

Marathon County Board of Health

Tuesday, August 10, 2021 at 7:45 AM

Meeting Location: 212 River Drive, Room 5
Wausau, WI 54403

The meeting site identified above will be open to the public. Marathon County requests that appropriate COVID-19 safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number. When you enter the telephone conference, put your phone on mute.

Dial +1 312 626 6799 US (Chicago)

Meeting ID: 851 2896 1112

Password: 882227

Committee Members: John Robinson, Chair; Craig McEwen, Vice-Chair; Kue Her, Secretary; Sandi Cihlar; Dean Danner; Tiffany Lee; Corrie Norrbom

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Marathon County Health Department Mission Statement: To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards. (Last updated: 5-7-13)

1. **Call to Order**
2. **Public Comment Period (Limit to 15 Minutes)**
3. **Approval of the Minutes of the June 8, 2021 and July 13, 2021 Board of Health Meeting**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
5. **Policy Discussion and Possible Action**
 - A. Determine guiding principles for restructuring the Licensing Program fees
6. **Educational Presentations/Outcome Monitoring Reports**
 - A. Update on COVID-19 pandemic response efforts occurring at a local and state level
 - i. Report on community-wide initiatives underway to assist individuals in making an informed decision and to ensure access to COVID-19 vaccinations
 - ii. Other
 - B. Update on actions being taken to address human health hazards identified at the Northern Mobile Home Park
 - C. Report from the Health & Human Services Committee August 4 meeting on policy issues impacting public health

D. Update on staffing

7. Announcements

8. Policy Discussion and Possible Action (resume 8:30 AM)

A. Determine "indicators" for the Community Health Priority Substance Misuse

9. Next Meeting Date & Time, Location, Future Agenda Items:

A. Confirm September 14, 2021 meeting date and determine agenda topics

i. Update on Marathon County Start Right program evaluation

ii. Healthy Marathon County to join for the second half of the meeting to define "results" for the Community Health Priority Mental Health

10. Adjourn

FAXED TO: Daily Herald, City Pages,
Marshfield News, Mid-West Radio Group

Signed _____

THIS NOTICE POSTED AT THE COURTHOUSE

Date _____ Time _____

By _____

Date _____ Time _____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

**Marathon County Board of Health
Meeting Minutes
June 8, 2021**

Present (via Zoom): John Robinson, Craig McEwen, Lori Shepherd, Sandi Cihlar, Dean Danner, Kue Her, Tiffany Lee, Corrie Norrbom

MCHD Staff: Jenna Flynn, Hannah Schommer, Dale Grosskurth, Laura Scudiere, Eileen Eckardt, Rachel Klemp-North, Melissa Moore, Amanda Ostrowski, Aaron Ruff

Others Present: Tim Buttke, Jeff Sargent, JoAnna Bernklau, Brooke Davis, Katie Dively, Jen Smith, Erin Wells, Tara Draeger, Debi Traeder

1. Call to Order

John Robinson called the meeting to order at 7:45 AM.

2. Public Comment Period

None.

3. Approval of the Minutes of the May 11, 2021 Board of Health Meeting

Motion to approve the minutes of the May 11, 2021 meeting made by Sandi Cihlar. Seconded by Lori Shepherd. The motion was approved.

4. Operational Functions Required by Statute, Ordinance, or Resolution

A. Election of the Board of Health Secretary

Sandy Cihlar nominated Kue Her. Motion to appoint Kue Her as Board of Health Secretary made by Corrie Norrbom. Seconded by Craig McEwen. The motion was approved. Joan Theurer will connect with Kue regarding the responsibilities of the position.

5. Policy Discussion and Possible Action

A. Update on Governor Evers 2021-23 Biennial Budget Proposal and determine public health priorities

i. Review letter to area legislators of the Board of Health budget priorities

No action taken.

ii. Share updates on the state budget process and legislative priorities

Joan Theurer shared that the Joint Committee and Finance wrap up next week, at which time the budget will go to the Legislature.

B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)

Joan Theurer shared that agencies will have a better idea of COVID response funding in late summer or early fall, and that local health departments continue to look to the State for direction in terms of the pandemic response.

C. Update on the Start Right UniverCity program evaluation

Joan Theurer shared the history behind the recommendation to have an outside party evaluate the Start Right program to determine how the program benefits the community long-term. Joan also provided an update on the status of the UniverCity study being done by Barry Delin, Ph.D. affiliated with UniverCITY, University of Wisconsin System who has extensive experience in federal grant program evaluations. Mr. Delin is currently looking at all data he has received to date and will provide an initial draft by mid-to-late August, with a final draft (including recommendations) expected in mid-September.

Discussion on recognizing the limitations of the study, as well as how to provide a comprehensive program evaluation as to long-term impacts, given this would require a long-term study lasting 20-50 years, as well as very granular data that would cost a lot of money and resources to capture.

D. Update on the COVID-19 pandemic response efforts at a local and state level
i. Update on vaccination efforts in Marathon County

Joan Theurer provided an update on vaccination efforts in Marathon County, indicating that while vaccinations administered at the NTC AMI site have dropped to less than 500 per week. Corrie Norrbom shared vaccination efforts occurring through H2N partners.

ii. Update on the challenges in promoting COVID-19 prevention measures of masking, physically distance, quarantine/isolation in light of CDC's May 13 recommendations for fully vaccinated individuals

Discussion about the continued challenges promoting masking and vaccinations. Craig McEwen indicated that it is difficult to change the minds of people, but we can aim for a 70% vaccination rate. Joan Theurer indicated that the public is tired of masking and social distancing, and parents are asking school boards to reconsider the layered prevention approach to COVID, which would include discontinuing masking, social distancing and policy changes around close contacts. The proposed changes may have ramifications in the fall once school resumes.

Joan Theurer indicated that the COVID-19 vaccine is being integrated by health care providers into the standard of care, so it will be readily available to individuals even after the AMI clinic is discontinued.

E. Report from the Health & Human Services Committee June 2 meeting on policy issues impacting public health

John Robinson shared that the Committee took up amending the county ordinance for the Board of Health membership to be in keeping with state statutory language as previously adopted by the County Board in 2019.

6. Educational Presentations/Outcome Monitoring Reports

- A. Report on actions being taken to address human health hazards identified at the Northern Mobile Home Park

Joan Theurer and Dale Grosskurth provide an overview on the actions being taken to address the human health hazards identified at the Northern Mobile Home Park as well as their implications. Actions that can be taken include the Health Department not renewing the license and the City of Schofield revoking the license.

- B. Update on staffing

Joan Theurer shared that Dani Parker has been hired as a Public Health Nurse, and that another vacant Public Health Nurse position will be filled as well. Laura Fischer has accepted the position of Public Health Educator. Recruitment for the two vacant administrative positions continue.

DHS has offered to assist in the recruitment for the Health Officer position to Lance Leonard.

7. Announcements

- A. Acknowledgement of Lori Shepherd, MD service to the Board of Health since May 7, 1996

On behalf of the Board, John Robinson expressed gratitude to Dr. Lori Shepherd for her 25 years of service to the Board of Health. Dr Shepherd shared that over time the Board of Health transitioned from being primarily operationally-focused to focused on policy change, and the positive impact that has had on our County.

John Robinson congratulated Joan Theurer for being awarded the 2021 Carol Graham Lifetime Achievement Award by the Wisconsin Public Health Association. The purpose of the award is to recognize special career-spanning contributions through leadership, advocacy, or service to public health in Wisconsin.

8. Policy Discussion and Possible Action (resume 8:30 AM)

- A. Defining “results” for the Community Health Priority Substance Misuse

Amanda Ostrowski presented four options to the board for discussion:

1. All Marathon County residents use substances safely.
2. All Marathon County residents are free from substance-related health and safety programs.
3. All Marathon County youth grow up substance free.
4. Marathon County residents of all ages and abilities are free from alcohol-related health and social problems.

After hearing additional ideas, discussion and clarification, the group voted on the following options:

1. All Marathon County residents use substances safely.

2. All Marathon County residents are free from substance-related health and safety programs.
3. All Marathon County youth grow up substance free.
4. Marathon County residents of all ages and abilities are free from alcohol-related health and social problems.
5. Marathon County residents of all ages and abilities will achieve well-being free from substance misuse.
6. Marathon County residents of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse.

Results of the vote selected by the group are as follows:

1. Marathon County residents of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse.
2. All Marathon County youth grow up substance free.

The Community Health Improvement (CHI) team will research options for Indicators that support the Result(s). The Board of Health with members of Healthy Marathon County will then determine which Indicator(s) best support the Result at a future meeting.

Melissa Moore shared that she, Hannah Schommer, and Debi Traeder will be hosting upcoming QPR trainings, and exploring “train the trainer” options within this program.

