sense to me. The numbers just don't add up. Is this a simplified mathematical way to look at the data? Sure. But this is the evidence that is out there! For the sake of our children, we need to start having adequate safety studies on these vaccines and we need to start holding vaccine manufacturers liable for the safety of their products before vaccines become mandated.

To be clear, it is not that I'm opposed to the concept of vaccines. If there could be an entirely safe product that would eliminate any harm to our children or society, I don't think any logical person would oppose that. The point is that vaccines are not that product, at least not in the way that they are currently manufactured. We need to demand better for our children. Unfortunately, most people that I've met that do not support vaccination started feeling that way after watching someone they love suffer a vaccine injury. How many more people will be forced to suffer?

I hope that through this email I've been able to enlighten you to some of the safety and policy concerns when it comes to vaccines. In regards to the upcoming vaccination vote, though, you are not voting on whether or not you think vaccines are safe. You are not voting on whether or not you think vaccines are effective. You are voting on whether or not you should take away the only exemption that allows parents to freely choose not to vaccinate their children. Effectively, you are voting on whether or not to force parents to take all of the risks mentioned above. You are voting on whether or not the mom that carried her limp son into the emergency room should be forced to do so. And above all of that, you are voting on whether or not YOU should have the right to take away that choice from parents.

If you've read this in its entirety, I can't thank you enough for taking the time to do so. Please feel free to reach out with any questions or concerns.

Sincerely,
Dr. Chelsea Poland
Marathon County Resident

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From: John Robinson
To: Christopher Weisgram
Subject: Fw: Please vote NO to resolution removing personal conviction exemptions
Date: Tuesday, October 22, 2019 8:59:23 AM

From: Tabatha L <tabs920@gmail.com>
Sent: Thursday, October 17, 2019 7:40 PM
To: Katie Rosenberg; Romey Wagner; Dave Nutting; John Robinson; Ka Lo; Jeff Johnson; Mary Ann Crosby; Donna Krause; Alyson Leahy; Arnold Schlei; Matt Bootz; Rick Seefeldt; Randy Fifrick; Jeffrey Zriny; Edward Stark; Craig McEwen; Yee Leng Xiong; Sara Guild; Loren White; Alan Christensen; Chris Voll; Jean Maszk; Sandi Cihlar; John Durham; Thomas Seubert; Maynard Tremelling; Jim Bove; Richard Gumz; Allen Drabek; Kurt Gibbs; Tim Buttke; Gary Beastrom; Jacob Langenhahn; Bill Miller; Allen Opall; Jim Schaefer
Subject: Please vote NO to resolution removing personal conviction exemptions

Dear Board Member,
Hello, My name is Tabatha Lindle and I'm writing to urge you to vote against the proposed resolution which supports the removal of personal conviction exemptions for school and daycare in WI.
Rep. Lynn Morris, R-Nixa, said he is a pharmacist that isn't against vaccines, but said he is for safe vaccines and for the right of people to choose what they have done with their children.
"I think it's a very slippery slope that we go down if we allow state governments, local governments and federal governments to mandate what they inject into our children and even into our adults," -Morris.
This is about PARENTAL RIGHTS. This isn't a law like "wearing your seatbelt" (which also isn't a "one size fits all") this is a medical procedure in which you would be forced to inject your children with foreign DNA, neurotoxins, heavy metals, and possible retroviruses per the CDC schedule. The same CDC Schedule that has NEVER BEEN TESTED FOR SAFETY as administered. There would be no 'opting out' for even one- including the flu shot- or postponing. CANCER CAUSING RETROVIRUSES such as SV40 which was discovered in the POLIO VACCINE years later. – See documents below.
Vaccine Manufactures and Doctors are not liable if your child dies or has an adverse reaction. Reactions are NOT always mild! Thousands of parents are grief stricken and pained after watching their healthy child develop a seizure disorder, auto-immune disease, food allergies, regress into autism DAYS after shots, etc, or die as a direct result of being vaccinated. WE DESERVE SAFE AND EFFECTIVE VACCINES- and VACCINE MANUFACTURERS NEED TO BE LIABLE AGAIN, BEFORE WE ARE MANDATED TO INJECT OUR CHILDREN.
If there is risk, there should be a choice.

- **Japan BANNED THE MMR VACCINE years ago- because of so many adverse reactions!**
- **The Flu Vaccine is roughly 30% effective and there are documented adult and child deaths due to the flu vaccine. Other reactions include: Blood and lymphatic system disorders, immune system disorders, anaphylactic shock, nervous system disorders, convulsions**

(including febrile seizures) encephalomyelitis, encephalopathy, transverse myelitis, (paralysis of limbs) Guillain-Barre Systrom, vascular disorders, influenza- like illness, partial facial paralysis…

- **13.1 of Vaccine Inserts read: Has not been tested for carcinogenic, mutagenic potential or for impairment of fertility.**

Harvard University conducted a million dollar study over 3 years which showed around 1% of vaccine injuries/reactions are reported.

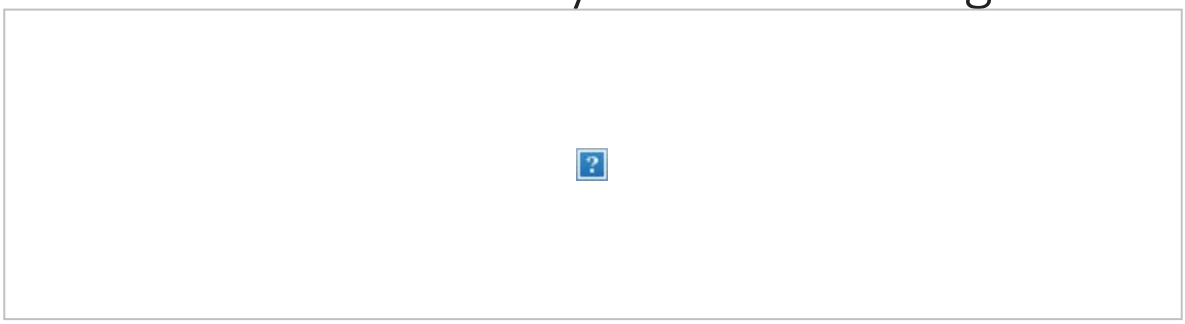
- **Merck Fighting Fraud Lawsuits in U.S. Courts on MMR and Gardasil Vaccines**
    - **According to the World Health Organisation's (WHO) VigiAccess database, as of April 09, 2018, a total of 85,329 reports of adverse reactions have been filed regarding the HPV vaccination. These reports include 37,699 reports of nervous system disorders; 2450 cardiac disorders, (including 38 cardiac arrests) 533 reports of Postural orthostatic tachycardia syndrome (POTS); over 3200 reports of seizures or epilepsy, 8453 syncope and 389 deaths.**

My younger sister had shingles at 8 years old as a result of getting the chickenpox vaccine.
I, myself, was vaccine injured after my second dose of Gardasil almost 10 years ago. The years that followed were full of pain and frustration- and thankfully I was able to heal many years later. I was always "Pro-Vax." I first began to question vaccine safety after my experience but it was when I met a grieving mother that I gave my full attention to the issue.
I found it wasn't all too uncommon. The vast majority of vaccine injuries are ruled "SIDS" or "Unexplained/Undetermined" and the recurring statement from parents is that the Doctors scoff at, completely discredit, and deny ANY possible correlation to vaccination. Even in cases where their entirely healthy child was given their shots and hours later developed a high fever, had seizures, screamed unconsolably for hours, went to the ER, and as they 'recovered' they lost developmental milestones. These are children who were once perfectly healthy prior, who lost eye contact, motor skills, stopped smiling, stopped talking, and developed severe gastrointestinal issues. Some head bang, some stop using the bathroom as they once were, (are back in diapers) while some will remain in diapers for the rest of their lives. Doctors say it is a coincidence.
Thanks to the **National Childhood Vaccine Injury Act of 1986** we can no longer hold vaccine manufacturers liable for injuries and deaths. Instead these "Confirmed" cases are paid out by the Vaccine Adverse Event Reporting System (ESP:VAERS). **With a maximum compensation of $250,000.** Since this took affect they've paid out **more than 4 BILLION dollars. ($4,000,000,000+)**
A Harvard Study showed an estimated 1% of vaccine reactions are ever reported. This isn't surprising when parents are laughed at for voicing concerns of correlation. You do need a doctor to sign off after all!
Please view the document I sent titled #WEDID- Some of the faces of Vaccine Injury
It is no secret aborted fetal cells are necessary in the production of current and future vaccine development. There are many people who oppose abortion on moral grounds and do not claim any religious affiliation. Many vaccines are derived via aborted babies. By stating you can only oppose on religious grounds undermines the right of the individual and assumes they cannot have innate morals. I've attached a file on Abortion and Vaccines. Some articles

are faith based but the bottom line is- you don't have to be religious to honor all life. And you should have the choice to do so. You don't have to be religious to stand on moral ground.

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

Journal of American Physicians and Surgeons



*** CAN SKIP TO PAGE #5 FOR STUDY RESULTS.

47 Combining Childhood Vaccines at One Visit Is Not Safe

Neil Z. Miller

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

ABSTRACT

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

Background

In the 1980s vaccine manufacturers were frequently sued by the parents of children who were permanently disabled or died following vaccination. After paying out millions of dollars in these lawsuits, vaccine manufacturers were prepared to stop producing vaccines unless the federal government provided them with immunity from jury verdicts. In response to pharmaceutical manufacturers' threat to close their own vaccine factories, in 1986 Congress passed the National Childhood Vaccine Injury Act (NCVIA), protecting vaccine manufacturers from most financial liability associated with their products. Under NCVIA, the National Vaccine Injury Compensation Program (VICP) was created to provide cost-effective arbitration for vaccine injury claims. Vaccine manufacturers can no longer be sued in a state or federal court for damages arising from a vaccine-related injury or death unless a petition for compensation under the new program is filed and denied. Compensation under the program is paid for by a 75-cent excise tax on every vaccine purchased. (MMR contains three vaccines, so the tax is

$2.25.) The money goes into a Trust Fund managed by the U.S. Department of the Treasury. As of Mar 1, 2016, more than $3.2 billion had already been paid out, most of it to compensate parents whose children were severely disabled or died after receiving vaccines.1 Today, vaccine manufacturers not only make millions of dollars annually from their lucrative business, but they have been disincentivized from producing safer vaccines, since they are shielded from liability when their mandatory products harm consumers.

Vaccine Adverse Event Reporting System (VAERS)

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

VAERS is a passive surveillance system, which means that reports about adverse events are not automatically collected. VAERS relies on doctors and nurses to voluntarily submit reports, although vaccine recipients and parents may also file reports. Vaccine manufacturers are required to report all adverse events of which they become aware. Since 1990, the VAERS database has received more than 500,000 reports of suspected adverse reactions to vaccines. Although this represents a large number of people who may have been hurt by vaccines, under-reporting is a known limitation of passive surveillance systems. This means that VAERS only captures a small fraction of actual adverse events. In fact, shortly after VAERS was established, a large vaccine manufacturer, Connaught Laboratories, estimated “about a 50fold under-reporting of adverse events in the passive reporting system.”3 Perhaps 98% of all adverse reactions to vaccines are not included in the VAERS database, and up to 25 million U.S. citizens could have been adversely affected by vaccines in the past 25 years. This well-known disadvantage of a passive reporting system, as opposed to an active surveillance system in which medical workers are trained to systematically collect all cases of suspected adverse vaccine reactions, is rarely acknowledged by health authorities when vaccine safety is discussed. Although VAERS collects information about adverse events that occur after vaccines are administered, it should be noted that a report is not a confirmation that a vaccine caused the event. Health authorities like to emphasize this point whenever VAERS data are used in a study with findings that are critical of vaccines. The implication is that studies using VAERS are unreliable and should be disregarded. However, CDC considers VAERS an important vaccine safety assessment tool and regularly conducts its own studies using VAERS data, often to justify maintaining national vaccination campaigns.

CDC Studies Utilizing VAERS

In May 2015, the CDC published a study in Clinical Infectious Diseases that analyzed the

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

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

The Safety of Simultaneous Vaccines

Although CDC recommends polio, hepatitis B, diphtheria, tetanus, pertussis, rotavirus, Haemophilus influenzae type B, and pneumococcal vaccines for two-, four-, and six-month-old infants, this combination of eight vaccines administered during a single physician visit was never tested for safety in clinical trials. This is at odds with a CDC report that found that mixed exposures to chemical substances and other stress factors,

including prescribed pharmaceuticals, may produce “increased or unexpected deleterious health effects.” This CDC report also noted that “exposures to mixed stressors can produce health consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures.”12 Thus, CDC is well aware that mixing several pharmaceutical products increases the likelihood of synergistic toxicity and unexpected adverse reactions. Nonetheless, CDC urges infants to receive multiple vaccines concurrently without scientific evidence to confirm the safety of this practice. Administering six, seven, or eight vaccine doses to an infant during a single physician visit is certainly more convenient for parents, as opposed to making additional trips to the doctor’s office, and increases the likelihood that the infant will receive all the vaccines, but vaccine safety must remain the highest priority. In 2002, the journal Pediatrics published a paper by Dr. Paul Offit, director of the Vaccine Education Center at Children’s Hospital of Philadelphia, in which he claimed that based upon certain immunological and mathematical assumptions, “each infant would have the theoretical capacity to respond to about 10,000 vaccines at any one time.”13 Ten years later, in 2012, G.S. Goldman and I conducted a study that examined this astonishing claim.14 We started by downloading the complete VAERS database from 1990 through 2010. There were more than 325,000 VAERS
reports. We then eliminated all case reports that were not associated with infants (babies aged up to one year). This left us with 38,801 VAERS reports in which infants had adverse events after receiving one or more vaccine doses. Next, we determined how many vaccine doses each infant received prior to the adverse event. (A computer program was written to make these calculations.) For example, if an infant received a hepatitis B vaccine and a rotavirus vaccine prior to the adverse event, it was recorded as two vaccine doses. DTaP is administered with one injection but contains three separate vaccine doses, for diphtheria, tetanus, and acellular pertussis. Thus, if an infant received a polio vaccine, a pneumococcal vaccine, and DTaP prior to the adverse event, it was recorded as five vaccine doses. Some babies received six, seven, or eight doses prior to an adverse event. This was not unusual because of the CDC recommendations noted above, plus its recommendation for two doses of an influenza vaccine during infancy. Finally, we isolated the “serious” adverse events— hospitalizations and death—from non-serious events, such as fever and local reactions. About 13% of all adverse events reported to VAERS are classified as serious, involving lifethreatening conditions, hospitalization, permanent disability, or death. We sought to determine whether there were any trends or patterns associated with the number of vaccine doses an infant received and the likelihood that the adverse event reported to VAERS would require hospitalization or result in death.

Vaccine Doses and Hospitalizations

Of the 38,801 VAERS reports that we analyzed, 969 infants received two vaccine doses prior to the adverse event and 107 of those infants were hospitalized: a hospitalization rate of 11%. Of 1,959 infants who received three vaccine doses prior to the adverse event, 243 of them required hospitalization: 12.4%. For four doses, 561 of 3,909 infants

were hospitalized: 14.4%. Notice the emerging pattern: Infants who had an adverse event reported to VAERS were more likely to require hospitalization when they received three vaccine doses instead of two, or four vaccine doses instead of three. The pattern continues: Of 10,114 infants who received five vaccine doses prior to the adverse event, 1,463 of them required hospitalization: 14.5%. For six doses, 1,365 of 8,454 infants were hospitalized: 16.1%. For seven doses, 1,051 of 5,489 infants were hospitalized: 19.1%. And for eight doses, 661 of 2,817 infants were hospitalized: 23.5%. The hospitalization rate increased linearly from 11.0% for two doses to 23.5% for eight doses. Linear regression analysis of hospitalization rates as a function of the number of reported vaccine doses yielded a linear relationship, with an R2 of 0.91. Note: The hospitalization rate of infants who received just one vaccine dose was disproportionately high (16.3%) due to the hepatitis B vaccine administered at birth. As such, the hospitalization rate corresponding to one dose is an outlier and was excluded from the linear regression analysis.

Vaccine Doses and Mortality

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

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

The Age Effect on Hospitalizations and Death

Our study also analyzed whether the age at which an infant received vaccines had an effect on hospitalizations and death. Of the 38,801 VAERS reports that we analyzed, 765 concerned infants six-weeks-old or younger who received one or more vaccine doses prior to the adverse event, and 154 of those infants were hospitalized: a hospitalization rate of 20.1%. Of 5,572 infants aged six months at vaccination, 858 were hospitalized: 15.4%. Of 801 infants who were nearly a year old when they were vaccinated, 86 were hospitalized: 10.7%. The hospitalization rate decreased linearly from 20.1% for neonates to 10.7% for older infants. Linear regression analysis of hospitalization rates as a function of patient age yielded an R2 of 0.95. In the 38,801 VAERS reports we analyzed, 26,408 infants were younger than six months**. After receiving one or more vaccine doses, 1,623 of those infants died: a mortality rate of 6.1%. The remaining 12,393 infants were between six months and one year of age. After receiving one or more vaccine doses, 258 of them died: 2.1%. The mortality rate for vaccinated infants**

younger than six months was significantly higher than the mortality rate for vaccinated infants aged between six months and one year, with an RR = 3.0 (95% CI, 2.6-3.4). Infants who had an adverse event reported to VAERS were significantly more likely to be hospitalized or die if they were younger rather than older at the time of vaccination. Summary of Results and Media Response Our study showed that infants who receive several vaccines concurrently, as recommended by CDC, are significantly more likely to be hospitalized or die when compared with infants who receive fewer vaccines simultaneously. It also showed that reported adverse effects were more likely to lead to hospitalization or death in younger infants. These findings are so troubling that we expected major media outlets in America to sound an alarm, calling for an immediate reevaluation of current preventive health care practices. But 4 years after publication of our study, this has not happened. Could it be because, according to Robert Kennedy, Jr., about 70% of advertising revenue on network news comes from drug companies? In fact, the president of a network news division admitted that he would fire a host who brought on a guest that led to loss of a pharmaceutical account. That may be why the mainstream media won't give equal time to stories about problems with vaccine safety.15 Conclusion The safety of CDC's childhood vaccination schedule was never affirmed in clinical studies. Vaccines are administered to millions of infants every year, yet health authorities have no scientific data from synergistic toxicity studies on all combinations of vaccines that infants are likely to receive. National vaccination campaigns must be supported by scientific evidence. No child should be subjected to a health policy that is not based on sound scientific principles and, in fact, has been shown to be potentially dangerous.

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

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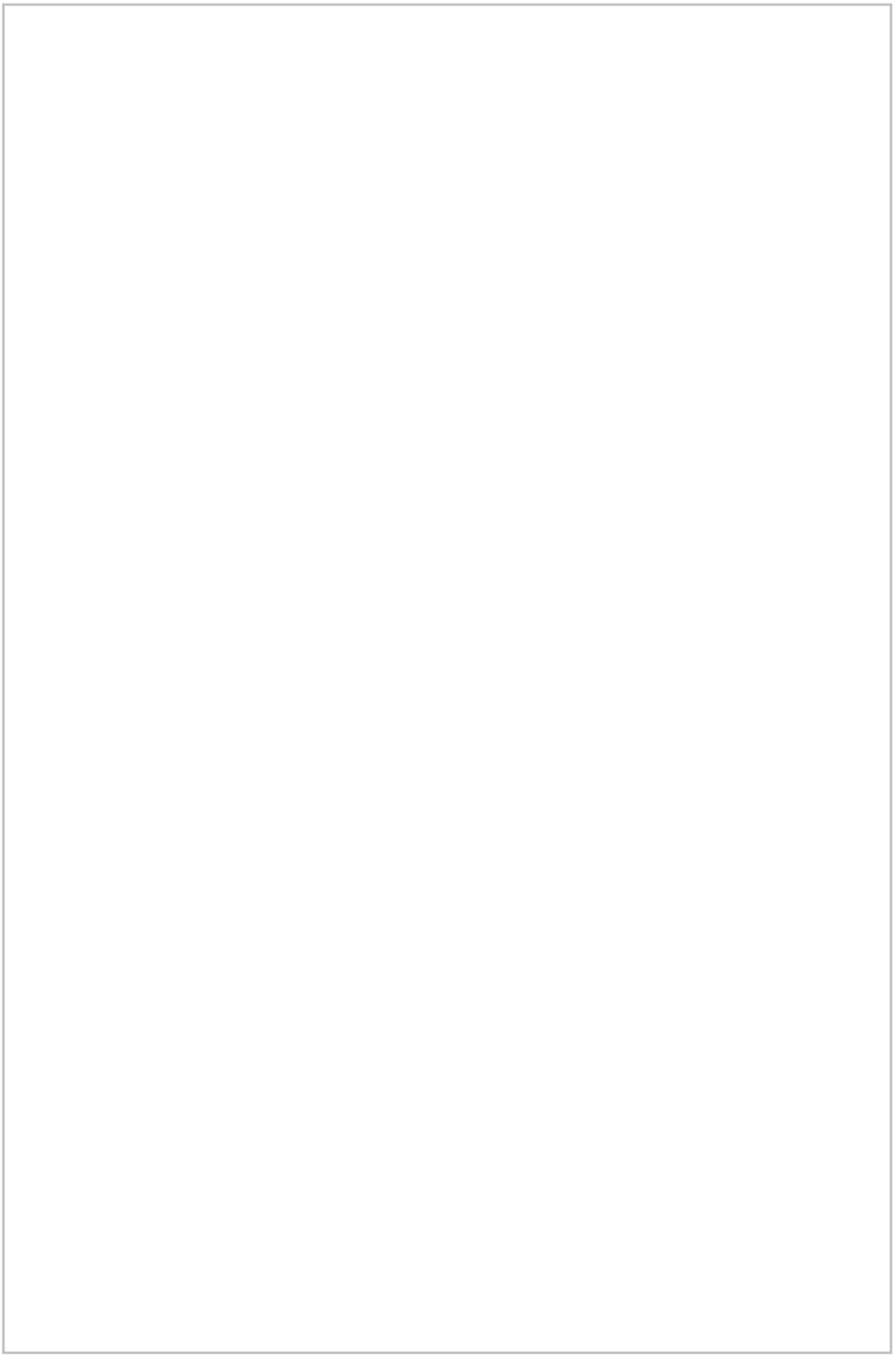

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Simian virus 40 in human cancers.

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Abstract

BACKGROUND:

Many studies have reported the presence of simian virus 40 (SV40) deoxyribonucleic acid (DNA) or protein in human brain tumors and bone cancers, malignant mesothelioma, and non-Hodgkin's lymphoma. However, the small samples and lack of control groups in some reports have made it difficult to assess their reliability.

METHODS:

Studies were included in this analysis if they met the following criteria: original studies of patients with primary brain tumors and bone cancers, malignant mesothelioma, or non-Hodgkin's lymphoma; the investigation of SV40 was performed on primary cancer specimens; the analysis included a control group; and the same technique was used for cases and controls. Included reports were published from 1975 to 2002.

RESULTS:

Thirteen studies fulfilled the criteria for the investigation of primary brain cancers (661 tumors and 482 control samples). Specimens from patients with brain tumors were almost four times more likely to have evidence of SV40 infection than were those from controls (odds ratio [OR] = 3.9; 95% confidence interval [CI]: 2.6 to 5.8). The association was even stronger for mesothelioma (OR = 17; 95% CI: 10 to 28; based on 15 studies with 528 mesothelioma samples and 468 control samples) and for bone cancer (OR = 25; 95% CI: 6.8 to 88; based on four studies with 303 cancers and 121 control samples). SV40 DNA was also more frequent in samples from patients with non-Hodgkin's lymphoma (OR = 5.4; 95% CI: 3.1 to 9.3; based on three studies with 301 cases and 578 control samples) than from controls.

CONCLUSION:

These results establish that SV40 is associated significantly with brain tumors, bone cancers, malignant mesothelioma, and non-Hodgkin's lymphoma. Studies are needed to assess current prevalence of SV40 infections.

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PUBMED:

Cancer risk associated with simian virus 40 contaminated polio vaccine.

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Abstract

BACKGROUND:

The presence of SV40 in monkey cell cultures used in the preparation of the polio vaccine from 1955 through 1961 is well documented. Investigations have consistently demonstrated the oncogenic behavior of SV40 in animal models. Early epidemiologic studies were inadequate in demonstrating an increase in cancer incidence associated with contaminated vaccine. Recently, investigators have provided persuasive evidence that SV40 is present in human ependymomas, choroid plexus tumors, bone tumors, and mesotheliomas, however, the etiologic role of the virus in tumorigenesis has not been established.

MATERIALS AND METHODS:

Using data from SEER, we analyzed the incidence of brain tumors, bone tumors, and mesotheliomas from 1973-1993 and the possible relationship of these tumors with the administration of the SV40 contaminated vaccine.

RESULTS:

Our analysis indicates increased rates of ependymomas (37%), osteogenic sarcomas (26%), other bone tumors (34%) and mesothelioma (90%) among those in the exposed as compared to the unexposed birth cohort.

CONCLUSIONS:

These data suggest that there may be an increased incidence of certain cancers among the 98 million persons exposed to contaminated polio vaccine in the U.S.; further investigations are clearly justified.

https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html

Cutter Incident - 1955

In 1955, some batches of polio vaccine given to the public contained live polio virus, even though they had passed required safety testing. Over 250 cases of polio were attributed to vaccines produced by one company: Cutter Laboratories. This case, which came to be known as the Cutter Incident, resulted in many cases of paralysis. The vaccine was recalled as soon as cases of polio were detected.

The Cutter Incident was a defining moment in the history of vaccine manufacturing and government oversight of vaccines, and led to the creation of a better system of regulating vaccines. After the government improved this process and increased oversight, polio

vaccinations resumed in the fall of 1955.
At the time, there was no system in place to compensate people who might have been harmed by a vaccine. Today we have the National Vaccine Injury Compensation Program
external icon
(VICP), which uses scientific evidence to determine whether a vaccine might be the cause of an illness or injury, and provides compensation to individuals found to have been harmed by a vaccine. The VICP remains a model method for ensuring that all persons harmed by vaccines are compensated quickly and fairly, while also protecting companies that make lifesaving products from financially unsustainable liability claims through the tort system.
For more information, see Food and Drug Administration (FDA)'s Science and the Regulation of Biological Products
Simian Virus 40 (SV40) - 1955–1963
Swine Flu Vaccine and Guillain-Barré Syndrome - 1976
Hepatitis B Vaccine and Multiple Sclerosis – 1998
Rotavirus Vaccine and Intussusception – 1998 - 1999
Guillain-Barré Syndrome and Meningococcal Vaccine - 2005 – 2008
Hib Vaccine Recall – 2007
H1N1 Influenza Vaccine and Narcolepsy - 2009 – 2010
Porcine Circovirus in Rotavirus Vaccines - 2010
HPV Vaccine Recall – 2013

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1383764/

The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis

Reviewed by Michael Fitzpatrick

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In April 1955 more than 200 000 children in five Western and mid-Western USA states received a polio vaccine in which the process of inactivating the live virus proved to be defective. Within days there were reports of paralysis and within a month the first mass vaccination programme against polio had to be abandoned. Subsequent investigations revealed that the vaccine, manufactured by the California-based family firm of Cutter Laboratories, had caused 40 000 cases of polio, leaving 200 children with varying degrees of paralysis and killing 10.