9. Next Meeting Date & Time, Location, Future Agenda Items:

- A. Confirm July 13, 2021 meeting date and determine agenda topics, noting the next date is July 13
 - i. Overview of Marathon County Health Department’s Organization Culture Survey findings and next steps
 - ii. Healthy Marathon County to join for the second half of the meeting to determine “indicators” for the Community Health Priority Substance Misuse

10. Adjourn

The meeting was adjourned at 10:02 AM.

Respectfully submitted,

Kue Her, Secretary
Kim Wieloch, Recorder

**Marathon County Board of Health
Meeting Minutes
July 13, 2021**

Present (in person): John Robinson

Present (via Zoom): Sandi Cihlar, Dean Danner, Tiffany Lee, Corrie Norrbom

MCHD Staff: Joan Theurer, Hannah Schommer, Dale Grosskurth, Laura Scudiere, Eileen Eckardt, Rachel Klemp-North, Melissa Moore, Amanda Ostrowski, Laura Fischer

Others Present: Tim Buttke, Jeff Sargent, Brooke Davis, Jen Smith, Tara Draeger, Katie Dively, Erin Wells, Becky Turpin

1. Call to Order

John Robinson called the meeting to order at 7:45 AM.

2. Public Comment Period

The following members of the public provided comments on Agenda Item 5C, specifically related to a documents included in the Board packet titled "How to reach vaccine-hesitant people, a review":

Name	Residence
Steve Frazier	Schofield, Wisconsin
Melinda DeGier	Merrill, Wisconsin
Dave Baker	Kronenwetter, Wisconsin
James Juedes	Easton, Wisconsin
Sandy Bautsch	Wausau, Wisconsin
Michael Bautsch	Wausau, Wisconsin
Jane Blarek	Mosinee, Wisconsin
Shannon Grabko	Weston, Wisconsin
John Menard	Athens, Wisconsin
Becky Kressin	Portage County, Wisconsin
Randel Wokatsch	Marathon, Wisconsin
Elizabeth Gille	Wausau, Wisconsin
Ashley Menard	Athens, Wisconsin
Dr. Lisa Grill Dodson	Wausau, Wisconsin

Comments were limited to three minutes at the directive of the Chair. Joan Theurer shared that the purpose of the documents were to provide, to the Board of Health, information on an array of vaccination strategies to reinforce the number of efforts already being done and to ensure that community members have access to and can make informed decisions about vaccinations.

3. Approval of the Minutes of the June 8, 2021 Board of Health Meeting

Minutes were not approved; tabled until August 10, 2021 meeting.

4. Operational Functions Required by Statute, Ordinance, or Resolution

A. None

5. Policy Discussion and Possible Action

A. Update on Wisconsin 2021-23 Biennial Budget Proposal and public health priorities

i. Budget was passed, Joan Theurer shared:

1. Communicable Disease funding was not included in the governor's budget.
2. Unsure if postpartum Medicaid coverage was extended another 30 days to a total of 90 days coverage postpartum; Senator Felzkowski indicated that she advocated for coverage beyond 60 days

Joan Theurer indicated that she will forward a document summarizing initiatives as requested.

B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)

i. WPHA/WALHDAB 2021-22 Wisconsin Bill Tracking

Joan Theurer shared that there was a number of legislative actions that limit government's and business' requirements on vaccinations. WPHA/WALHDAB Public Affairs have gone on record opposing these limitations.

C. Update on COVID-19 pandemic response efforts at a local and state level

i. Vaccine hesitancy and implications in achieving Wisconsin's 80% vaccination goal by the end of 2021.

Discussion about the public comments being a lesson on vaccine messaging. John Robinson directed staff to give thoughts to the concerns voiced by some of the speakers and how they can be addressed. Discussion to continue at next meeting.

D. Report from the Health & Human Services Committee June 30 meeting on policy issues impacting public health - Cancelled.

6. Educational Presentations/Outcome Monitoring Reports

A. Update on actions being taken to address human health hazards identified at the Northern Mobile Home Park

Dale Grosskurth shared that he has met with Corporate Counsel to determine the appropriate path forward. There are several corrections that NMHP has not addressed; thus, their license will not be reissued, and a Human Health Hazard order has been presented. Marathon County Health Department is working with Corporate Counsel to move forward with legal action and coordinate with the City of Schofield as the property is located within their city limits. There is also an August 2, 2021 court date as to the City of Schofield permit. Dale noted that there are issues around abating current hazards due to property and ownership concerns. Dale will be

reaching out to the City of Schofield officials to create a plan including communication with current tenants; Joan Theurer indicated that we are waiting for Corporation Counsel to determine who is responsible for notifying tenants of the potential relocation. Dale noted that the department is committed to providing adequate notice and connection with agencies that can assist.

B. Overview of the Health Department Denison Organizational Culture Survey findings (as time permits)

Joan Theurer provided information on the Denison model, which measures employee perceptions as it relates to the mission, consistency, involvement, and adaptability of the organization. The Department's 2019-2020 organizational survey showed a decrease, which was expected. The COVID-19 pandemic required long-term use of the Incident Command System (hierarchical model) vs. the collaborative model staff were used to. Additionally, staff were redirected to COVID work. In response to the results, a plan is being developed that addresses actions that staff can take both individually and collectively to strengthen organization culture and will be carried out over the next 3-4 months, realizing long-term plan will need to be developed with the appointment of the new Health Officer.

C. Update on staffing

Joan Theurer shared that Laura Fischer has been hired as a Health Educator to do tobacco prevention work, and Hannah Pinch has been hired as a Public Health Nurse. Julia Mohr resigned, but will remain with the Department as a casual nurse. Kang Yang has been hired as the Administrative Coordinator. Interviews continue for the Administrative Specialist position, which should be filled soon. The Health Officer recruitment is in the second interview stage. Discussion around process for recruitment and hire of Health Officer position.

7. Announcements

John Robinson shared that the next Board of Health meeting will be Joan's last one and expressed gratitude for her years of service in public health. Joan shared that over her career, she is seeing the need for public health to have greater engagement in public dialogue and has become an art of balancing individual rights with that of public rights.

8. Policy Discussion and Possible Action (resume 8:30 AM)

A. Determine "indicators" for the Community Health Priority Substance Misuse

Joan Theurer introduced the members of Healthy Marathon County and the Community Health Improvement team. Amanda Ostrowski led a discussion regarding indicators and their criteria (communication power, proxy power, and data power). Further discussion indicated that additional clarification is needed in order to successfully determine three appropriate indicators after some members expressed concern that the selection process felt subjective. It was decided to hold the August meeting in person and have a more in-depth discussion to increase understanding and effectively select three indicators. Amanda asked that members look at the data and take each indicator through the matrix prior to the meeting.

9. Next Meeting Date & Time, Location, Future Agenda Items:

- A. Confirm August 10, 2021 meeting date and determine agenda topics.
- i. Update on Marathon County Start Right program evaluation – this will be delayed until the September meeting.
 - ii. Continuation of vaccine hesitancy discussion.
 - iii. Healthy Marathon County to join for the second half of the meeting to define “results” for the Community Health Priority Substance Misuse

10. Adjourn

Motion to adjourn the meeting made by Dean Danner; seconded by Corrie Norrbom. The meeting was adjourned at 9:43 AM.

Respectfully submitted,

Kue Her, Secretary
Kim Wieloch, Recorder

DRAFT

**Health Officer Notes
August 2021**

To facilitate diverse perspectives, consider the following questions during the policy discussion.

- Who benefits from or will be burdened by the proposal?
- What are the strategies for mitigation unintended consequences?

Operational Functions Required by Statute, Ordinance, or Resolution

A. None

Policy Discussion and Possible Action

A. Determine guiding principles for restructuring the Licensing Program fees

Joan Theurer, Health Officer and Dale Grosskurth, Program Director of Environmental Health & Safety will walk through factors for consideration in restructuring the Licensing Program fees. Enclosed, find

- Guiding Principles for Restructuring the Licensing Program Fees
- Marathon County Health Department's 2021 Licensing Fees
- WI ACTP 75.08 Retail Food Establishment Fees

Educational Presentations/Outcome Monitoring Reports

A. Update on COVID-19 pandemic response efforts occurring at a local and state level

- i. **Report on community-wide initiatives underway to assist individuals in making an informed decision and to ensure access to COVID-19 vaccinations**
- ii. **Other**

Joan Theurer, Health Officer and Laura Scudiere, Program Director of Community Health Improvement will provide an overview of community-wide initiatives underway to assist individuals in making an informed decision as well as assuring access to vaccinations across Marathon County. Enclosed, find vaccination status as of July 28, 2021.

B. Update on actions being taken to address human health hazards identified at the Northern Mobile Home Park

Joan Theurer, Health Officer and Dale Grosskurth, Program Director of Environmental Health and Safety will provide an update on actions being taken to address human health hazards at the Northern Mobile Home Park.