Paul Offit, paediatrician and prominent advocate of vaccination, sets the `Cutter incident' in the context of the struggle of medical science against polio and other infectious diseases over the course of the 20th century. He reminds us that, within a decade of Karl Landsteiner's identification of the polio virus in 1908, an epidemic in New York killed 2400 people (mostly children) and left thousands more with a life-long disability. In the 1950s, summer outbreaks in the USA caused tens of thousands of cases, leaving hundreds paralysed or dead. `Second only to the atomic bomb', polio was `the thing that Americans feared the most'.

Offit provides a gripping account of how the `March of Dimes', inspired in part by President

Franklin D Roosevelt's personal experience of polio, raised funds for research and focused national attention on the disease. He profiles leading figures, notably Jonas Salk and Albert Sabin —brilliant, egotistical and flawed characters—pioneers in vaccine development and as scientific celebrities, and notorious for their bitter personal rivalry.

Offit offers a balanced judgement on both the Cutter incident and on the Salk and Sabin vaccines. Reviewing failures in the manufacturing and inspection processes, he exonerates Salk from blame and concludes that `the federal government, through its vaccine regulatory agency... was in the best position to avoid the Cutter tragedy'. Three larger companies produced safe polio vaccines according to Salk's protocol for inactivating the virus with formaldehyde. The lack of experience and expertise at Cutter Laboratories, undetected by the inspectors, caused the disaster.

While acknowledging Salk's mean-spiritedness towards colleagues, Offit believes that in denying him a Nobel prize, history has dealt harshly with a man who was `the first to do many things' that have contributed to the virtual eradication of polio in the USA. The Cutter incident led to the replacement of Salk's formaldehyde-treated vaccine with Sabin's attenuated strain. Though Sabin's vaccine had the advantages of being administered orally and of fostering wider `contact immunity', it could also be re-activated by passage through the gut, resulting in occasional cases of polio (still causing paralysis in six to eight children every year in the 1980s and 1990s, when a modified Salk vaccine was re-introduced). As Offit observes, `ironically, the Cutter incident—by creating the perception among scientists and the public that Salk's vaccine was dangerous —led in part to the development of a polio vaccine that was more dangerous'.

The Cutter incident had an ambivalent legacy. On the one hand, it led to the effective federal regulation of vaccines, which today enjoy a record of safety `unmatched by any other medical product'. On the other hand, the court ruling that Cutter was liable to pay compensation to those damaged by its polio vaccine—even though it was not found to be negligent in its production—opened the floodgates to a wave of litigation. As a result, `vaccines were among the first medical products almost eliminated by lawsuits'. Indeed, the National Vaccine Injury Compensation Program was introduced in 1986 to protect vaccine manufacturers from litigation on a scale that threatened the continuing production of vaccines. Still, many companies have opted out of this low-profit, high-risk field, leaving only a handful of firms to meet a growing demand (resulting in recent shortages of flu and other vaccines).

The contemporary climate of risk aversion and predatory litigation deters the introduction of new vaccines and discourages innovation in a field which boasts some of the most impressive achievements of modern medicine. To protect vaccine development—and ultimately public health —Offit proposes that the option of suing vaccine manufacturers should be stopped and that compensation should only be available through the official programme.

http://www.virology.ws/2010/04/13/poliovirus-vaccine-sv40-and-human-cancer/
Poliovirus vaccine, SV40, and human cancer
13 April 2010

Deep sequencing – which identified a viral contaminant of the rotavirus vaccine Rotarix – could have revealed the presence of simian virus 40 (SV40) in the poliovirus vaccine, had the technique been available in the 1950s. Exposure of over 100 million Americans to SV40, and many more worldwide, could have been avoided, as well as the debate about the role of this monkey virus in human cancer.

SV40 was discovered by Maurice Hilleman in 1960 as a contaminant of poliovirus vaccine. It was present in batches of both the Salk and Sabin poliovirus vaccines produced and distributed from 1954 to 1963. The source was the rhesus and cynomolgous monkey kidney cells used to produce the vaccine. Even more troubling was the observation that SV40 could cause tumors in hamsters. By 1963 screening procedures were instituted to ensure the absence of SV40 in poliovirus vaccines. Ironically, monkey cells were used for poliovirus vaccine production because it was feared that human cells might contain unknown human cancer viruses.

SV40 does not cause tumors in its natural host – monkeys – because it kills infected cells. However, in the wrong host- such as a hamster – the viral replication cycle is incomplete and virions are not produced. At a very low frequency, pieces of the viral DNA become integrated into the host chromosomal DNA. Problems arise if these viral DNA fragments encode the viral T (tumor) antigen. This protein is essential for lytic replication (which takes place in monkey cells) because it kick-starts cellular DNA synthesis. The cellular DNA synthetic machinery is then co-opted for replication of the viral DNA. When only T antigen is present, the cells divide without stopping – they are transformed, and on the way to becoming a tumor. SV40 does not need to cause tumors as part of its life cycle; they are an aberrant result of having T antigen push the cells to divide. SV40 T antigen can transform human cells, and therefore in theory the virus could cause human tumors.

The results of epidemiological studies initiated in the 1960s through the 1970s, in which thousands of poliovirus vaccine recipients were studied, indicated that this population did not have an increased risk of developing cancer. More recent reports that SV40 viral DNA is present in human tumors have led to a debate on the contribution of this virus to human cancer. Some of the arguments for and against presence of SV40 in human cancers are presented below.

Evidence that SV40 is present in human tumors

SV40 DNA has been detected in several human tumors, including osteosarcoma, mesothelioma, and non-Hodgkin's lymphoma. Similar tumors are induced by the virus in hamsters.

Poliovirus vaccine produced in 1954 contained a variant of SV40 that can be distinguished from common laboratory strains. This viral variant has been found in three non-Hodgkin's lymphoma patients

Evidence that SV40 is not present in human tumors

SV40 DNA is not present in all samples of a cancer, and in some studies of mesotheliomas, it has not been detected in any.

SV40 viral DNA has been detected in tumors of those who could not have received contaminated poliovirus vaccine.

In a comparison of mesotheliomas and normal tissues, SV40 DNA has been detected as frequently in both.

Analysis of the SV40 sequences in mesotheliomas showed that the viral DNA was derived from a

laboratory strain which contains a gap that is not present in the wild type viral genome. Even if SV40 DNA were definitively shown to be present in human tumors, this would not answer the question of whether the virus caused the cancer. The debate on the role of SV40 in human malignancy illustrates the difficulty in establishing cause and effect, and provides ample impetus for using genomic technologies to ensure that vaccines and other biological products are free of adventitious agents

Children's Health Defense

Robert F. Kennedy Jr.

Our mission is to end the epidemic of children's chronic health conditions by working aggressively to eliminate harmful exposures, hold those responsible accountable, and establish safeguards so this never happens again.

https://childrenshealthdefense.org/

October 10, 2019

Vaccine Injuries Ratio: One for Every 39 Vaccines Administered

By Robert F. Kennedy, Jr., Chairman, Children's Health Defense

During our September 18 debate, Spectrum TV host Renee Eng asked Kaiser's, Dr. Robert Riewerts, how many vaccine injuries he had seen during his 30 years as a Pediatrician. His answer: "None, not a single one."

Slide 1. A 2010 HHS pilot study by the AHCR.

Slide 1 shows a 2010 U.S. Health and Human Services (HHS) pilot study by the Federal Agency for Health Care Research (AHCR) to test the efficiency of a state-of-the-art machine counting (AI) system on data records from the Harvard Pilgrim HMO. Those government researchers found that 2.6% of vaccination resulted in injuries—a ratio one for every 39 vaccines administered. The same study found that typical clinicians see 1.3 vaccine injuries per month.

Source: https://healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

Slide 2. A table from HHS's 2016 Neiss-Cades survey published in JAMA

Slide 2 is a table from HHS's 2016 Neiss-Cades survey published in JAMA reporting an astonishing 19.5% of children under five who are admitted to emergency rooms for drug reactions are suffering vaccine injuries. This finding certainly represents an undercount since pediatric hospitals, which treat most serious injuries, were badly underrepresented in the database, (Only six of 63 hospitals surveyed).

Source: https://www.ncbi.nlm.nih.gov/pubmed/27893129

How is it then that Dr. Riewerts has given thousands of vaccines and never seen an injury? Medical schools—largely funded by Pharma, do not teach doctors to recognize vaccine injuries, and indoctrinate pediatricians to believe such injuries don't exist. CDC tells doctors that vaccine injury is vanishingly rare. Therefore, Pediatricians like Dr. Riewerts whose patients suffer vaccine injury like seizures, epilepsy, allergies, autoimmune and neurological injuries, or SIDS, are likely to dismiss those incidents as "sad coincidences" unrelated to vaccines and never report them to VAERS.

Slide 3. AHCR confirmed these assessments, finding that "fewer than 1% of vaccine injuries were reported.

Indeed, HHS commissioned the AHCR pilot study in response to criticism that vaccine injuries were horribly underreported. AHCR confirmed these assessments, finding that "fewer than 1% of vaccine injuries were reported."

Source: https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

Slide 4. CDC terminated the system-wide roll-out and stopped returning phone calls from their sister agency.

Slide 4 shows that CDC officially were so panicked by AHRC's revelations that they killed the AI system-wide roll-out and stopped returning phone calls from their sister agency. Today, CDC purposefully continues to use a surveillance system designed to under-count vaccine injuries by over 99%!

Source: https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

September 04, 2019

Vaccinated vs. Unvaccinated—Part 5

By Robert F. Kennedy, Jr., Chairman, Children's Health Defense

None of the Part 5 articles I summarize below and in the accompanying graphs are true vax/unvaxxed studies. Instead, the researchers looked at the results on overall health after the addition of a single vaccine dose or vaccine to an already heavily vaccinated population. The results are still striking. They all show a statistically significant increase in grave chronic diseases associated with even incremental uptake in vaccines. These data, even without the shocking results in my earlier Part 1 through 4 editions, ought to set off an emergency mobilization within any honest regulatory agency.

Titles and Summaries from Part 5 Vaxxed/Unvaxxed Slides:

Addition of the Hepatitis B Vaccine in 1988 Increased the Rate of Type 1 Diabetes 1.62X in Children in New Zealand. The incidence of type I diabetes in person 0-19 years old living in Christchurch rose from 11.2 cases per 100,000 children annually in the years before the immunization program, 1982-1987, to 18.1 cases per 100,000 children annually (P = .0008) in the years following the immunization, 1989-1991.

DTP Vaccination Increases Mortality by 2.45X in Girls Previously Receiving the BCG (Tuberculosis) Vaccine. In seven studies of the BCG-vaccinated children, DTP vaccination was associated with a 2.54 (95% CI 1.68-3.86) increase in mortality in girls (with no increase in boys [ratio 0.96, 0.55-1.68]). The ways in which the female and male immune systems may respond

differently to vaccinations in infants are only beginning to be studied.
Higher Number of Vaccine Doses Prior to One Year of Age Increases Infant Mortality by 1.83X. Using the Tukey-Kramer test, statistically significant differences in mean IMRs (infant mortality rates) were found between nations giving 12-14 vaccine doses and those giving 21-23 and 24-26 doses.
One Dose of the DTP Vaccine Increases Infant Mortality by 1.84X. One dose of diphtheria, tetanus, and pertussis vaccine was associated with a mortality ratio of 1.84 (1.10 to 3.10) and two to three doses with a ratio of 1.38 (0.73 to 2.61) compared with children who had received no dose of these vaccines.
Early DTP Vaccination in Girls Increased Infant Mortality by 5.68X. Surprisingly, even though the children with the best nutritional status were vaccinated early, early DTP vaccination was associated with increased mortality.
Receipt of Both the BCG and DTP Vaccines Increased Infant Mortality in Girls by 2.4X. Among girls, those who received bot BCG and DTP experienced higher mortality than those who received only one of the two vaccines (hazards ratio 2.4; 95% confidence interval 1.2-5.0)
Receipt of the Second and Third Dose of the DTP Vaccine Increases Infant Mortality by 4.36X. The MR (Mortality Rate) was 1.81 (95% CI: 0.95, 3.45) for the first dose of DTP and 4.36 (95% CI: 1.28, 14.9) for the second and third dose.
(See full-sized Part 5 slides or see the complete Vaxxed-Unvaxxed presentation, Parts 1-5.)

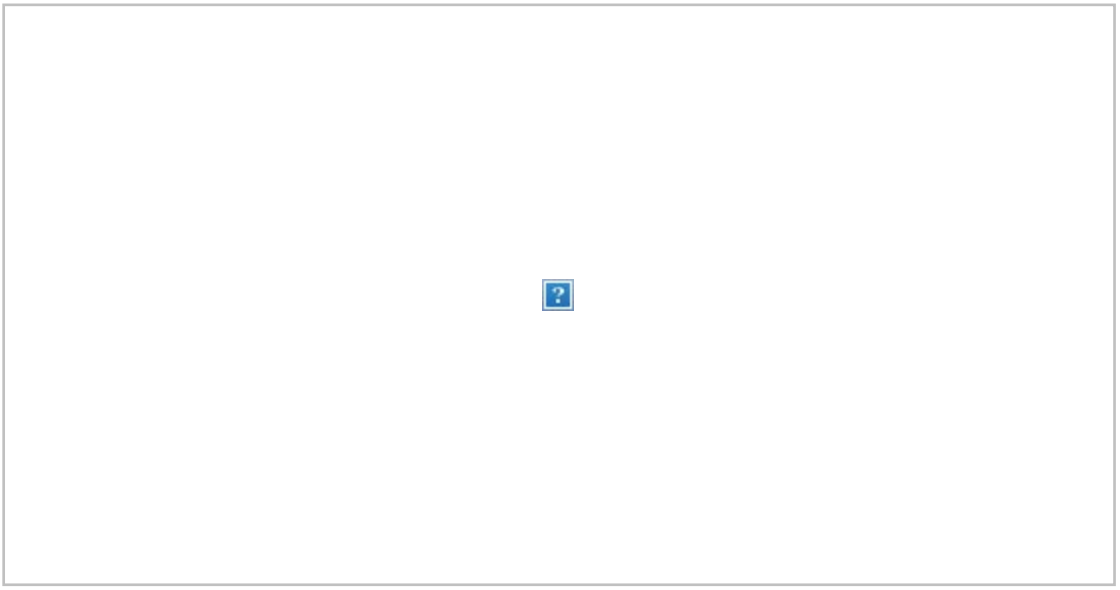
July 01, 2019

Fully Vaccinated vs. Unvaccinated — Part 2

By Robert F. Kennedy, Jr., Chairman, Children's Health Defense
The data in CDC's 1999 Verstraeten study clearly inculpated thimerosal as the principle culprit behind the autism epidemic. Contemporary emails among CDC officials— obtained under the FOIA— and the transcripts from a secret 2000 meeting between government regulators and vaccine makers at Simpsonwood, Georgia, show HHS officials plotting to create phony studies to exonerate vaccines. CDC officials hired a Scandanavian, Poul Thorsen, giving him $10 million to create a series of fraudulent reports from Denmark. Thorsen dutifully produced the predetermined results but allegedly stole at least $1 million of the grant from CDC. He is now an international fugitive under Federal indictment and on HHS's "Most Wanted" list.
CDC continues to cite Thorsen's studies as the bedrock for its claim that vaccines don't cause autism. CDC officials Frank DeStefano and Coleen Boyle knew they needed to study an American population to convincingly debunk the vaccine/ autism link. They believed it would be safe to study the MMR vaccine because the MMR did not contain thimerosal. They assigned senior scientist and CDC whistleblower, Dr. William Thompson, and three other researchers from the Immunization Safety Office to study the MMR vaccine in Georgia children. Thompson worried about being dragged into another "circus" like the Verstraeten study. His bosses promised Thompson that this time there would be no mid-course shenanigans to bury unpleasant data. They would agree on protocols up front and stick to them no matter what the data revealed. Nevertheless, when the data showed a shocking 364% increase in autism among African American boys given the MMR on time, Destefano ordered the four CDC scientists to destroy the damning information in large garbage cans. "I can't believe we did what we did, but we did it", recalls Thompson. That sanitized study is now cited in 97 subsequent publications as the proof that vaccines don't cause autism. "I have great shame now when I meet the parent of a child with autism because I have been part of the problem." Slide three shows the true results of Dr. Thompson's original data.
Titles of Vaxxed/Unvaxxed Slides Below:
Polio Vaccination Increases Type I Diabetes 2.5X;

Raw CDC Data Shows Vaccination on Time with MMR Increased Odds of Autism 3.64X;
Thimerosal-Containing Hepatitis B Series Increases Odds of Autism 3.39X;
Human Papilloma Virus Vaccine Increases the Odds of Asthma 8.01X;
Thimerosal-Containing Hepatitis B Series Increases Odds of Premature Puberty 2.1X;
MMR Vaccine Increases Risk of Crohn's Disease 3.01X and Ulcerative Colitis 2.53X.
(See full-sized Part 2 slides or see the complete Vaxxed-Unvaxxed presentation, Parts 1-5.)

No Enigma: Vaccines and the Food Allergy Epidemic



By the Children's Health Defense Team

The United States faces an ever-worsening food allergy epidemic. An estimated 1 in 12 children (8%) have food allergies, and prevalence has risen by at least 50% since 1997. Childhood food allergies are the most common cause of anaphylaxis (a "severe allergic reaction that is rapid in onset and may cause death"). A decade-long analysis of billions of health care claims reported a nationwide increase of 377% in claims for anaphylactic food reactions, and a separate analysis of emergency department (ED) visits over roughly the same period documented a 214% increase in visits for food-induced anaphylaxis—observed in children of all ages but with the highest rates in infants and toddlers. Peanut and tree nut allergies—which have tripled since 1997—are the most frequent triggers of ED visits for anaphylaxis, and over a third (35%) of the children who experience peanut-related anaphylaxis do so following their very first exposure.

… multiple strands of published evidence—including experiments dating back over a hundred years—indicate that injected vaccines are major culprits.

Whereas there is widespread agreement that these food allergy trends spell out bad news for children and families, there is little consensus on the epidemic's supposedly "enigmatic" causes. This declared bafflement is itself puzzling because—as Children's Health Defense has written

previously—multiple strands of published evidence—including experiments dating back over a hundred years—indicate that injected vaccines are major culprits. The massive expansion of the vaccine schedule since the late 1980s, day-of-birth hepatitis B vaccination, changes in vaccine technology and the growing use of immune-dysregulating aluminum adjuvants are all factors that can explain the immune system overactivation currently manifesting in the form of food allergies. In addition, as discussed in a new article in the *International Journal of Pharmaceutical Research,* proteins in vaccines often produce "off-target immune responses" and, concerningly, these protein components are entirely untested and unregulated.

Japan chose to remove gelatin from vaccines two decades ago after confirming a relationship between the protein's presence in vaccines and anaphylactic and allergic reactions. Not so in the U.S. …

Proteins in vaccines

Scientists use a variety of components to prepare vaccines—"active immunizing antigens, conjugating agents, preservatives, stabilizers, antimicrobial agents, adjuvants and culture media…as well as inadvertent contaminants that are introduced during vaccine handling." Researchers acknowledge that any of these components is capable of triggering an allergic reaction, but they believe that proteins such as egg and gelatin may be especially likely to do so. In fact, allergic reactions to gelatin are well known, "especially in injected medications and vaccines." Japan chose to remove gelatin from vaccines two decades ago after confirming a relationship between the protein's presence in vaccines and anaphylactic and allergic reactions. Not so in the U.S., which still includes gelatin in the measles-mumps-rubella (MMR), varicella (chickenpox) and other vaccines, despite documented anaphylactic reactions related to the gelatin in vaccines. Concerns recently intensified following the news that gelatin is now a vehicle for the introduction of glyphosate into vaccines. Researchers Anthony Samsel and Stephanie Seneff, who brought this problem to the public's attention in a seminal 2017 publication in the *Journal of Biological Physics and Chemistry*, noted that vaccine manufacturers grow vaccine viruses on gelatin sourced from cows and pigs who consume large amounts of glyphosate-contaminated genetically modified (GM) feed.

Far from engendering a carefully controlled immune response directed solely against the targeted virus or bacterium, adjuvant-enhanced vaccines also end up triggering antibodies against non-targeted plant proteins.

In the 2019 *Pharmaceutical Research* study, the authors' use of protein sequencing methods shows that it is not just animal proteins in vaccines that are problematic; the sequencing data indicate that at least five plant proteins present in vaccines (soy, peanut, sesame, maize [corn] and wheat) are likewise capable of fostering food allergies. The authors explain that when scientists add powerful aluminum adjuvants to vaccines, the "boosted immune response" becomes a blunt weapon. Far from engendering a carefully controlled immune response

directed solely against the targeted virus or bacterium, adjuvant-enhanced vaccines also end up triggering antibodies against "non-targeted" plant proteins. When this happens, there is a "high probability" that the antibodies will cross-react with similar human proteins—with pathogenic consequences. This type of overactive immune response can easily explain not just the epidemic of "food-associated immune-mediated disorders" but also the dreadful rise of autoimmune and neurodegenerative disorders.

One of the authors' principal findings is that there is "strong sequence alignment" (regions of similarity) between the five plant proteins and human glutamate receptors. Although glutamate is the body's most abundant neurotransmitter, it follows the "Goldilocks Principle," requiring the release of "just the right amount" of glutamate in "the right places for only small amounts of time." Dr. Russell Blaylock, an expert on the problem of overabundant glutamate (called "excitotoxicity") has suggested that excessive vaccination and use of aluminum adjuvants are part of an "immunoexcitotoxic" cascade he and others associate with food allergies, gut imbalances and autism. In fact, the scientific literature has firmly established that glutamate abnormalities are a key feature of autism. Thus, it should not be surprising that food allergies are much more common in children with autism versus those without autism, or that food anaphylaxis outcomes are worse when conditions such as asthma or other allergies are also present.

For its manufacture, polysorbate 80 relies on a variety of plant sources (including wheat and corn) as well as vegetable, legume and nut oils.

A note about polysorbate 80

The presence in numerous vaccines of a stabilizer called polysorbate 80 also warrants brief attention. Vaccines containing polysorbate 80 include those against hepatitis B, human papillomavirus (HPV), rotavirus, combination vaccines with a diphtheria-tetanus-pertussis component, virtually all influenza vaccines and others. For its manufacture, polysorbate 80 relies on a variety of plant sources (including wheat and corn) as well as vegetable, legume and nut oils. In a prior publication in 2015, one of the co-authors of the *Pharmaceutical Research* study reported the "impossibility" of guaranteeing that polysorbate-80-containing vaccines are free of "residual allergen proteins from these food sources," noting that the "residual allergens that may be present…are not even listed in the vaccine package inserts." A team of allergy experts recently asserted that hypersensitivity to polysorbates "may be underrecognized," and a study in Brazil implicated another stabilizer called dextran in "hypersensitivity-type adverse events" associated with MMR vaccination.

Medical practitioners who continue to tell these families that they "don't know what is causing the rise in food allergies" are being disingenuous or worse.

It should be noted that glyphosate is likely to be present in many of the plant sources used to produce polysorbate 80 and other vaccine components, either as a result of "Roundup Ready"

crops (e.g., corn and soy) or through glyphosate's use as a pre-harvest dessicant (e.g., wheat). Glyphosate's documented ability to disrupt gut health suggests that its presence in food and vaccines could be contributing to the rise of food allergies, which are so completely intertwined with gut imbalances.

Living with food allergies is stressful, with the potential for significant emotional, social and financial impacts. Parents describe "living in fear" and having difficulty leading an "ordinary" family life. Medical practitioners who continue to tell these families that they "don't know what is causing the rise in food allergies" are being disingenuous or worse. If Nobel Laureate Charles Richet could demonstrate over a century ago "that injecting a protein into animals or humans causes immune system sensitization to that protein"—this is what the author of the 2015 paper calls the "Richet allergy model"—then there is no excuse for depicting the food allergy epidemic as an unsolved mystery.

MAY 21, 2019

25 Reasons to Avoid the Gardasil Vaccine

Children's Health Defense- Robert F Kennedy Jr.

Human Papilloma Virus vaccine with syringe in vial at a clinic.

By the Children's Health Defense Team

Robert F. Kennedy, Jr., Gardasil Science Day Presentation Video—
"Many of the things I'm going to say today would be slanderous if they were not true. And if they're not true, then Merck should sue me. But Merck won't do that. And they won't do it because in the United States, truth is an absolute defense against slander."

…Gardasil's safety record has been nothing short of disastrous.

It has been 13 years since the U.S. Food and Drug Administration (FDA) supplied fast-tracked approval for Merck's Gardasil vaccine—promoted for the prevention of cervical cancer and other conditions attributed to four types of human papillomavirus (HPV). The agency initially licensed Gardasil solely for 9- to 26-year-old girls and women, but subsequent FDA decisions now enable Merck to market Gardasil's successor—the nine-valent Gardasil 9 vaccine—to a much broader age range—9 to 45 years—and to both males and females.

As a result of Gardasil's expanding markets not just in the U.S. but internationally, the blockbuster HPV vaccine has become Merck's third highest-grossing product, bringing in annual

global revenues of about $2.3 billion. However, Gardasil's safety record has been nothing short of disastrous. Children's Health Defense and Robert F. Kennedy, Jr. have just produced a video detailing the many problems with the development and safety of Gardasil. Please watch and share this video so that you and others may understand why Mr. Kennedy refers to Merck's methodologies as "fraudulent flimflams."

What follow are 25 key facts about Gardasil/Gardasil 9, including facts about the HPV vaccines' clinical trials and adverse outcomes observed ever since Merck, public health officials and legislators aggressively foisted the vaccines on an unsuspecting public.

Inappropriate placebos and comparisons

1. A placebo is supposed to be an inert substance that looks just like the drug being tested. But in the Gardasil clinical trials, Merck used a neurotoxic aluminum adjuvant called AAHS instead of using an inert saline placebo.
2. Among girls and women who received the vaccine *and* among girls and women who received AAHS, an astonishing 2.3% in both groups experienced conditions indicative of "systemic autoimmune disorders," many shortly after receiving Gardasil.
3. Multiple scientific studies associate aluminum not just with autoimmune diseases but with autism, Alzheimer's disease, dementia and Parkinson's disease as well as behavioral abnormalities in animals.
4. Merck lied to study participants, falsely saying that the clinical trials were not safety studies, that the vaccine had already been found to be safe and that the "placebo" was an inert saline solution. [Source: *The HPV Vaccine on Trial* (photo evidence, pp. 6 and 12).]
5. When Merck conducted clinical trials for its next HPV vaccine formulation, Gardasil 9, it used Gardasil as the "placebo" in the control groups, again relying on the lack of an inert placebo to mask safety signals.
6. The 500 micrograms of aluminum adjuvant (AAHS) in Gardasil 9 are more than double the amount of aluminum in Gardasil; this raises the question of whether Gardasil 9's heavy reliance on the Gardasil trials for comparison is justifiable.
7. The World Health Organization states that using a vaccine (rather than an inert substance) as a placebo creates a "methodological disadvantage" and also notes that it may be "difficult or impossible" to assess vaccine safety properly without a true placebo.

Inappropriate inclusion and exclusion criteria

8. In the only Gardasil trial in the target age group (11- and 12-year-old girls) with a control group design, fewer than 1200 children received the vaccine and fewer than 600 served as controls. This single trial involving fewer than 1800 children set the stage for the vaccine's subsequent marketing to millions of healthy preteens all over the world.
9. The Gardasil clinical trials had numerous exclusion criteria. Not allowed to participate in the trials were people with: severe allergies; prior abnormal Pap test results; over four lifetime sex partners; a history of immunological disorders and other chronic illnesses; reactions to

vaccine ingredients, including aluminum, yeast, and benzonase; or a history of drug or alcohol abuse—yet Merck now recommends Gardasil for all of these groups.