C. Report from the Health and Human Services Committee August 4 meeting on policy issues impacting public health

Members along with Joan Theurer, Health Officer will provide a report from the August 4 Health and Human Services Committee meeting on matters pertinent to public health.

D. Update on Staffing

Kang Yang has accepted the administrative coordinator position and will start on July 26, 2021.

Recruitment is underway to fill the following vacant position: administrative specialist, and a public health nurse. The appointment process for the next Health Officer is underway.

Announcements

Policy Discussion and Possible Action (resume 8:30 AM)

A. Determining “indicators” for the Community Health Priority Substance Misuse

Members of Health Marathon County will join the members of the Board of Health to determine “indicators” for substance misuse. The Community Health Improvement Team colleagues will be available for questions. Amanda Ostrowski, Public Health Educator will facilitate the discussion. Enclosed, find 2021-2024 CHIPP Development & Results-Based Accountability document and a copy of the Results-Based Accountability Framework.

Next Meeting Date & Time, Location, Future Agenda Items:

A. Confirm September 14, 2021 meeting date and determine agenda topics

- I. Update on the Marathon County Start Right program evaluation
- II. Healthy Marathon County to join for the second half of the meeting to define “results” for the Community Health Priority Mental Health

Guiding Principles for Restructuring the Licensing Program Fees

July 27, 2021

Goal: The aim for restructuring the Licensing Program fees is two-fold, that is,

- To align license fees with state licensing categories. Currently, licenses for retail food need to be sorted by complexity in order to determine the fee to be reimbursed to WI Department of Agriculture, Trade, and Consumer Protection (DATCP).
- To justify fees for each license category, ensuring fees are reasonable. The current fee categories are based upon revenue, having revenue categories not adjusted since the establishment of the fee structure.

Background: The licensing fee structure was established prior to 2001. The fee structure is based on gross annual income of the licensed establishment. The WI Department of Agriculture, Trade and Consumer Protection (DATCP) licensing fee structure for Retail Food – Serving Meals is based on the complexity of the retail food establishment. For Retail Food – Not Serving Meals the licensing fee is based on the complexity of the retail food establishment and annual gross food sales. Marathon County Health Department’s licensing fee structure is the same as DATCP. Enclosed, find Marathon County Health Department’s 2021 Licensing Fees, WI ACTP 75.08 Retail Food Establishment Fees, and WI ACTP 72.05 Lodging Fees.

WI DATCP contract states related fees collected by an agent program are not to exceed the reasonable costs incurred by the agent program for enforcing and administering the provision of the contract. WI Department of Safety and Professional Services states revenue shall not exceed direct program costs. Marathon County’s Priority Based Budgeting based on 2019 budget, estimated \$130,580 in tax levy support of a budget of \$609,080; taking into account the Health Department’s total indirect costs.

In the spring of 2020, the Board of Health approved the restructure of the Recreational Pool Licensing and Water Testing fees. The restructure of fees was based on the following recommendations:

1. Licensing categories for recreational pools are aligned with State of WI Department of Agriculture, Trade, and Consumer Protection (DATCP) license categories.
2. Proposed licensing fees for recreational pools are based on the average amount of time it takes to inspect.
3. Seasonal pools will be charged a full licensing fee.
4. Pool operators will be charged a re-inspection fee of \$317.00 anytime a pool re-inspection is performed, not having other operators subsidize the re-inspection.
5. Proposed pool water testing fees are to reflect the true cost of testing.

The Board of Health at the April 7, 2020 meeting approved the recreational pool licensing fee plan, adopting a gradual increase to the recreational pool water testing fees. At the May 5, 2020 meeting, the Board of Health moved to suspend the re-inspection fee for the recreational water facilities until a time study could be done to determine the true costs for other license categories re-inspection fees.

Guidelines for Analyzing and Restructuring Licensing Fees:

1. Should the total of the Health Department’s indirect program costs be allocated or just supervision costs? Is there a proportion of the Health Department’s tax levy support for indirect program costs that would be acceptable in light of the fact this program protects the general public from foodborne and waterborne diseases?
2. For retail food licenses, do we use a fee structure based solely on the complexity of the retail food establishment or a combination of the complexity and revenue?
3. For all other licenses, do we allocate costs based on the actual costs of resources needed to carry out the work versus revenue based model?
4. Other considerations?

Marathon County Health Department 2021 FEE SCHEDULE

License Category	Description	License Code	Fee	Amount Due
Retail Food - Serving Meals	Prepackaged/Limited	01	291.00	
Retail Food - Serving Meals	<\$25,000	02A	S M C *	513.00
Retail Food - Serving Meals	\$25,000-\$249,999	02B	S M C *	685.00
Retail Food - Serving Meals	\$250,000-\$999,999	02C	S M C *	890.00
Retail Food - Serving Meals	\$1,000,000+	02D	S M C *	1048.00
Retail Food - Serving Meals, Transient		29A		140.00
Retail Food - Serving Meals, Transient	Inspection only			36.00
Micro Markets	1 market/2+ in same bldg.	Micro Market		45.00 / 68.00
Retail Food - Not Serving Meals	Pre-Packaged	70-55		68.00
Retail Food - Not Serving Meals	<\$25,000	70-44/70-44A	S M C *	137.00
Retail Food - Not Serving Meals	\$25,000+	70-33	S M C *	271.00
Retail Food - Not Serving Meals	>\$25,000 <\$250,000	70-22B	S M C *	643.00
Retail Food - Not Serving Meals	>\$250,000 <\$1,000,000	70-22C	S M C *	838.00
Retail Food - Not Serving Meals	>\$1,000,000 <\$2,000,000	70-11D	S M C *	1104.00
Retail Food - Not Serving Meals	>\$2,000,000 <\$5,000,000	70-11E	S M C *	1321.00
Retail Food - Not Serving Meals	>\$5,000,000 <\$10,000,000	70-11F	S M C *	1624.00
Retail Food - Not Serving Meals	>\$10,000,000	70-11G	S M C *	1657.00
Lodging •	5-30 rooms	03/05		416.00
Lodging •	31-99 rooms	04/06		439.00
Lodging •	100-199 rooms	32/33		470.00
Lodging •	200 or more rooms	35/36		474.00
• Complete for Lodging	Total # Units: X \$1.33=			
Tourist Rooming House		07		252.00
Bed & Breakfast	1-yr license	34		147.00
Pool type:	1-Primary			504.00
Pool type:	2-Pool Additional	# _____		215.00
Pool type:	3-Water Attraction No Slides	# _____		438.00
Pool type:	4-Water Attraction 2 Slides			742.00
Pool type:	5- Each Additional Slide	# _____		97.00
Pool type:	6-Addl Water Attraction Same Property 2 Slides	# _____		393.00
Recreational/Educational Camp		53		246.00
Campground ▲	1 - 101+ Sites	60-63		294.00
▲ Complete for Campgrounds	Total # Units: X \$1.33=			
Mobile Home Park ■ (info on fee schedule attachment)				
■ Complete for Mobile Home Parks	Total # Units: X \$1.33=			
Body Art Single Parlor: <input type="checkbox"/> 80-tattoo <input type="checkbox"/> 81-piercing <input type="checkbox"/> 85-temp tattoo <input type="checkbox"/> 86-temp piercing				159.00 / 98.00
80 – tattoo; 81 – body piercing;				
Body Art Combined Parlor: <input type="checkbox"/> 82-tattoo/body piercing <input type="checkbox"/> 87-temporary tattoo/body piercing				239.00 / 98.00
Special Condition Inspection				204.00
Significant Remodeling/PI Fees: Full license fee: New or w/significant remodeling (C/O or no C/O) _____ Half of license fee: C/O no or minor remodeling _____				
Water Testing Fees	Nitrite \$33.00		Bacti/Nitrate \$47.00	
Reinspection Fee (First=\$100; Second=\$200; Third=\$300)				\$100/\$200/\$300
Circle for risk code (S=Simple, M=Moderate, C=Complex)				TOTAL DUE (transfer to reverse side)

5. Menus.
6. Copies of other state, county, or municipal approvals relating to the operation of the retail food establishment.

7. A copy of the plans and specifications drawn to scale or a drawing indicating distance of separation measured in feet in accordance with the applicable requirements of this chapter.

8. Any other information required by the department or its agent regarding the operation of the retail food establishment as it relates to the health, safety, and welfare of the public.

Note: To obtain a copy of the plan approval application form, send an email to datcpdfslicensing@wisconsin.gov or contact the Bureau of Food and Recreational Businesses at (608) 224-4700 or PO Box 8911, Madison, Wisconsin 53708-8911.

(b) If the department or its agent receives a plan or application that is not completed as specified in par. (a), the department shall contact the plan applicant to seek additional information.