Inadequate monitoring

10. Some of the study participants—but not all—were given "report cards" to record short-term reactions such as redness and itching. The report cards monitored reactions for a mere 14 days, however, and Merck did not follow up with participants who experienced serious adverse events such as systemic autoimmune or menstrual problems.

11. Injured participants complained that Merck rebuffed their attempts to report adverse side effects. In numerous instances, Merck maintained that these "weren't related to the vaccine."

12. Half (49.6%) of the clinical trial subjects who received Gardasil reported serious medical conditions within seven months. To avoid classifying these injuries as adverse events, Merck dismissed them as "new medical conditions."

Annual deaths from cervical cancer in the U.S. are 2.3/100,000. The death rate in the Gardasil clinical trials was 85/100,000—or 37 times that of cervical cancer.

Cervical cancer risk-benefit ratio not worth it

13. The median age of cervical cancer death is 58 years. Gardasil targets millions of healthy preadolescents and teens for whom the risk of dying from cervical cancer is practically zero. Interventions for healthy people must have a risk profile that is also practically zero.

14. Annual deaths from cervical cancer in the U.S. are 2.3/100,000. In the Gardasil clinical trials, there were 40 deaths in the groups exposed to either the vaccine, the aluminum-containing "placebo" or a solution containing polysorbate 80 and borax. Although about half of the deaths were accident- or suicide-related, among the remaining fatalities (~65/100,000), many of the causes of death–such as sepsis, cardiac events, and autoimmune conditions–could plausibly be vaccine-related.

15. With 76 million children vaccinated at an average cost of $420 for the three-shot Gardasil series, the cost of saving one American life from cervical cancer amounts to about $18.3 million dollars. By contrast, the value of a human life according to the Department of Health and Human Services's (HHS's) National Vaccine Injury Compensation Program is $250,000—the maximum amount that the government program will award for a vaccine-related death.

16. According to Gardasil's package insert, women are 100 times more likely to suffer a severe event following vaccination with Gardasil than they are to get cervical cancer.

17. The chances of getting an autoimmune disease from Gardasil, even if the vaccine works, are 1,000 times greater than the chances of being saved from a cervical cancer death. (The link provided above goes to the Gardasil package insert. On page 8 of the insert is Table 9—girls/women who reported an "incident condition potentially indicative of a systemic autoimmune disorder"—which shows that 2.3% of Gardasil [and also AAHS] recipients reported

an autoimmune disorder, and 2.3% is 2.3 per 100. If you convert that to a per 100,000 rate, it is 2300 per 100,000. The U.S. SEER cancer database shows that for 2016, cervical cancer mortality for all ages/races was 2.24 per 100,000. 2300 is approximately 1000 times greater than 2.24.)

18. Women in Gardasil clinical trials with evidence of current HPV infection and previous exposure to HPV had a 44% increased risk of developing cervical lesions or cancer following vaccination.

19. Women who get the Gardasil vaccine as preteens or teens are more likely to skip cervical cancer screening as adults, mistakenly assuming that HPV vaccination is a replacement for screening and that the vaccine will eliminate all risk.

Since Gardasil came on the U.S. market in 2006, people have reported over 450 deaths and over 61,000 serious medical conditions from HPV vaccines to the Vaccine Adverse Event Reporting System.

Fertility effects

20. Accumulating evidence points to Gardasil's potentially severe adverse effects on fertility, including miscarriage and premature ovarian failure.

21. Merck never tested the vaccine for fertility effects. However, Gardasil and Gardasil 9 clinical trials showed high spontaneous miscarriage rates of 25% and 27.4%, respectively—significantly higher than the background rates of approximately 10%-15% in this reproductive age group.

22. Polysorbate 80 and sodium borate (Borax) are associated with infertility in animals. Both are Gardasil ingredients, and both were present in the one clinical trial protocol that professed to use a benign saline placebo.

Post-licensing

23. In 2015, Denmark opened five new "HPV clinics" to treat children injured by Gardasil. Over 1300 cases flooded the clinics shortly after their opening.

24. Since Gardasil came on the U.S. market in 2006, people have reported over 450 deaths and over 61,000 serious medical conditions from HPV vaccines to the Vaccine Adverse Event Reporting System (VAERS).

25. Merck lied to VAERS about the case of Christina Tarsell's death, falsely claiming that her doctor blamed a virus instead of Gardasil. [Source: *The HPV Vaccine on Trial* (p. 144).]

The vaccine that should never have been licensed

As suggested in the conclusion to the 2018 book *The HPV Vaccine on Trial,* the rollout of Gardasil in 125 countries worldwide has illustrated—in an all-too-real and shocking manner—the phenomenon that prompted Hans Christian Andersen to write "The Emperor's New Clothes." Around the world, over 100,000 Gardasil-related adverse events have now been reported to the FDA and WHO, and accounts continue to multiply of "scandal, lawsuits, severe injuries, and deaths." For almost 200 years, Andersen's story has taught readers about the need to speak the truth, pay attention to evidence and listen to children. The rosy narrative manufactured for the

dangerous Gardasil vaccine must not be allowed to hold sway any longer. It is time, in the words of the *HPV Vaccine on Trial* authors, to proclaim—loudly—that "the Emperor has no clothes."

UNDENIABLE VACCINATION FACTS:

1. US supreme court ruled vaccines "unavoidably UNsafe" in 2011 . 1 Bruesewitz v. Wyeth LLC, http://www.supremecourt.gov/opinions/10pdf/09-152.pdf
2. According to David Kessler, former commissioner of the FDA, "only about one percent of serious events [adverse drug reactions] are reported." Human and Experimental Toxicology, 31(10) 1012–1021, DOI: 10.1177/0960327112440111, Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990–2010
3. In 1986 Congress passed the "National Childhood Vaccine Injury Act" which removed financial liability from vaccine manufacturers and placed it on taxpayers with a $ 0.75 tax on every vaccine given. (42 U.S.C. § 300aa-1 et seq., and Bruesewitz, supra.) The National Vaccine injury compensation program has paid out over $4.1 BILLION for vaccine injuries and deaths since 1989. http://www.hrsa.gov/vaccinecompensation/
4. Approximately 5% of the vaccine injuries and deaths reported to VAERS.gov ever reach Vaccine Court. The majority of families are forced to carry the physical and financial burden of caring for an injured child themselves as are taxpayers via schools and Medicare. Only a FRACTION of the above cases ever receive payout from the NVICP because families are responsible to 'PROVE' the vaccine caused the death or injury. "while individuals may file VICP claims for these vaccines, each petitioner must demonstrate that the vaccine that was administered caused the alleged injury." 51% of Claims take 5+ years to Adjudicate. http://www.gao.gov/assets/670/667135.pdf
5. Vaccines Have "NOT been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility" – as stated in package inserts. (Take notice of section 13.1 ie: MMRII insert top page 6, and in the other vaccine inserts as well.)
http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf
6. The pharmaceutical industry is the biggest defrauder of the federal government under the False Claims Act. (http://www.fraudwhistleblowersblog.com/2014/02/) 1 In a recent 5-year period, $19.2 billion were returned from attempts to defraud federal health programs, more than twice that of the previous 5 years. (False Claims Act, Feb 2014 archive.)
7. Religious beliefs are protected under the US constitution:
14th Amendment (section 1) US Supreme court rulings state parents have the "right to parent their children" including Medical Decisions…without state intervention-unless the state has deemed them "unfit". (Troxel v. Granville, 530 U.S. 57 [2000])
1st Amendment of the US Constitution ONLY requires a "Religious Belief" to be "religious in nature" and "sincerely held." (Sherr and Levy vs. Northport East-Northport
Union Free School District, 672 F. Supp. 81, [E.D.N.Y., 1987]; Mason v. General Brown Cent. School Dist., 851 F.2d 47 [2nd Cir. 1988], Lewis v. Sobel, 710 F. Supp. 506, 512 [S.D.N.Y. 1989];

and Farina v. The Board of Education, 116 F. Supp.2d 503 [S.D.N.Y. 2000] are cases that cite United States v. Seeger, 380 U.S. 163, 85 S.Ct. 850 and other U.S. Supreme Court cases)
8. Universal Declaration on Bioethics and Human Rights:
U.N. Article 3 – Human dignity and human rights 1. Human dignity, human rights and fundamental freedoms are to be fully respected. 2. The interests and welfare of the individual should have priority over the sole interest of science or society.
U.N. Article 28 – Denial of acts contrary to human rights, fundamental freedoms and human dignity: Nothing in this Declaration may be interpreted as implying for any State, group or person any claim to engage in any activity or to perform any act contrary to human rights, fundamental freedoms and human dignity.
U.N. Article 6 – Consent: Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.
http://portal.unesco.org/en/ev.phpURL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

If there is RISK, there should be CHOICE.
Please view the document I sent titled #WE Vaccinated

Thank you,
Tabatha Lindle

--
Be Blessed, and Be a Blessing!

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Publications-Regarding-Vaccine-Safety.pdf
Date:	Tuesday, October 22, 2019 9:04:06 AM
Attachments:	Publications-Regarding-Vaccine-Safety.pdf ATT00001.htm

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From: Valerie Charneski <sweetsonthird@gmail.com>

Sent: Monday, October 21, 2019 2:22 PM

To: John Robinson

Subject: Publications-Regarding-Vaccine-Safety.pdf

Greetings Mr. Robinson and the Marathon County Health Board:

I write you with a heavy heart and some urgency, as I understand you are currently at discussing the possibility of supporting a resolution to remove the option of a "personal conviction" waiver from Wisconsin children who are subject to vaccination requirements. Without this waiver, parents would need to profess a religious reason for opting their children out of mandatory vaccinations, or obtain a medical exemption. This is of *grave* concern for the following reasons*:

1. **Force and coercion invalidate informed consent.** According to the Department of Health & Human Services (HHS), informed consent is “voluntary consent of the human subject” and is “absolutely essential” prior to *any* medical procedure. Vaccinations are most certainly a medical procedure, and one with lifelong repercussions for vaccine-injured children and their families.

2. **It is discriminatory to require parents to profess a religious leaning in order to exercise their children’s right to bodily autonomy and informed consent.** By eliminating the Personal Conviction exemption, we are left with the Religious Objection exemption and the Medical exemption. Both religious and non-religious parents should maintain equal rights.

3. **Using California’s SB276 and SB277 as our window to the future, we know that medical exemptions will be accessible to few, if any, children.** With the passage of SB277, SB276 quickly followed. SB276 essentially penalizes pediatricians for writing medical exemptions for subsets of children they know will likely react negatively to certain vaccines.

4. **The CDC’s current vaccine schedule has never been tested for safety.** To mandate a medical procedure, of any type, to everyone regardless of age, weight, genetic predisposition, immunosuppressed condition, or any other factor, is irresponsible at best. To mandate such a procedure that also has never been tested for safety is unfathomable.

5. **Vaccines have known risks.** 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.

6. **The individual vaccine safety trials lack placebos and are far too short.** Standard procedure for any pharmaceutical is to be tested against a control group, using a placebo.

Safety trials for pharmaceutical products (apart from vaccines) last a median duration of 4.8 years. Vaccines go on the market after clinical trials sometimes as short as 4 days.

7. **Vaccine injury is prevalent.** 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. 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. This could mean there are a hundredfold more adverse vaccine events than are reported to VAERS.

8. **Vaccine manufacturers are immune from liability.** By the early 1980s, pharmaceutical companies were facing crippling liability for injuries to children caused by their vaccines. 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. Since 1986, Merck, GSK, Sanofi and Pfizer have paid billions of dollars for misconduct and injuries related to their drug products. 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.

9. **Vaccine efficacy is dubious at best.** Depending on the vaccine, up to 10% of recipients will receive no immunity at all, while some (recipients of vaccines such as pertussis or polio) maintain an equal chance of becoming infected, but will become an asymptomatic patient. Immunity, if achieved, may last months to years depending on many factors. While natural immunity is lifelong, no vaccine confers this.

10. **Parents have a right to choose what is best for their child.** This is not a "pro-vaxx", "anti-vaxx", or "ex-vaxx" issue. For a governmental body to coerce parents into allowing their children to be subject to an untested, risk-laden, liability-free treatment that hasn't even been shown to provide a significant benefit is, quite frankly, sickening and is more reminiscent of Dachau than of a free, Western nation.

I have reviewed the resolution as well as the statement from the Wisconsin Public Health Council, and both contain assertions and untruths that are wholly unsupported by any scientific study, trial, or information available to date and are contradicted by the CDC's own information. I urge you, along with all others entrusted with this decision, to insist on more than a statement assuring safety; demand documentation of safety trials and placebo studies. If it exists, it should be easy for the WPHC to provide to you. Please make the decision that supports medical freedom, bodily autonomy, and freedom of choice for Wisconsin parents and school children.

Thank you for your time regarding this very grave situation,

Valerie Charneski

Wausau, Marathon County

**These facts are based on information from the Department of Health & Human Services, the Centers for Disease Control, the National Institute of Health, peer reviewed publications, and many other corroborating and reputable sources. Please see the attachment for citation and*

sources.