(c) Within 30 days after receipt of complete information under par. (a), or any additional information requested under par. (b), the department or its agent shall approve or deny the plan. If the department or its agent approves the plan, the department or its agent shall issue a plan approval letter to the plan applicant. If the department or its agent denies a plan, it shall give the plan applicant the reason for the denial, in writing. The plan applicant may appeal the decision made by the department or its agent under ss. ATCP 75.14 and 75.16.

History: CR 17-074: cr. Register July 2020 No. 775, eff. 10-25-20; correction in numbering of (1) made under s. 13.92 (4) (b) 1., Stats., Register July 2020 No 775.

ATCP 75.08 Retail food establishment fees.

(1) LICENSE CATEGORY ASSIGNMENT. (a) *Criteria.* 1. Except for a retail food establishment serving only prepackaged foods or meals, a transient retail food establishment, a vending machine, a micro market, or a mobile retail food establishment base with no food preparation, the department or its agent shall assign a retail food establishment to a license category by evaluating the complexity of the retail food establishment based on the criteria specified in Table A in this section.

2. The department or its agent shall assign a retail food establishment, whose point value is not greater than 2.5, to the simple license category.

3. The department or its agent shall assign a retail food establishment, whose point value is more than 2.5, but not greater than 4.5, to the moderate license category.

4. The department or its agent shall assign a retail food establishment, whose point value is 4.5 or more, to the complex license category.

5. If the department or its agent orders a retail food establishment closed, or it has caused a foodborne illness outbreak, the department or its agent shall immediately assign the retail food establishment to the complex category for the current and following licensing year. If no further outbreaks or closures occur, the department or its agent may reduce the license to the appropriate license category assignment.

Note: The cause of a foodborne illness outbreak is determined using standard epidemiological practices.

(b) *Point values for determining factors for assigning a retail food establishment's license category.*

Table A

Determining Factors for Assigning License Categories	Point Value
A retail food establishment that only sells pre-packaged food or meal items, regardless if the food items are time/temperature controlled for safety food.	0
The retail food establishment does not serve meals and has annual gross food sale receipts less than \$25,000.	0.25
The retail food establishment does not serve meals and has annual gross food sale receipts more than \$25,000 but not more than \$1,000,000.	0.5
The retail food establishment does not serve meals and has annual gross food sale receipts more than \$1,000,000 but not more than \$5,000,000.	1
The retail food establishment does not serve meals and has annual gross food sale receipts more than \$5,000,000.	2
The retail food establishment contains a self-service salad or food bar.*	1
The retail food establishment handles raw poultry, meat, eggs, or seafood.	1
The retail food establishment has a variance under 3-502.11 (special processing methods**) or a required HACCP plan under 3-502.12 (reduced oxygen packaging) of ch. ATCP 75 Appendix, Wisconsin Food Code.	1
The retail food establishment has an approval under 3-301.11 (bare hand contact plan) or 3-501.19 (time as a public health control plan) of ch. ATCP 75 Appendix, Wisconsin Food Code.	1
The retail food establishment has a catering operation or processes, packages, or holds customer preordered meals or food items.	1
The retail food establishment does cold holding, hot holding, or reheating of time/temperature control for safety foods.	1
The retail food establishment does cooling of cooked or reheated time/temperature control for safety foods.	1
The retail food establishment prepares TCS food at their location and then transports it to be sold, under the wholesale exemption for retail food establishments.	1
The retail food establishment serves or sells food that requires food processing activities including chopping, dicing, mixing, slicing, blanching, boiling, cooking, packaging, and assembly in order for that product to be served or sold.	1
The retail food establishment has one or more additional areas where food preparation activities occur.	1

The retail food establishment specifically prepares or serves food to a population identified as highly susceptible, such as a nursing home or day care.	1
The retail food establishment has a customer seating capacity greater than 75, or operates a motor vehicle drive-through service window for food purchase and service.	1

* If only "condiments" or other non-meal, ready-to-eat, non-TCS foods are offered or displayed for customer self-service, that display does not qualify as a salad or food bar, such as, but not limited to, pickles, onions, non-TCS dessert topping, relishes, garnishes, and bakery items.

** Smoking, curing, using food additives or components for preservation rather than flavor, reduced oxygen packaging, operating a molluscan shellfish life-support system, custom processing, sprouting seeds or beans, or any other method as determined by the department to require a variance.

(c) *Request for different license category assignment.* The license holder may ask the department or its agent to reconsider the retail food establishment's license category assignment within 30 days of the category assignment.

Note: To request reconsideration of license category assignment, contact the Bureau of Food and Recreational Businesses at 608-224-4700 or send your written request to the Bureau of Food and Recreational businesses at P.O. Box 8911 Madison, WI 53708-8911. For an agent reconsideration, please contact the agent health department.

(2) **FEE SCHEDULE.** An applicant to the department for a retail food establishment license shall pay an annual license fee as indicated in Table B:

Table B						
Type of Retail Food Establishment	License Fee	PreLicensing Inspection Fee	Reinspection Fee	Additional Reinspection Fees	Late Fee	Operating Without a License Fee
Retail Food Establishment – not serving meals (includes mobile retail food establishment – not serving meals)						
Prepackaged TCS food	\$45.00		\$90.00	\$90.00	\$9.00	\$90.00
Simple (final food product is Non-TCS)	\$60.00		\$90.00	\$90.00	\$12.00	\$100.00
Simple (TCS)	\$190.00		\$190.00	\$190.00	\$38.00	\$100.00
Moderate	\$265.00		\$190.00	\$190.00	\$53.00	\$100.00
Complex	\$685.00		\$450.00	\$450.00	\$137.00	\$100.00
Retail Food Establishment – serving meals (includes Retail food establishment serving prepackaged meals and mobile retail food establishments – serving meals)						
Prepackaged TCS	\$105.00	\$130.00	\$98.00	\$130.00	\$21.00	\$749.00
Simple	\$230.00	\$320.00	\$240.00	\$320.00	\$46.00	\$749.00
Moderate	\$330.00	\$470.00	\$353.00	\$470.00	\$66.00	\$749.00
Complex	\$540.00	\$770.00	\$578.00	\$770.00	\$108.00	\$749.00
Transient Retail Food Establishment						
Non-TCS food	\$75.00					
TCS Food	\$170.00					
Prepackaged TCS food only	\$45.00					
Mobile Retail Food Establishment Base						
No food preparation or processing activities	\$45.00		\$45.00	\$45.00	\$9.00	\$90.00

All other base license fees are calculated on the risk category assignment in Table A in this section for the activity conducted at the base.						
Vending						
Vending machine operator	\$125.00				\$25.00	\$749.00
Vending machine license	\$9.00 per machine					\$27.00 per machine
Micro Markets						
Single location	\$40.00				\$8.00	\$80.00
Multiple locations (on the same premises).	\$60.00				\$12.00	\$100.00

Note: A person applying for an annual retail food establishment license may be required to pay, in addition to the license fee listed in Table B, a weights and measures inspection fee under s. [ATCP 92.12](#).

(3) TYPES OF FEES. (a) *Pre-licensing inspection fee.* The applicant shall pay to the department the applicable pre-licensing inspection fee listed in Table B before a license is issued to a new retail food establishment under s. [ATCP 75.06](#).

(b) *License fee.* 1. Except as specified in subd. 2., the applicant shall pay an annual license fee to the department, as listed in Table B, for each retail food establishment that the applicant applies for a license to operate under s. [ATCP 75.06](#). The department or its agent shall base the annual license fee on the point values assigned to the retail food establishment under Table A.

2. Table A does not apply to a retail food establishment serving prepackaged meals or a retail food establishment – not serving meals with only prepackaged foods, a transient retail food establishment, a mobile retail food establishment base with no food service or processing activities, a vending machine and vending machine operator, or a micro market. Fees for these retail food establishments are listed separately in Table B.

(c) *Late fee.* If the license holder does not pay the fee for a license renewal before the expiration date of the license, the license holder shall pay to the department the applicable late fee, as indicated in Table B, in addition to the renewal license fee.

(d) *Reinspection fee.* If the department reinspects a retail food establishment because the department has found a violation of ch. [97](#), Stats., this chapter, or its appendix during the preceding inspection, the department shall charge the license holder the reinspection fee specified in Table B. A reinspection fee is payable when the reinspection is completed, and is due upon written demand from the department. The department may issue a demand for payment when it issues a license renewal application to the license holder. If an additional reinspection is required to correct violations of ch. [97](#), Stats., this chapter, or its Appendix, the department shall assess an additional reinspection fee as listed in Table B.

(e) *Operating without a license fee.* Any license holder found to be operating a retail food establishment without a license shall pay to the department the applicable fee indicated in Table B for their designated license category. For any license holder found to be operating a vending machine without a license, the license holder shall pay to the department 3 times the annual vending machine license fee listed in Table B, in addition to all applicable fees.

Note: Anyone operating a retail food establishment without a license is also subject to a fine of not less than \$100 nor more than \$1,000 under s. [97.72](#), Stats.

(f) *Fees for special condition inspections.* For each inspection or consultation activity that is not directly related to the department's licensing responsibilities, the department may charge the requestor \$175.

(g) *Fee for operating without a certified food protection manager.* The department shall charge the license holder \$150 for operating without a certified food manager as defined in s. [ATCP 75.04 \(7\)](#).

Note: Certified food manager requirements may be found in Chapter [12](#) of ch. [ATCP 75 Appendix](#).

(4) METHOD OF PAYMENT. If the applicant or license holder pays for a retail food establishment license by check or other draft drawn upon an account containing insufficient funds, the applicant or license holder shall, within 15 days after receipt of notice from the department of the insufficiency, pay all applicable fees and the financial institution's processing charges by cashier's check or other certified draft, or money order.

History: [CR 17-074](#); cr. [Register July 2020 No. 775](#), eff. 10-25-20; correction in the numbering of (4) made under s. [13.92 \(4\) \(b\) 1](#), Stats., [Register July 2020 No. 775](#).

Subchapter III – Enforcement and Appeals

ATCP 75.10 Enforcement. **(1) INSPECTIONS AND ACCESS TO THE PREMISES.** (a) *Inspections.* Under s. [97.12 \(1\)](#) Stats., for the purpose of enforcing this chapter, the department and its agents may, at reasonable hours, enter and inspect any premises for which a license is required under this chapter or any farm, factory, warehouse, building, room, establishment or place at or in which foods are manufactured, processed, packed, packaged, stored or held for sale, and may enter any vehicle, including a vehicle used to transport or hold foods in commerce. The department and its agents may also secure samples or specimens, including samples or specimens of food and any product or substance that may affect food, examine and copy relevant documents and records, and obtain photographic and other evidence needed to enforce this chapter or a rule promulgated under this chapter. The department shall examine any samples secured and shall conduct other inspections and examinations needed to determine whether there is a violation of this chapter. The department shall pay or offer to pay the market value of samples taken.

(b) *Reinspections.* The department or its agent may reinspect a retail food establishment whenever an inspection or the investigation of a complaint reveals the existence of a violation that is potentially hazardous to the health and welfare of patrons or employees of the retail food establishment. The time between an inspection, investigation, and a reinspection shall be sufficient to allow the license holder time to correct the deficiencies. The department shall charge a reinspection fee, according to s. [ATCP 75.08](#) Table B or the applicable charges as determined by an agent. If an additional reinspection is required because the license holder has not corrected a violation, the department shall assess the license holder an additional reinspection fee according to s. [ATCP](#)

Total population of Marathon County residents who have received at least one dose (July 28, 2021)

COVID-19 Vaccines for Wisconsin residents

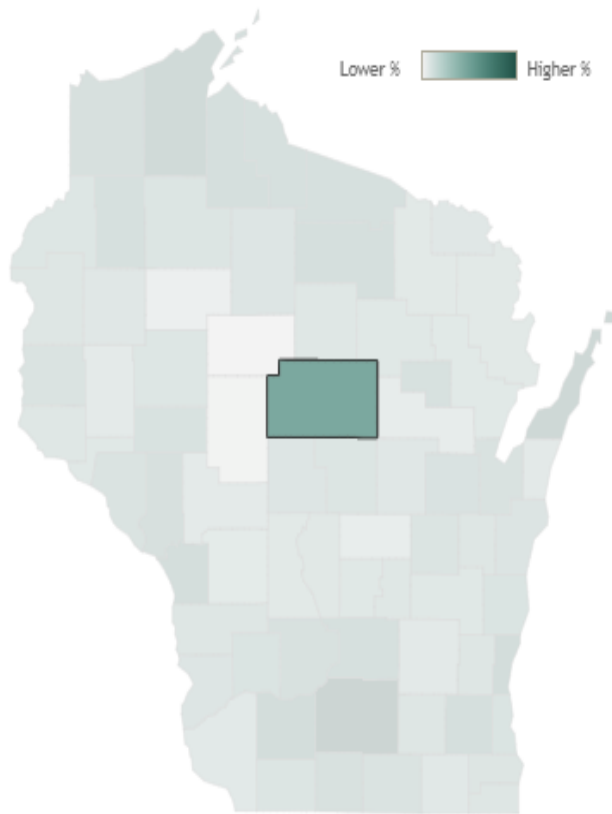
Updated: 7/28/2021

HERC region data

- Total population who have received at least one dose
- Total population who have completed the series
- Adults (18+) who have received at least one dose
- Adults (18+) who have completed series

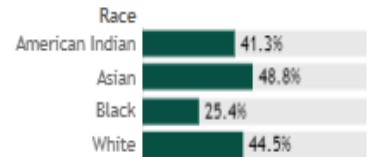
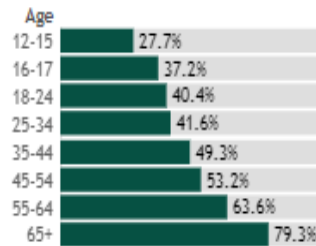
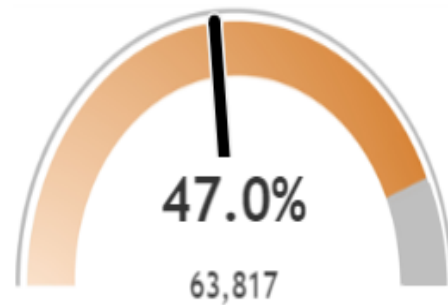
Percent of Wisconsin residents who have received at least one dose by county

Click a county to filter data



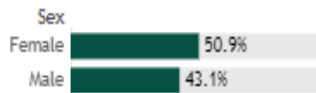
Percent of Marathon County residents who have received at least one dose

The **orange** represents the population for whom the vaccine is authorized. The **gray** indicates the population under 12 years of age for whom the vaccines are not authorized.

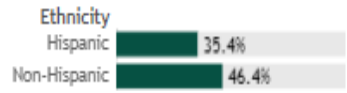


*3.5% of records reported a race of "Other".

*1.9% of records reported an unknown race



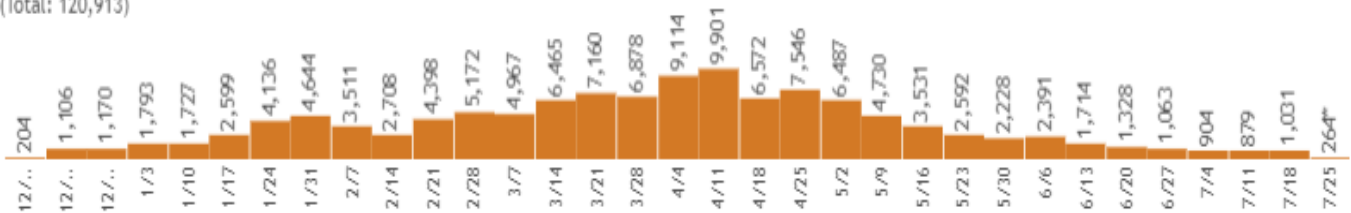
*0.1% of records were reported without sex.



*2.1% of records were reported without ethnicity.

[View more data on racial and ethnic disparities in Wisconsin](#)

Vaccine doses for Marathon County residents by week (Total: 120,913)



Adults (18+) of Marathon County Residents who have received at least one dose (July 28, 2021)

COVID-19 Vaccines for Wisconsin adults

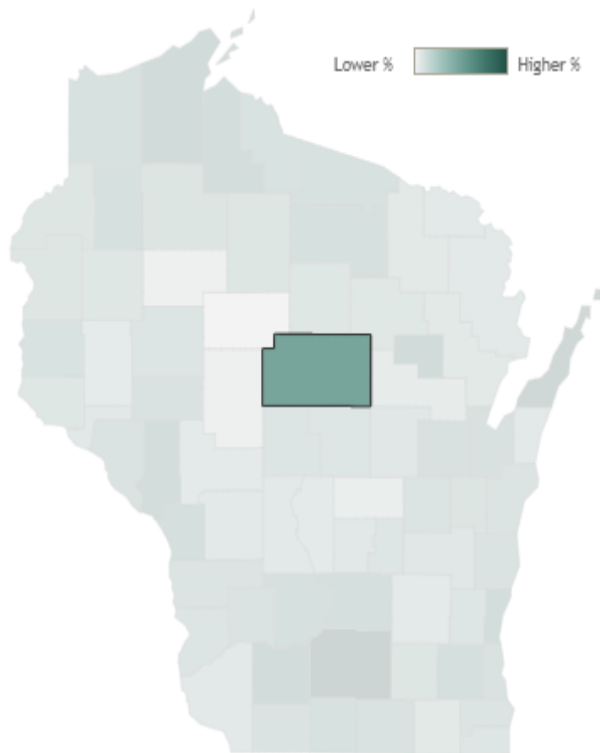
Updated: 7/28/2021

HERC region data

- Total population who have received at least one dose
- Total population who have completed the series
- Adults (18+) who have received at least one dose
- Adults (18+) who have completed series

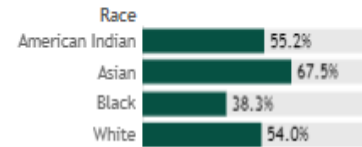
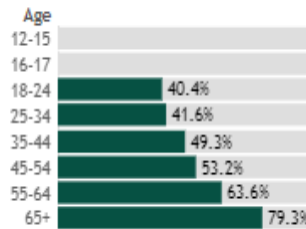
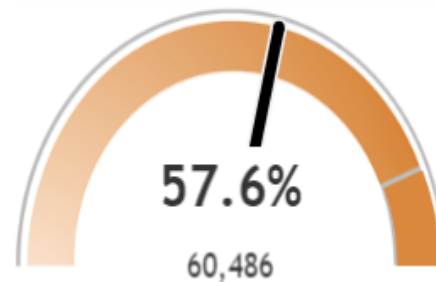
Percent of Wisconsin adults who have received at least one dose by county

Click a county to filter data



Percent of Marathon County adults who have received at least one dose

The orange represents the population for whom the vaccine is authorized. The gray indicates the population under 12 years of age for whom the vaccines are not authorized.