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Thank you for your time
Date: Tuesday, October 22, 2019 9:03:08 AM

_____
From: Marcus Narvaez <marcus.jennifer.narvaez@gmail.com>
Sent: Monday, October 7, 2019 9:05 AM
To: John Robinson
Subject: Thank you for your time

Dear Mr. Robinson
I wanted to take the time to thank you for listening to all the comments at the county medical board last week. I didn't speak because I was with my four kiddos. I talked with them about how nice it was that people were so respectful in how they spoke and listened. Strangers who do not know me or my stance on vaccines have scared me in their reactions to the topic so this was a really beautiful example to my kids on respect.
As I have had more babies I have learned vaccines are not completely safe. I have learned this through different doctors we have had, mama friends who have kiddos with vaccine injuries, and nurse friends. I have also just started reading the papers the doctors office gives after the vaccines and the list of reactions quite frankly is scary. I have and continue to weigh the risks and benefits for my children regarding which vaccines and when they should receive. Our previous pediatrician and current family doctor have had very respectful conversations with me about this and answered many questions for me. I strongly believe that where there are risks we need to have a choice. Any person I have met who is on an alternative schedule or who has stopped vaccinating has been due to a vaccine injury, most of whom can't get medical exemptions. Please know they are not people who are being neglectful or uneducated, but mostly parents who truly care about their children's health. My whole lifestyle revolves around my and my children's health which includes daily conversations regarding food choices, organic foods, homemade meals and snacks, exercise, homemade cleaners and soaps, and continual learning. It is exhausting but for me so important. Please don't remove this critical choice for my family and for my friends who do chose an alternative schedule or have stopped for serious reasons.
Thank you again for your time and for the respect you show to this topic.
Jennifer Narvaez

From: John Robinson
To: Christopher Weisgram
Subject: Fw: Vaccination exemptions
Date: Tuesday, October 22, 2019 9:11:07 AM

From: Jessamyn Kovacs <jessamynkovacs@gmail.com>
Sent: Thursday, October 3, 2019 5:07 PM
To: Katie Rosenberg; Romey Wagner; David.nutting@co.marathon.wi.us; John Robinson; Ka Lo; Jeff Johnson; Mary Ann Crosby; Donna Krause; Alyson Leahy; Arnold Schlei; Matthew.bootz@co.marathon.wi.us; Rick Seefeldt; Randy Fifrick; Jeffrey Zriny; Edward Stark; Craig McEwen; Yee Leng Xiong; Sara Guild; Loren White; Alan Christensen; Chris Voll; Jean Maszk; Sandy.cihlar@co.marathon.wi.us; John Durham; Thomas Seubert; Maynard Tremelling; Jim Bove; Richard Gumz; Allen.drabeck@co.marathon.wi.us; Kurt Gibbs; Tim Buttke; Gary Beastrom; Jacob Langenhahn; Bill Miller; Allen Opall; Jim Schaefer
Subject: Vaccination exemptions

Greetings Marathon Board members!

I recently became aware of discussion to remove exemptions for vaccinations in Marathon County. I'm reaching out to you today in opposition of any removal of any vaccine exemptions. My husband and I may be looking to relocate to Marathon County in the next few years so this topic becomes particularly important to our decision making process. I can not believe we live in a country where we even need such exemptions, shouldn't any medical procedure or ingesting/injecting medications/biologics be personal choice? Taking away such choice is in direct violation of the Nuremberg Code that was set in place during World War II.

Removal of any exemption is stripping away our rights as citizens. All vaccines have neither proven to be safe nor effective! In fact some vaccines have been proven to be just the opposite. I certainly will not consent to something so irresponsibly dangerous for myself or my children. In addition to no proof of safety or efficacy, vaccine ingredients include: Aluminium, thimerosal (mercury), formaldehyde, monkey kidney cells and aborted fetal DNA..

I am a medical professional and I am a mom. I'm also a mom of a vaccine injured child. No one, not me, not my pediatrician or the pediatric nurses knew anything about my son's injury in 2017, everyone denied it could have been from vaccines hence no one was able to help me and I continued to vaccinate until my son's situation became life threatening. I now know better. How can we take away a choice that has no liability and no one is educated on the danger of? Please seriously think about this. No liability and no true safety testing against an inert placebo- which is the true standard in medicine and no vaccines have been tested against this.

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

I encourage you to do your do diligence and do your own research too, you WILL be surprised about what you find. There is a great opportunity to learn more about vaccine awareness and personal health choices coming up on 10/18/19 in the Dells with Del Bigtree, an Emmy Award-winning producer and consumer advocate. I will include the link below for all to see. Would love to see some of you there, hope we all will be able to learn something.

Thank you,
Jessamyn Kovacs OD, RN
Madison, WI

learntherisk.org
Dissolving Illusions (book)
vaccine-injury.info
vaers.hhs.gov
National Vaccine Information Center (nvic.org)
Del Bigtree in the Dells: https://www.eventbrite.com/e/del-in-the-dells-health-choice-freedom-vaccine-awareness-discussion-tickets-73512113711?aff=eand

Over 3 dozen medical doctors throughout WI were given this quiz. None were able to answer the questions. These are legit questions that parents/WI citizens have yet our "professionals" can not produce answers. I encourage you to see if you know the answers too.

1. Which vaccine is known to cause chronic arthritis?
2. What are the exemptions to vaccination available to school children?
3. Which vaccines shed (release of the virus- able to spread to others) the virus, and for how long?
4. Ho do you file a vaccine injury report?
5. What percentage of the population does not respond to a vaccination?
6. What percent vaccination rate is needed for "herd immunity?"

7. Why are you UNABLE to sue a vaccine manufacturer?
8. How many years after the start of routine vaccination did the term SIDS come out?
9. Which vaccines contain more than the FDA approved amount of aluminium?
10. About how many vaccine patents does the CDC currently own?

Click on the 'QUIZ' tab at www.wcivwisconsin.org to see the answers!

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Vaccine exemptions resolution
Date:	Tuesday, October 22, 2019 9:08:31 AM

From: Arlis Feidt <afeidt@usfamily.net>
Sent: Wednesday, October 2, 2019 1:45 PM
To: John Robinson
Subject: Vaccine exemptions resolution

Dear Board Member,

I live in Fredonia, Wisconsin, and I want it known that I vehemently oppose any resolution/bill that infringes on our medical freedom and bodily autonomy. There have been a few cases of measles scattered across the country and our news media has sensationalized the information that has brought about a strange frenzy that, in my view, is completely unwarranted. Before the measles vaccine was introduced, deaths from the measles in the United States had been rapidly declining. In 1969, death from measles was estimated at 1 in 10,000. https://www.nvic.org/vaccines-and-diseases/Measles/me asles-history-in-america.aspx

Vitamin A supplementation can prevent complications and death from the measles, so with this knowledge, there is no reason to fear the measles. https://www.ncbi.nlm.nih.gov/pubmed/11869601 There have been no deaths from the measles since one death in 2015 (an adult who died from something else, and it was discovered after her death that she also had the measles!)

Vaccines are made by companies that have both been charged with felonies and are free from liability. They can put whatever they want into these shots, and no matter what injuries and deaths they cause, they cannot be sued. Moreover, to have these mandated by our government is an extremely dangerous combination! This ever-growing schedule has never been tested for safety, nor for the cumulative effects of the toxins they contain. https://www.icandecide.org/wp-content/uploads/2019/08/Publications-Regarding-Vaccine-Safety-1.pdf (see items 6 and 13)

Where there is such a risk to our children's health, there needs to be choice. These choices need to be left in the hands of the parents who know and care the most for their children, and their child's doctor. These choices should NOT be made by politicians and pharmaceutical companies, whose number one objective is profit (or they would not be in existence). Those who prefer a natural route should have the option to do so.

Please vote NO on the resolution to support legislation that will end the use of personal conviction waivers for school and day care center vaccine requirements.

Thank you for listening, and for supporting our medical freedoms in Wisconsin!

Arlis Feidt

262-675-4536

From:	John Robinson
To:	Christopher Weisgram
Subject:	Fw: Vaccines and Personal Choice
Date:	Tuesday, October 22, 2019 9:10:41 AM

From: Heather Felton <milady_13@hotmail.com>
Sent: Wednesday, October 2, 2019 11:45 AM
To: Heather Felton
Subject: Vaccines and Personal Choice

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 for ourselves and our family members.

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 [v]

of birth and age eighteen. 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 for which we don't vaccinate.

The removal of the personal exemption to vaccination in Wisconsin will not solve this problem.

Please vote NO to this resolution!

Sincerly,

Heather Felton

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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. 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

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[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

Vaccines: What About Immunocompromised Schoolchildren?

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immunocompromised-schoolchildren

1. WHAT DOES IT MEAN TO BE IMMUNOCOMPROMISED?

Immunocompromised children have weakened immune systems that prevent them from optimally fighting infections on their own. Consequently, they may be at increased risk of complications from infectious diseases and require additional precautions and treatments.

2. CAN IMMUNOCOMPROMISED CHILDREN ATTEND SCHOOL?

The Immune Deficiency Foundation states, "Years ago, a diagnosis of a PI [primary immune deficiency] meant extremely compromised lives... Today, with early diagnosis and appropriate therapies, many patients diagnosed with a PI can live healthy, productive lives." Modern treatments have reduced the risk of many immunocompromised children so that they are able to attend school.[1]

Children who are not severely immunocompromised can attend school with the approval of their doctor.

3. CAN IMMUNOCOMPROMISED SCHOOLCHILDREN BE VACCINATED?

Immunocompromised schoolchildren have the option to receive all the vaccines licensed for children in the United States, except for the live virus vaccines (such as vaccines targeting measles, mumps, rubella, or varicella infections).[2] Although vaccination often results in protective levels of antibodies in immunocompromised children,[3-7] clinical vaccine safety trials typically exclude immunocompromised subjects.[8] In addition, vaccines have not been evaluated for their potential to cause cancer, genetic mutations or impaired fertility in the general or immunocompromised population.[9] Due to these limitations, it is not known whether the benefit of vaccinating an immunocompromised child outweighs the risk of vaccine injury to that child.

4. DOES THE VACCINATION STATUS OF OTHER SCHOOLCHILDREN POSE A SIGNIFICANT RISK TO IMMUNOCOMPROMISED SCHOOLCHILDREN?

The vaccination status of other schoolchildren does not pose a significant risk to immunocompromised schoolchildren for the following reasons (Table 1):

- Some vaccines cannot prevent the spread of the bacteria or viruses they target.
- Immune globulin (plasma containing antibodies) is available for immunocompromised children exposed to certain infectious diseases.
- Some infectious diseases rarely cause complications in immunocompromised schoolchildren.
- Not all infectious diseases are contagious.
- Some infectious diseases are not spread in schools.

Immunocompromised schoolchildren are not put at significant risk by the vaccination status of other schoolchildren.

Table 1: Why the Vaccination Status of Other Schoolchildren Is Not a Significant Risk to Immunocompromised Schoolchildren

Some vaccines cannot prevent the spread of the bacteria or viruses they target.

Children vaccinated with the diphtheria, tetanus, and pertussis (whooping cough) vaccine (DTaP) or the inactivated polio vaccine (IPV) can still be infected with diphtheria-causing bacteria, pertussis bacteria, or poliovirus and spread them to others, even with mild or no symptoms of their own.[10-13] The influenza vaccines (TIV and LAIV) have not been observed to significantly reduce the spread of influenza.[14,15] About half of schoolchildren vaccinated with the measles, mumps, and rubella (MMR) vaccine can still be infected with measles virus and spread it to others, even with mild or no symptoms of their own.[16-19]

Immune globulin (plasma containing antibodies) is available for immunocompromised children exposed to certain infectious diseases.

Immune globulin (IG) is available for the prevention of severe symptoms in immunocompromised children exposed to measles or rubella (IG does not provide protection for fetuses of expectant mothers infected with rubella).[20,21] Varicella-zoster immune globulin (VIG) is available for the prevention of severe symptoms in immunocompromised children exposed to varicella (chickenpox).[22] Hepatitis B immune globulin (HBIG) and tetanus immune globulin (TIG) are also available for immunocompromised children.[2]

Some infectious diseases rarely cause complications in immunocompromised schoolchildren.

Fatal cases of mumps are very rare in schoolchildren (1 mumps death per 100,000 mumps cases),[23] and immunocompromised children have been observed to recover just as well from mumps as the general population.[24] Severe cases of pertussis or rubella rarely occur in schoolchildren, and being immunocompromised has not been observed to be a significant risk factor for complications of pertussis or rubella in schoolchildren.[25,26]

Not all infectious diseases are contagious.

Tetanus is not a communicable disease; that is, it cannot spread from person to person under any circumstances.[27]

Some infectious diseases are not spread in schools.

Hepatitis B is not spread by kissing, hugging, holding hands, coughing, sneezing, or sharing eating utensils,[28] and the main routes of hepatitis B transmission (sexual contact, injection drug use, or being born to an infected mother)[29] do not occur in school. Nearly all cases of *Haemophilus influenzae* type b (Hib) occur among children younger than 5 years of age; therefore, nearly all Hib transmission does not occur in school.[30] Human papillomavirus (HPV) is sexually transmitted and is therefore not spread in school.[31]

All references are available at physiciansforinformedconsent.org/immunocompromised-schoolchildren.

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MEASLES

What Parents Need to Know

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1. WHAT IS MEASLES?

Measles is a self-limiting childhood viral infection.

- Measles symptoms include a prodromal (initial) phase of cough, runny nose, eye irritation and fever, followed by a generalized rash on days 4–10 of the illness.[1]
- Measles is contagious during the prodromal phase and for 3-4 days after rash onset.[1]
- Most measles cases are benign and not reported to public health departments.[2]
- Before the measles mass vaccination program was introduced, nearly everyone contracted measles and obtained lifetime immunity by age 15.[1]
- In rare situations, measles can cause brain damage and death.[3,4]

Centers for Disease Control and Prevention (CDC) publishes measles case-fatality rates based on reported cases. However, nearly 90% of measles cases are benign and not reported to the CDC.[2] Calculating case-fatality rates based on reported cases (that constitute only 10% of all cases) results in a case-fatality rate that is 10 times higher than what it actually is in the general population. Data analysis herein is based on total measles cases (both reported and unreported).