*3.5% of records reported a race of "Other".

*1.9% of records reported an unknown race

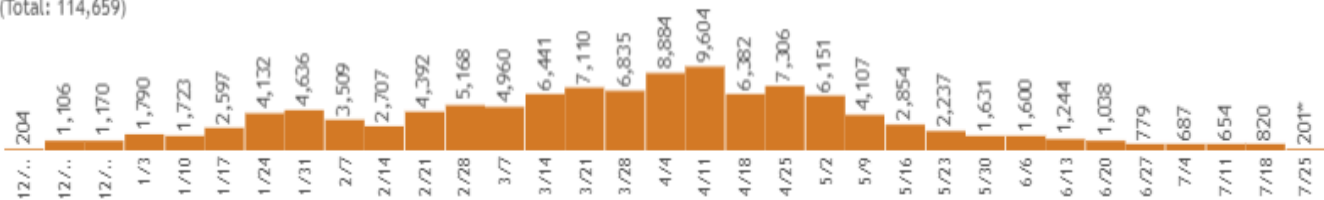


*0.1% of records were reported without sex.

*2.1% of records were reported without ethnicity.

[View more data on racial and ethnic disparities in Wisconsin](#)

Vaccine doses for Marathon County adults by week (Total: 114,659)



2021-2024 CHIPP Development & Results Based Accountability Framework

Updated 7/22/2021 with most current work

Substance Misuse

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. The great majority of substance-related health and social problems occur among those who are not addicted. (Source: [SAMHSA: Mental Health and Substance Use Disorders, National Institutes of Health](#)).

Result: All Marathon County youth grow up substance-free

Indicators:

1. Teens who drank alcohol in the past 30-days
2. Teens who used marijuana in the past 30-days
3. Teens who used an electronic nicotine delivery system (ENDS) in the past 30-days
4. Teens who smoked cigarettes in the past 30-days
5. Teen prescription drug abuse in the past 30-days

Result: Marathon County residents of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse.

Indicators:

1. Adults who binge drink
2. Drug overdose deaths
3. Drug arrests in Marathon County
4. OWI arrests
5. Adults who smoke

Results-Based Accountability

RESULTS



The end conditions of well-being for populations in a geographic area

The responsibility of partnerships

INDICATORS



How we measure these conditions

Baselines are what the measures show about where we've been and where we're headed

Turn the Curve is what success looks like if we do better than the baseline

From Talk to Action

For Communities, Cities, Counties, States and Nations

The step-by-step process starts with a group of partners who wish to improve the quality of life in the community.

Step 1: What are the quality of life conditions we want for the children, adults, and families who live in our community?

Step 2: What would these conditions look like if we could see or experience them?

Step 3: How can we measure these conditions?

Step 4: How are we doing on the most important measures?

Step 5: Who are the partners that have a role to play in doing better?

Step 6: What works to do better, including no-cost and low-cost ideas.

Step 7: What do we propose we do?

Repeat these steps each time you meet. The steps can be done in any order as long as you do them all.

STRATEGIES



What works to improve these conditions

PERFORMANCE MEASURES



How we know if programs & agencies are working effectively

Begin with sorting the Strategy's performance measures into 3 common-sense, plain language categories:

- * How much did we do?
- * How well did we do it?
- * Is anyone better off?

From Talk to Action

For Programs, Agencies, and Service Systems

The step-by-step process starts with a manager or a group of managers who care about the quality of their services.

Step 1: Who are our customers?

Step 2: How can we measure if our customers are better off?

Step 3: How can we measure if we're delivering services well?

Step 4: How are we doing on the most important measures?

Step 5: Who are the partners that have a role to play in doing better?

Step 6: What works to do better, including no-cost and low-cost ideas.

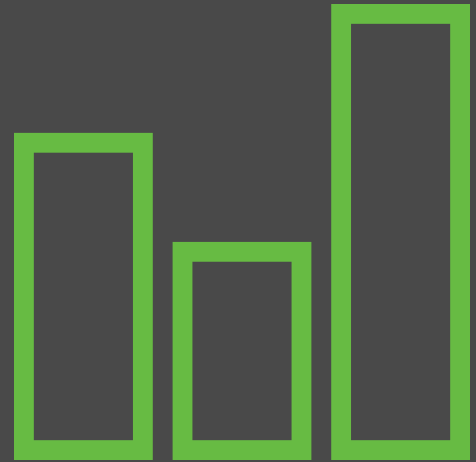
Step 7: What do we propose we do?

Repeat these steps each time you meet. The steps can be done in any order as long as you do them all.

Results-Based Accountability

Basic Ideas

- * RBA organizes the work of programs, agencies, communities, cities, counties and states around the end conditions we seek for those who live in our community and those receiving service
- * Starts with ends, work backward to means:
 - * *What do we want?*
 - * *How will we recognize it?*
 - * *What will it take to get there?*
- * Use plain language, not jargon
- * Use data to drive decision-making
- * Use data to gauge success
- * Involve a broad set of partners
- * Get from talk to action as quickly as possible



"We cannot fool ourselves by taking a collection of actions that sound good and hoping for the best."

Results Based Accountability means that we have set out to make a change, not by chance, but by choice. And the deliberate nature of this work is different. And it requires a different way of thinking about and organizing the work. We must make the best choices possible for indicators. We must strive to get better indicators over time. We must recognize that baselines are the only real business-like way to measure change for the better or worse. We must work to understand why the baselines look the way they do so that we can target our efforts most effectively. We must bring in partners, public and private, parents and youth, to contribute their wisdom and where possible, their resources.

We must struggle to find the things that actually work to make change at the population. This means we must search for things that have worked in other places and search deep in ourselves and our community for things we think will work here. We must not accept the easy or politically correct answers, but test everything by whether it will make a difference here. And we must get started taking action. We must take those steps that can be taken easily and inexpensively first, and gather resources to take the harder and more expensive actions as soon as we can. We must track our progress and be honest with ourselves about whether we are in fact making a difference. We must make changes and improvements to our plan over time. And if we do all this well, we must celebrate and share credit. And then we get back to doing more...

Handouts Provided During the Public Comment Period from the Public at the July 13, 2021 Meeting

Physicians for Informed Consent. *Pfizer-Biontech COVID-19 Vaccine: Short-Term Efficacy & Safety Data*. Feb 2021.