2. WHAT ARE THE RISKS?

In the modern era, it is rare to suffer permanent disability or death from measles in the United States. Between 1900 and 1963, the mortality rate of measles dropped from 13.3 per 100,000 to 0.2 per 100,000 in the population, due to advancements in living conditions, nutrition, and health care—a 98% decline (Fig. 1).[2,5] Malnutrition, especially vitamin A deficiency, is a primary cause of about 90,000 measles deaths annually in underdeveloped nations.[6] In the U.S. and other developed countries, 75–92% of hospitalized measles cases are low in vitamin A.[7,8]

Research studies and national tracking of measles have documented the following:

- 1 in 10,000 or 0.01% of measles cases are fatal.[3]
- 3 to 3.5 in 10,000 or 0.03–0.035% of measles cases result in seizure.[9]
- 1 in 20,000 or 0.005% of measles cases result in measles encephalitis.[4]
- 1 in 80,000 or 0.00125% of cases result in permanent disability from measles encephalitis.[4]
- 7 in 1,000 or 0.7% of cases are hospitalized.[10]
- 6 to 22 in 1,000,000 or 0.0006–0.0022% of cases result in subacute sclerosing panencephalitis (SSPE).[11]

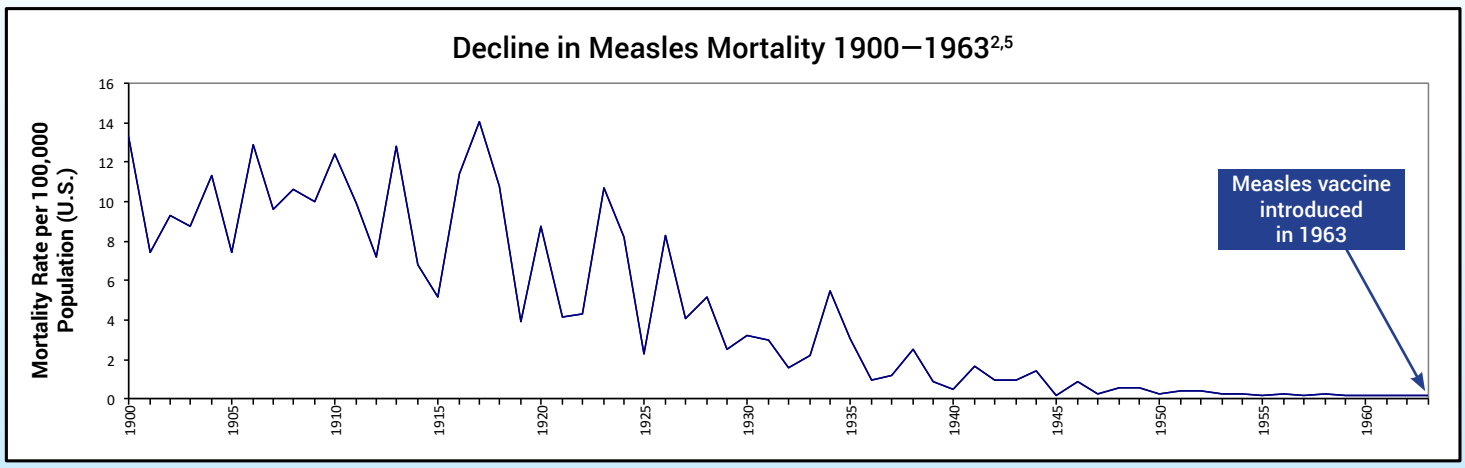

Figure 1: Measles death declined 98% from 1900 to 1963, before the measles vaccine was introduced.

3. WHAT TREATMENTS ARE AVAILABLE FOR MEASLES?

Since measles resolves on its own in almost all cases, usually only rest and hydration are necessary. When treatment is recommended, options include the following:

- High-dose vitamin A[12]
- Immune globulin (available for immunocompromised patients, such as those on chemotherapy)[13]
- The antiviral medication, ribavirin[14-16]

Vitamin A

The World Health Organization (WHO) recommends that serious measles cases be treated with high-dose vitamin A, 50,000–200,000 IU, orally on two consecutive days.[13]

4. ARE THERE ANY BENEFITS FROM GETTING MEASLES?

There are studies that suggest a link between naturally acquired measles infection and a reduced risk of Hodgkin's and non-Hodgkin's lymphomas, as well as a reduced risk of atopic diseases such as hay fever, eczema and asthma.[17-21] In addition, measles infections are associated with a lower risk of mortality from cardiovascular disease in adulthood.[22] Moreover, infants born to mothers who have had naturally acquired measles are protected from measles via maternal immunity longer than infants born to vaccinated mothers.[23]

5. WHAT ABOUT THE VACCINE FOR MEASLES?

The measles vaccine was introduced in the U.S. in 1963 and is now only available as a component of the measles, mumps, and rubella (MMR) vaccine. It has significantly reduced the number of reported measles cases; however, immunity from the vaccine wanes so that by age 15, about 60% of vaccinated children are susceptible to subclinical infection with measles virus, and by age 24–26, a projected 33% of vaccinated adults are susceptible to clinical infection.[24] The manufacturer's package insert contains information about vaccine ingredients, adverse reactions, and vaccine evaluations. For example, "M-M-R II has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility."[11] Furthermore, the risk of permanent injury and death from the MMR vaccine has not been proven to be less than that of measles (Fig. 2).[25]

Measles Mortality vs. Leading Causes of Death in Children Under Age 10 (per 100,000 Population)[26,27]

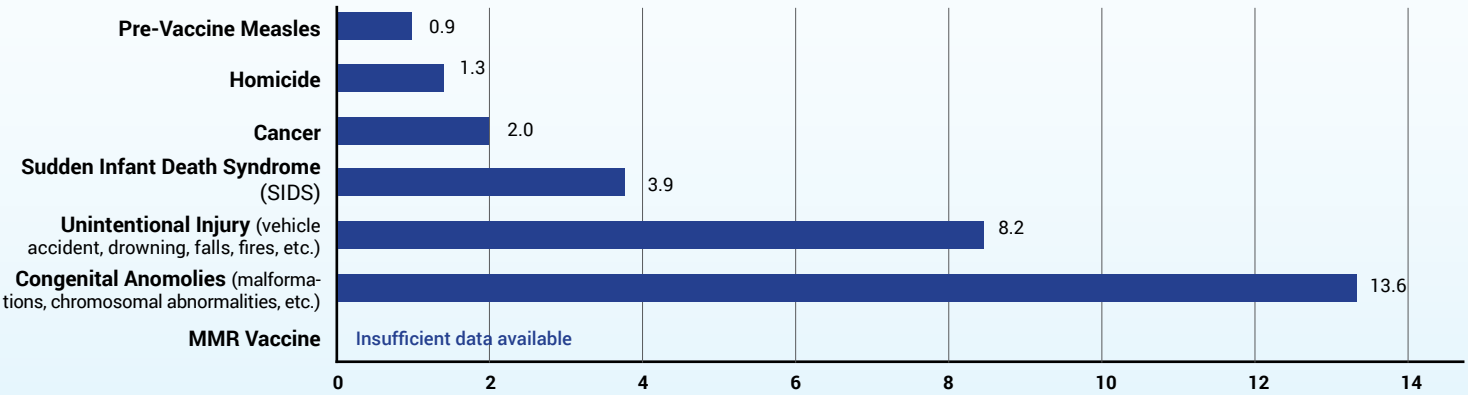

Figure 2: This graph shows the measles death rate before the vaccine was introduced, when measles was a common childhood viral infection, and compares it to the leading causes of death in children under age 10 today. Hence, in the pre-vaccine era, the measles death rate per 100,000 was 0.9 for children under age 10. In 2015, the death rate per 100,000 for homicide was 1.3, followed by cancer (2.0), SIDS (3.9), unintentional injury (8.2), and congenital anomalies (13.6). The rate of death or permanent injury from the MMR vaccine is unknown because the research studies available are not able to measure it with sufficient accuracy.[25]

All references and the Measles Vaccine Risk Statement (VRS) are available at physiciansforinformedconsent.org/measles.

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   - Same sources as references 1 and 3.

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Waning Immunity and the MMR Vaccine

Nearly 50 Percent of Vaccinated Schoolchildren Can Become Infected with Measles

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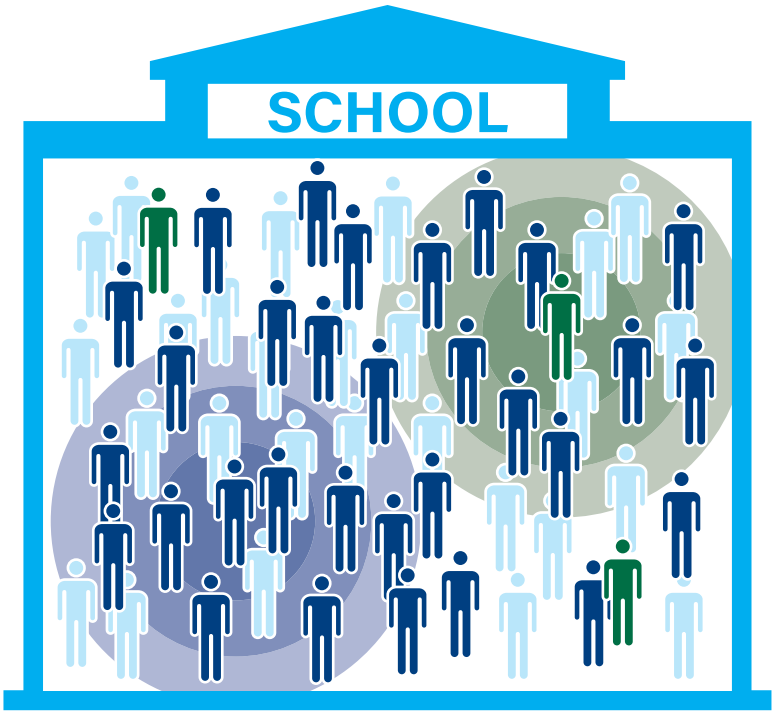

Susceptibility to Measles in School

= **Vaccinated, susceptible to *subclinical infection* and spread of measles**
35% of 7-year-olds
60% of 15-year-olds
>60% of adults

***Subclinical* measles infection:** Cases can develop illness without rash, with or without symptoms that include fever, cough, sore throat, and diarrhea.

= **Vaccinated, susceptible to *clinical infection* and spread of measles**
Projected 33% of adults by age 24–26

***Clinical* measles infection:** Cases develop illness with fever and rash, with other symptoms that can include cough, runny nose, and eye irritation.

= **Vaccinated and immune**
65% of 7-year-olds
40% of 15-year-olds
<40% of adults

Nearly 50% of schoolchildren and most adults vaccinated with two doses of the MMR vaccine can still be infected with measles virus and spread it to others, even with mild or no symptoms of their own.[1-4]

DOES IMMUNITY FROM THE MMR VACCINE WANE OVER TIME?

Yes. In 2007, the Centers for Disease Control and Prevention (CDC) conducted a study on **waning immunity after two doses of the measles, mumps and rubella (MMR) vaccine**.[1] The results, published in *Archives of Pediatrics and Adolescent Medicine*, show:

- About **35%** of vaccinated 7-year-olds are susceptible to ***subclinical* infection** with measles virus.
- About **60%** of vaccinated 15-year-olds are susceptible to ***subclinical* infection** with measles virus.
- By age 24–26, a projected **33%** of vaccinated adults are susceptible to ***clinical* infection**.

Consequently, **nearly 50% of schoolchildren and most adults** vaccinated with the MMR vaccine can still be infected with measles virus and **spread it to others**, even with mild or no symptoms of their own.[1-4] *(See figure above.)*

WOULD ANOTHER BOOSTER SHOT SOLVE THE PROBLEM OF WANING MMR VACCINE IMMUNITY?

No. The CDC conducted another study in 2016, published in *The Journal of Infectious Diseases*, which concludes that a third dose (booster shot) of the MMR vaccine is short-lived, lasting only one year.[5] The authors state:

"**MMR3 [a third dose of MMR] is unlikely to solve the problem of waning immunity in the United States...** We did not find compelling data to support a routine third dose of MMR vaccine."

Note: Children with measles antibody levels less than 900 mIU/mL are susceptible to subclinical infection with measles virus but not to clinical infection. About 35% of vaccinated children 7 years of age have a measles antibody level less than 900 mIU/mL. This level steadily declines through childhood, resulting in about 60% of children 15 years of age with a measles antibody level less than 900 mIU/mL. Consequently, nearly 50% of schoolchildren ([35%+60%]/2) and most adults (greater than 60%) are susceptible to infection with measles virus.[1]

All references are available at physiciansforinformedconsent.org/mmr-waning-immunity.

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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)
[22] https://icandecide.org/hhs/ICAN-Reply.pdf (see Section V)
[23] https://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm093833.htm
[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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[41] https://seer.cancer.gov/statfacts/html/nhl.html; https://seer.cancer.gov/statfacts/html/hodg.html
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[46] https://www.hrsa.gov/sites/default/files/vaccinecompensation/vaccineinjurytable.pdf; https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf; https://physiciansforinformedconsent.org/measles/vrs/ (since the measles death from 1959 to 1962 was appx. 400 per 4 million cases https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf and death to seizure ratio is appx. 3.25 https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html this amounts to 1 seizure in 3,095 measles cases).
[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

From: John Robinson
To: Chelsea Poland
Cc: Christopher Weisgram
Subject: Re: Email Forward to Health Board
Date: Friday, October 18, 2019 1:39:37 PM

Chelsea

It will be shared with the Board

John

From: Chelsea Poland <drchelsea15@gmail.com>
Sent: Wednesday, October 16, 2019 7:21 AM
To: John Robinson
Subject: Email Forward to Health Board

Good morning John,

I don't have all the emails for the members of the Health Board, so if you could please forward this email to the rest of the members that would be greatly appreciated! Please let me know when you get a chance to complete this. Thank you!

Have a beautiful day!
Dr. Chelsea Poland

Dear Marathon County Board Members,

I'm writing this email for information regarding my opposition to the removal of the personal vaccine exemption.

Before reading further, I'm going to please ask that you read this with an open mind. The vaccine conversation has become a topic that people seem to have a strong emotional attachment to, and when people become emotionally attached to something it is much easier to make assumptions that fit their narrative. I ask that you read this willing to try and understand the information, even if it opposes your opinion on the matter. I'm going to also ask that you try to read the email in its entirety. Before sending, I re-read the email and it took me ten minutes. I realize ten minutes is a ridiculously long time to spend reading an email, but as a citizen in the county that you represent, I cannot overstate how much I would appreciate you giving ten minutes of your time to go through this.