DeGier, Andrew, and DeGier, Melinda. *Why I Don't Vaccinate*. January 5, 2021

PFIZER-BIONTECH COVID-19 VACCINE: Short-Term Efficacy & Safety Data

Available in other languages at
physiciansforinformedconsent.org/covid-19-vaccine



1. WHAT IS THE PFIZER-BIONTECH COVID-19 VACCINE?

The Pfizer-BioNTech COVID-19 vaccine is made from synthetic genetic material that is immersed in fatty substances, including cholesterol and polyethylene glycol (PEG). More specifically, modified RNA molecules that encode for a mutated spike (S) protein antigen of the SARS-CoV-2 virus, the virus that can cause COVID-19, are immersed in lipid nanoparticles. The drug is administered in two intramuscular doses, 21 days apart.¹



2. HOW WAS THE VACCINE STUDIED PRIOR TO OBTAINING EUA?

The Pfizer-BioNTech COVID-19 vaccine has obtained emergency use authorization (EUA) from the U.S. Food and Drug Administration (FDA) and is currently investigational.¹ The vaccine was studied through nonclinical data from rats and nonhuman primates, and clinical data from humans. The EUA was based on a human clinical trial comparing approximately 22,000 subjects who received the vaccine with 22,000 subjects who did not receive the vaccine (Table 1).² The trial included a median observation period of two months; 50.6% of subjects were followed up for about two months after the second dose.² The FDA states that due to the length of the clinical trial's observation period, "it is not possible to assess sustained efficacy over a period longer than 2 months."³



3. HOW EFFECTIVE IS THE VACCINE IN ADULTS AND THE ELDERLY?

Vaccine effectiveness was calculated by observing the number of cases in the vaccinated group versus the number of cases in the unvaccinated group, where a COVID-19 case was defined as the presence of at least one COVID-19 symptom and a positive SARS-CoV-2 test at least seven days after the second dose. In subjects 18 to 64 years old, the vaccine was 89–98% effective over a two-month observation period.³ However, since there were only 15 COVID-19 cases observed in subjects 65 to 74 years old and only five cases in subjects 75 years or older, the clinical trial did not have enough statistical power to accurately measure the vaccine's effectiveness in those age groups. The vaccine may be only 53% effective in subjects 65 to 74 years old and 0% effective in subjects 75 years or older.³ See Table 1. Subjects 65



In subjects 65 to 74 years old, the vaccine may be only 53% effective, and in subjects 75 years or older, the vaccine may be 0% effective.³ People 65 years or older comprise about 80% of all COVID-19 deaths.⁴

years or older comprise about 80% of all COVID-19 deaths, and subjects 75 years or older comprise about 60% of all COVID-19 deaths.⁴



4. IS THE VACCINE EFFECTIVE IN CHILDREN?

Safety and efficacy data was either not tested or insufficient in children younger than 16 years old. In addition, since there was only one case of COVID-19 in subjects 16-17 years old, the study did not have enough statistical power to measure effectiveness in that age group.³ See Table 1.



5. DOES THE VACCINE PREVENT HOSPITALIZATIONS AND DEATHS?

Since only two hospitalized cases of COVID-19 were observed, the clinical trial did not have enough statistical power to measure the vaccine's ability to prevent hospitalizations from COVID-19.³ See Table 1. The FDA states, "A larger number of individuals at high risk of COVID-19 and higher attack rates would be needed to confirm efficacy of the vaccine against mortality."³

SHORT-TERM EFFICACY DATA				
Enrolled subjects	22,000 vaccinated for COVID-19	22,000 unvaccinated for COVID-19	Efficacy %, approx. 2-month observation period	
Confirmed COVID-19 (age 18–64) ³	8	149	89–98	✓
Confirmed COVID-19 (age 65–74) ³	1	14	53–99	?
Confirmed COVID-19 (age 75 and older) ³	0	5	Insufficient data	?
Confirmed COVID-19 (age 16–17) ³	0	1	Insufficient data	?
Confirmed COVID-19 hospitalizations ³	0	2	Insufficient data	?
Asymptomatic SARS-CoV2 infection ³	Not tested	Not tested	Not tested	✗
SARS-CoV2 spread (transmission) ³	Not tested	Not tested	Not tested	✗

SHORT-TERM SAFETY DATA				
Severe adverse events ²	240 (1.1%)	139 (0.6%)	2x risk in vaccine group	⚠
Suspected COVID-19 (within 7 days of injection) ³	1,594 (409)	1,816 (287)		?
Pregnant/breastfeeding ³	Insufficient Data			?
Immunocompromised ³	Insufficient Data			?
Subjects age 16–34 ³	Insufficient Data			?
Children age 12–15 ³	Insufficient Data			?
Children younger than 12 ³	Not Tested			✗


Not tested ✗ Insufficient data to prove efficacy or safety ? Evidence of short-term benefit ✓ Evidence of risk ⚠

Table 1: Short-term efficacy and safety data from the Pfizer-BioNTech COVID-19 vaccine clinical trial.



6. IS THE VACCINE EFFECTIVE IN PREVENTING INFECTION WITH SARS-COV-2 OR THE SPREAD OF COVID-19?

The Pfizer clinical trial was not designed to observe asymptomatic infection with SARS-CoV-2 or the effect of the vaccine on the spread (transmission) of COVID-19. Consequently, the FDA states that “it is possible that asymptomatic infections may not be prevented as effectively as symptomatic infections” and “data are limited to assess the effect of the vaccine against transmission of SARS-CoV-2 from individuals who are infected despite vaccination.” Furthermore, “additional evaluations including data from clinical trials and from vaccine use post-authorization will be needed to assess the effect of the vaccine in preventing virus shedding and transmission, in particular in individuals with asymptomatic infection.”³ Approximately 40% of SARS-CoV-2 infections are asymptomatic.⁵



As all subjects were observed for only two months, the long-term efficacy and safety of the vaccine for any age group is not known.




7. WHAT IS THE RISK OF A SEVERE SIDE EFFECT FROM THE VACCINE?

The Pfizer COVID-19 vaccine clinical trial found the overall incidence of severe adverse events during the two-month observation period to be 1.1% in the vaccinated group and 0.6% in the unvaccinated group, resulting in a vaccine risk of 0.5% or 1 in 200 vaccinated subjects.² See Table 1. Consequently, subjects who received the vaccine had nearly double the risk of a severe adverse event occurring in the two-month observation period compared to subjects who did not receive the vaccine. A severe adverse event was defined as one that “interferes significantly with participant’s usual function.”⁶

Of note, approximately 3,400 or 8% of all subjects experienced “suspected COVID-19” because they had symptoms but tested negative for SARS-CoV-2; two of these cases required hospitalization, both of which were in the vaccinated group. These cases could represent false negatives, other influenza-like illness, and adverse events; 409 such cases occurred in the vaccinated group within seven days of injection whereas 287 such cases occurred in the unvaccinated group in the same time period. See Table 1. Only the cases that were reported as serious were recorded as adverse events.³ It is not clear why there were 20 times more suspected COVID-19 cases than confirmed COVID-19 cases.

After emergency use authorization for the Pfizer COVID-19 vaccine was obtained and mass vaccination began, the Centers for Disease Control and Prevention (CDC) recorded about 5,000 “health impact events” among 215,000 vaccinated subjects (1 in 43) that, similar to the definition of severe adverse events in the clinical trial, prevented the ability to perform normal daily activities, including work, and required medical attention.⁷

Additionally, as there were only 11,600 subjects in the 16- to 55-year-old age group who received the vaccine,³ and since as of Feb. 2, 2021, about 1 in 31,000 people 15–34 years of age contracted a fatal case of COVID-19 in the U.S.,⁴ the clinical trial does not have sufficient data to determine safety in subjects who are 15–34 years of age. Per the FDA, “There are currently insufficient data to make conclusions about the safety of the vaccine in subpopulations such as children less than 16 years of age, pregnant and lactating individuals, and immunocompromised individuals.”³ And, because all subjects were observed for only two months, the long-term safety of the vaccine for any age group is not known.



- Pfizer recorded almost 2x more severe adverse events (1 in 200) in the vaccinated group than the unvaccinated group.²
- The CDC recorded severe side effects in about 1 in 43 vaccinated subjects.⁷



8. IS THE COVID-19 VACCINE EFFECTIVE AND SAFER THAN COVID-19?

The extent to which the Pfizer-BioNTech COVID-19 vaccine is effective and safer than COVID-19 is not known. The clinical trial indicates that in subjects 65 to 74 years old, the vaccine may be only 53% effective, and in subjects 75 years or older, the age group that comprises about 60% of all COVID-19 deaths, the vaccine may be 0% effective; also, in children age 16-17 the vaccine may not be effective. The clinical trial did not have enough statistical power to measure the vaccine’s ability to prevent hospitalizations and deaths, and the trial did not assess if the vaccine prevents asymptomatic infection or spread (transmission) of the virus.

Severe adverse events from the vaccine occurred in 1 in 200 subjects in the Pfizer clinical trial. The CDC has recorded that 1 in 43 vaccinated subjects was unable to perform normal daily activities and required medical attention. Furthermore, for people 15–34 years of age, the clinical trial did not include enough subjects to be able to show that the vaccine is safer than the disease, and because the clinical trial observation period lasted only two months, the incidence of long-term side effects from the vaccine for any age group is not known.

All references are available at [physiciansforinformedconsent.org/covid-19-vaccine](https://www.physiciansforinformedconsent.org/covid-19-vaccine).

These statements are intended for informational purposes only and should not be construed as personal medical advice.



Why I Don't Vaccinate

By Pastor Andrew DeGier

Bachelors of Mechanical Engineering

Graduate of MLC Seminary Certification Program

Masters of Divinity

Parent of a Daughter Who Recovered From Regressive Autism

Contributions by My Loving Wife, Melinda DeGier

Bachelors of Science - Genetics, Cell Biology, and Development

January 5, 2021

(Disclaimer: I am not a medical doctor. None of the information in this paper is intended to be or should be construed as medical advice.)