To better understand my position, I would like to start with a little personal background. I grew up in Marathon County and graduated as Valedictorian from D.C. Everest High School in 2008. I then went on to receive my Bachelor's of Science degree in Biology from the University of Wisconsin-Madison in 2011. Following this, I moved to Georgia to pursue my Doctorate degree, which I received in 2015 while graduating with Magna Cum Laude honors. All that is to say, I am well educated and well versed in the science field.

I first began questioning certain aspects of vaccines during my education at the University of Wisconsin-Madison. In one of our biology classes, we wrote a research paper on the safety and efficacy of the

Gardasil vaccine. Being a student at the school, I had unlimited free access to all of the best scientific research journals. Despite having access to all of these journals, our group discovered that there was not a single published study regarding the safety or efficacy of the vaccine that was not funded by Merck. Merck is the pharmaceutical company that makes the Gardasil vaccine. I remember asking my professor about the importance of this and my professor's response was something along the lines of, "If McDonald's did a study and found that their hamburgers gave people food poisoning, do you think McDonald's would pay to have that study published?" While we cannot know for certain that Merck purposely tried to eliminate any information that may have shown safety/efficacy concerns, it s the first time I questioned the role of research bias in vaccine science. At the time, though, there was no evidence that I found showing that Gardasil was unsafe, so I simply just let that concern be filed in the back of my mind and didn't think much of it.

Then when I moved to Georgia, I had my first encounter with someone who had a severely vaccine injured child. I was in chiropractic school at the time, and the child was a patient in clinic. This baby went from developing normally, meeting their milestones, crawling, making eye contact, and generally just a happy child to a completely different child just hours after the baby was vaccinated. The baby became inconsolable, was constantly screaming, stopped eating, stopped crawling, and completely regressed on development.

I wish that were the only personal experience I could talk about when it comes to vaccine injuries, but that was just the first. Being in the profession I am has now exposed me to countless similar situations. If you were at the meeting in Marathon County in October, you were able to hear first hand the story of the mother who carried her limp son into the emergency room just hours after he received his vaccines. You also got to hear from various other parents representing their vaccine-injured children, and while they may not have all had time to tell their complete story, the fact of the matter is that these stories are no longer uncommon to hear. I personally have met far too many families and heard far too many stories to not start to question the safety of vaccines.

Because of these experiences, I have returned to the scientific research on the topic over the past couple of years. Luckily for me, my educational background in science makes me comfortable trying to sort through all of the different information. While there are research articles supporting the safety and efficacy of vaccines, it seems that the media and popular culture would have you believe that ALL scientific data supports vaccination. What I discovered, however, is that there is also a vast amount of scientific information questioning vaccine policy and demonstrating that vaccines can have dangerous side effects. Due to this, I would like to provide you with some of the scientific information I am talking about. I am also going to provide links to evidence regarding these topics, which comes from peer-reviewed, scientific journals, and government websites. All the claims I make are cited, and the references can be found at the bottom. If you have any problems with the links please let me know, as my specialty may be science but it is certainly not computer science :)

I know this is a lot of information, and I certainly don't expect you to read every single research article. But with all due respect, your board stated the reason for a delay in a discussion on this matter was for you all to have time to look at the evidence. I feel as though if you are to have an opinion on this topic, it is necessary to look at this information. These research studies are just a small portion of the evidence that is available, but for the sake of my time I can only post enough to hopefully make you aware that there is plenty of scientific research supporting the fact that vaccines are not safe.

-**Number of Vaccine Doses and Infant Mortality Rate:** Research showed a correlation between an increasing number of vaccine doses and increasing infant mortality rates. [1] **this study alone should start sounding the alarm bells! Infant mortality rate is often used as an indicator of health in a country. In the United States, we rank 170/225. [9] That means 55 countries rank higher than the United States in this important health statistic. How many of those 55 countries spend more on healthcare than the United States? ZERO. We spend more money on healthcare than any other country in the world. [10] How can we spend more than anyone else and yet rank so low when it comes to the health of our country? The answer is clear - we are doing something wrong! It is unethical to know this information and not challenge our current health care policies.**

- **DTP and Death:** An observational study in West Africa found that children receiving the DTP vaccine at 2-8 months of age had higher mortality over the next 6 months compared to DTP unvaccinated children. [2]

- **HPV Vaccine and Infertility:** Women vaccinated for HPV had a lower probability of conceiving. [3]

-**HPV Vaccine and Nerve Damage:** A biopsy-proven case of serious nerve damage developing within days of the HPV vaccine. [4]

-**HPV Vaccine and Premature Ovarian Insufficiency:** Case reports suggesting a link between HPV vaccine and premature ovarian insufficiency. [5]

-HPV Vaccine and Autoimmunity: Documented evidence of the potential of the HPV vaccine to trigger a life-disabling autoimmune condition. [6]

-**DTap, Polio Vaccine, and Flu Vaccine and Seizures:** DTaP-IPV-Hib vaccination was associated with an increased risk of febrile seizures on the day of the first 2 vaccinations given at 3 and 5 months. [7 **]**

- **DTP and Asthma:** The odds of having asthma was twice as great among vaccinated subjects than among unvaccinated subjects. [8]

-**Aluminum and Neurological Deficits:** Aluminum, a product in vaccines, was shown to be associated with neurological deficits in adults. Additionally, a highly significant correlation was shown to exist between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders [11]

-**Aluminum and Autism Spectrum Disorder (ASD):** the increase in exposure to aluminum adjuvants significantly correlates with the increase in ASD prevalence in the United States observed over the last two decades [12]

-Aluminum and Motor and Neurological Deficits: Analysis revealed significant impairments in a number of motor functions as well as diminished spatial memory capacity after aluminum injections. [13]

-**Aluminum and Brain Dysfunction:** Long-term persistence of vaccine-derived aluminum hydroxide within the body is associated with cognitive dysfunction. [14]

-**MMR and Seizures:** MMR vaccination almost triples the risk of febrile seizures in the second week following vaccination. [15]

This list alone is startling. We're not talking about vaccines just making people sore at the injection site. This research is showing severe side effects with lifelong effects ranging from brain dysfunction to death! We can't ignore this information, especially considering this is just a short list that I was able to put together this afternoon during some free time. On the flip side, though, there is also a long list of research supporting the use of vaccines. This research is also valuable, but here are some generalized main concerns I have with much of the research supporting vaccines:

1) Financial Bias - The vast majority of these studies are being performed and funded by the pharmaceutical companies that produce the vaccines, as I demonstrated earlier in my example with the Gardasil vaccine. It is unbelievable to me that the Gardasil vaccine had been on the market for years when I was in college, and there was still not a single study performed by an outside, unbiased source regarding its safety and efficacy. How important is bias? Well, the pharmaceutical industry clearly has the most to gain financially with the approval of vaccines, so their data should not be relied upon for safety and efficacy standards. There is a clear conflict of interest in vaccine research. The following reference highlights the fact that, "research funded by industry undermines confidence in medical knowledge." To

fix this problem, this article suggests developing an entirely separate funding source for research that is separate from the pharmaceutical industry. [16] Another article notes how conflicts of interest in the creation of public policy, especially health or nutrition related policies such as the vaccine policy, tobacco control, and research related to health, can have negative impact on the lives of millions of people. [17] If you ask any scientist that critically analyzes research, they would tell you that a financial conflict of interest reduces the credibility of the research. We need to do better!

2) Inadequacy of Safety Research - In vaccine research, there are often inadequacies in the description of the study populations, response rates, vaccine content, and reported outcomes, as Cochrane noted in their review on the MMR vaccine. [18] Cochrane is an organization that conducts systematic reviews of health care interventions and publishes them in the Cochrane Library. Cochrane reviews are often meant to be the last word in evidence based medicine, and the authors have concluded that when it comes to safety assessment of the MMR vaccine that the studies are inadequate. [18] And this is just information on one vaccine of the many that children are scheduled to receive! When so many families are reporting injuries from vaccines, there is no excuse for these inadequacies in the research.

Despite these main concerns, I could still sit here and provide you with scientific research that supports the safety and efficacy of vaccines, but ultimately that would not change the bottom line, which is that there IS a risk when it comes to vaccination. Not only is this risk demonstrated by the people in Marathon County fighting for their vaccine-injured children, but I hope I have now shown that it is also demonstrated in the research. So the question then becomes, why is the government trying to force families to take this risk? I often hear the response that the risk of vaccination is necessary in order to provide immunity to those who are too immunocompromised to receive vaccines. Because, in theory, if vaccines work, the parents of vaccinated children do no have to worry. It is the children that cannot get vaccinated that are vulnerable and need to be protected. Well, let's look into this a little further. Children that are too sick to receive vaccinations would get a medical exemption. In the 2017/2018 school year, the median rate of medical exemption for kids entering kindergarten was 0.2% in the United States. [19] For further understanding, my graduating class at D.C. Everest was about 450 students. Out of 450 students, 0.2% does not even equate to one person. On a larger scale, if we take 0.2% of the entire United States population of 327 million, that equals approximately 655,000 people that would be considered too sick to get their vaccines. Let's then compare this to the risk of receiving vaccinations. When someone has a vaccine injury, the CDC recommends reporting that injury to the Vaccine Adverse Event Reporting System (VAERS). [20] In the year 2018, there were 52,244 adverse events reported VAERS, including injuries as serious as death. [21] Reports have shown that fewer than 1% of vaccine adverse events are reported. [22] That would mean that in 2018 alone, an estimated over 5 million people had an adverse event to a vaccine. FIVE MILLION. So the argument that five million injuries are required to protect 655,000 from a disease that they might not ever even be exposed to does not make sense to me. The numbers just don't add up. Is this a simplified mathematical way to look at the data? Sure. But this is the evidence that is out there! For the sake of our children, we need to start having adequate safety studies on these vaccines and we need to start holding vaccine manufacturers liable for the safety of their products before vaccines become mandated.

To be clear, it is not that I'm opposed to the concept of vaccines. If there could be an entirely safe product that would eliminate any harm to our children or society, I don't think any logical person would oppose that. The point is that vaccines are not that product, at least not in the way that they are currently manufactured. We need to demand better for our children. Unfortunately, most people that I've met that do not support vaccination started feeling that way after watching someone they love suffer a vaccine injury. How many more people will be forced to suffer?

I hope that through this email I've been able to enlighten you to some of the safety and policy concerns when it comes to vaccines. In regards to the upcoming vaccination vote, though, you are not voting on whether or not you think vaccines are safe. You are not voting on whether or not you think vaccines are effective. You are voting on whether or not you should take away the only exemption that allows parents to freely choose not to vaccinate their children. Effectively, you are voting on whether or not to force parents to take all of the risks mentioned above. You are voting on whether or not the mom that carried her limp son into the emergency room should be forced to do so. And above all of that, you are voting on

whether or not YOU should have the right to take away that choice from parents.

If you've read this in its entirety, I can't thank you enough for taking the time to do so. Please feel free to reach out with any questions or concerns.

Sincerely,
Dr. Chelsea Poland
Marathon County Resident

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From: John Robinson
To: Christopher Weisgram
Subject: Fw: Oppose resolution to remove personal conviction waiver
Date: Monday, October 28, 2019 4:11:40 PM

FYI from:

SARAH L HARDISON, LPC, BCBA

8200 WOODGLEN LN APT 201

DOWNERS GROVE, IL 60516-4525

From: Sarah Hardison <sarahlynnschaefer@gmail.com>
Sent: Monday, October 28, 2019 1:18 PM
To: Sarah Hardison
Subject: Oppose resolution to remove personal conviction waiver

Dear County Representative,

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

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

Please consider these facts before voting on this resolution:

1) **Vaccine manufacturers and providers who administer vaccines are shielded from liability for vaccine injuries and deaths**. Following the National Childhood Vaccine Injury Act of 1986, the right for victims of vaccine injury/death to sue manufacturers was removed (1). Consequently, pharmaceutical companies lack incentive to conduct proper safety testing on these products. As a result of this Act, the childhood vaccine schedule increased from 11 to 72 vaccines. In addition, this Act was the result of a class action lawsuit brought by parents of children injured by the DTP vaccine. The pharmaceutical companies approached the government and indicated that without freedom from liability, they would be unwilling and unable to continue with the vaccination program because the financial liability would be too great.

2) **Vaccines cause injury and death.** As with any other medical procedure, vaccines carry a certain amount of risk. Since 1989, the US Government has paid out over $4.1 BILLION to victims of vaccine injury through the National Vaccine Injury Compensation Program (2). Rather than holding pharmaceutical companies fiscally responsible for

the harm of their products, NVICP is funded by US taxpayers through a 75 cent tax levied on all vaccines (3).

3) **The growing vaccine schedule has <u>never</u> been safety tested.** The CDC recommends that all children receive 50 doses of 14 vaccines between birth and 6 years old and at least 69 doses of 16 vaccines between birth and age 18 (4). This more than doubles the childhood schedule of 34 doses of 11 vaccines in the year of 2000 (5). In the past 15 years, 35 doses of 5 unique vaccines have been added. The CDC has never conducted a single study on whether or not this schedule if safe for our children (6). They have never looked at the cumulative effects of the neurotoxic ingredients including aluminum, formaldehyde, polysorbate 80, African green monkey kidneys, aborted fetal cell lines (WI-38 human diploid lung fibroblasts), and chick cell embryo just to name a few.

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

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

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

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

It is wrong to assume vaccines work 100% of the time. Outbreaks of vaccine addressed illness are occurring in populations with 95%+ vaccination rates. This is because live virus vaccines shed exposing others, including the immunocompromised, to the illness, and because the vaccines can cause the illness. Research shows the pertussis vaccine does not prevent people

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

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

Please vote no on the resolution to remove personal conviction waivers and help Wisconsin be a model for other states.

Sincerely,

Sarah Hardison, LPC, BCBA
Mother and Licensed Behavior Analyst

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