I had this terribly awful sinking feeling in my stomach. I watched my daughter's behavior in the tax office waiting room I was in, and it hit home to me how in so many ways things just weren't right for her. I don't remember what she was doing at that very moment, but I can describe to you a little bit of what was "normal" for her around that time.

She would sit and stare at the tv screen like she was in a trance. I could wave my hand in front of her face and snap my fingers in front of her, and it wouldn't change her stare a bit. Sometimes she would spin in circles for what seemed like minutes on end, and she wouldn't even get dizzy. She had the most amazing vocabulary at the age of two. We could show her 1000 flash cards with a picture on them, and she would identify every single one correctly. She could recite word-for-word from memory a whole children's book or 2 minutes of one of her favorite movies. But she couldn't even make a two-word original sentence to tell us any meaningful information. She would wake up in the middle of the night, crying because something hurt, but she couldn't even tell us, "Arm hurt." I remember a time when she was at the dinner table and had not eaten some food we wanted her to eat. We thought we'd be tough and tell her she couldn't leave until she ate it. She sat there for what I think was like an hour, and it became clear that she didn't really understand what was going on, what we were even trying to tell her to do. She simply could not make eye contact with us. One time, she just kept putting her hand into this dirty container that had dirty cinder blocks in it and had filled up with rainwater. After she had put her hand in it, she would put it in her mouth. I told her not to, but she just kept doing it. When I wanted to just gently reason with her, I kneeled down to be at her eye level, but every time I looked at her, she just looked away. Eventually I realized that she never ever made eye contact with us. She for the most part just stopped playing with toys, and in so much as she ever did, it was simply throwing them.

As I sat in that office, it finally hit home that things weren't right with my daughter. It hit home what her recent diagnosis of autism really meant for her, and I remember feeling like, "What did I do? How did my daughter become this way?" Whether it was in that office or not, I know that my wife and I had feelings of lament for her and her future. Would she be able to make any friends? Would she be able to go to college? Would she ever get married? Would she have to live with us the rest of her life?

What a completely different feeling I had at so many different times in the future! After my wife and I started a special diet for our daughter, within days, we felt like she was a completely different

person, like she had some sort of veil over her face that all of a sudden was taken off, and she was seeing the world in a completely different way. She very quickly started to come and look us directly in the eyes. She would then take our hand and lead us to go and play with her. My wife has a journal entry where she was astounded at how different Grace was when my wife blew bubbles. Grace would now look at them with this wonder in her eyes that was never there before, like she was truly seeing them for the first time in her life. She was giggling and excited about them, and kept saying things like, "Bubbles up high!" Before her affect was always like that of a robot. She started to treat a doll like it was her baby, engaging in the type of imaginative play that she had not done before. Within months, she was speaking in complete sentences. One of the most amazing and joyful times in our lives happened in this same relative period of time when we went with Grace down to the playground and actually saw her make a friend. To us, this was an absolute miracle. Seeing her amazing progress, her transformation into a new person, left me with a completely different feeling than I had in that office. I wanted to cry for joy and get down on my knees and thank God that he brought such wonderful healing to my daughter.

More happy feelings would come. Grace had received an Individualized Education Plan (IEP) that meant she could get help from the school system for any learning deficits she had. This was important because even though she clearly became a different person when we went on our diet, she was behind in development. When Grace was in 3rd grade, at her annual assessment in the spring, she had her IEP removed because there weren't any deficits she had that would qualify her for any further help. We knew she didn't have autism in any meaningful way any more if she couldn't even qualify for an IEP. Because it seemed like some people weren't comfortable with us saying that, we decided to have her reassessed by a psychologist. Her diagnosis was completely taken away and was not replaced with anything. The psychologist himself seemed amazed and surprised, but we weren't surprised in the least. Today, people who meet Grace are amazed to learn that autism was ever a part of her past.

The diet we went on is called the Gut and Psychology Syndrome Diet. It was developed by a Russian medical doctor living in the UK with postgraduate degrees in both human nutrition and neurology who recovered her son from autism with this diet she developed.^{1,2,3} Her name is Dr. Natasha Campbell-McBride. The diet is based on the theory that autism and other psychological disorders are connected to having dysbiosis of the gut or the microbiome.⁴ This means you don't

¹ "Dr Campbell-McBride," gaps.me, Accessed November 15, 2020, <https://www.gaps.me/dr-campbell-mcbride.php>.

² Campbell-McBride, Dr. Natasha, "My Son," Gut For Life Website, Accessed November 15, 2020, <https://gutforlife.us/pages/my-son-watashinomusuko>.

³ Campbell-McBride, Dr. Natasha, *Gut and Psychology Syndrome*, (Soham, United Kingdom: Medinform Publishing, 2010), back cover.

⁴ *Ibid*, 5-7, 61-63.

have enough beneficial bacteria in your digestive tract and that you are overrun with opportunistic and pathogenic, or bad, bacteria.⁵ Because beneficial bacteria are important in breaking down food, complex proteins like gluten (a wheat protein) and casein (a dairy protein) are only partially broken down into gluteomorphines and casomorphines.⁶ So when my daughter was eating the waffles, pizza, goldfish crackers, and other foods she craved, she was essentially drugging her brain. On top of that, a healthy gut is normally lined with good bacteria, which aids in proper digestion and absorption of food and helps filter toxins from entering the bloodstream and being carried to the rest of the body, including the brain.⁷ So when my daughter ate things like preservatives, food coloring, artificial sweeteners, and residual pesticide, it would affect her to a much greater degree than someone who had a healthy microbiome.⁸ On top of that, the bad bacteria themselves were believed to produce toxins that would contribute to this whole problem.⁹

This meant we had to cut out the foods that fed the bad bacteria: starchy foods, especially processed carbs, and sugar.¹⁰ It meant that we had to stop eating processed food and any food additives and that all our food had to be home-cooked from raw ingredients.¹¹ It meant that we needed to remove as many toxins from our environment as possible, not using standard household cleaners, avoiding toxic fumes from fresh paint or new furniture, and buying natural personal care products like deodorant and toothpaste.¹² It meant that we should buy organic food as much as possible¹³ and that we needed to take probiotic supplements¹⁴ and eat probiotic food¹⁵ like fermented sauerkraut and pickles in order to build a healthy microbiome back up. The diet book observed that children with autism and other cognitive or behavioral disorders tend to have gastrointestinal (GI) issues and that a big part of the treatment was cleaning up and healing the digestive tract, basically helping to heal the GI problems to help heal the behavioral problems.¹⁶ Grace had some terrible GI issues, and when we went on the diet, not only did her autistic symptoms get better, but her GI problems also within a year were pretty much completely healed. Her healing was not the only thing we observed. Our whole family went on the diet. I quickly lost 30 pounds. I felt like I had more energy than I had ever had in my life. My seasonal allergies,

⁵ Campbell-McBride, Dr. Natasha, *Gut and Psychology Syndrome*, (Soham, United Kingdom: Medinform Publishing, 2010), 5-25.

⁶ *Ibid*, 21, 53-56.

⁷ *Ibid*, 16-25, 32, 83, 112.

⁸ *Ibid*, 16-25, 32, 83, 112.

⁹ *Ibid*, 16, 50-53.

¹⁰ *Ibid*, 92-93, 102, 106-112.

¹¹ *Ibid*, 112.

¹² *Ibid*, 306-310.

¹³ "Full GAPS Diet," GAPSdiet.com, Accessed November 29, 2020, <http://www.gapsdiet.com/gaps-full-diet.html>.

¹⁴ Campbell-McBride, Dr. Natasha, *Gut and Psychology Syndrome*, (Soham, United Kingdom: Medinform Publishing, 2010) 245-253.

¹⁵ *Ibid*, 146.

¹⁶ *Ibid*, 5-7, 13-14, 89.

which had been pretty severe, completely went away. My chronic eczema also completely cleared up. Needless to say, we found Dr. Natasha Campbell-McBride to be a very credible source.

This meant that if she advised us to do something we took it seriously. The edition of her book we had at the time stated this about vaccines:

If you look around, how many healthy children do you see? Childhood asthma, eczema, diabetes, allergies, hay fever, digestive disorders, ADHD and autism spectrum disorders have all gained epidemic proportions! The majority of siblings of autistic children have eczema, asthma or another one of these disorders. And though all these health problems appear to be different, they have one thing in common. A very big thing – a compromised immune system. A compromised immune system is not going to react well to environmental insults in the normal way! Vaccination is a huge insult to the immune system. The manufacturers of vaccines produce them for children with normal immune systems which will react to these vaccines in a predictable way. However, in our modern society with our modern way of life, we are rapidly moving to a situation where a growing proportion of children do not have a normal immune system and will not produce an expected reaction to the vaccine. In some of these children vaccination, putting an enormous strain on an already compromised immune system, becomes that “last straw which breaks the camel’s back” and brings on the beginning of autism, asthma, eczema, diabetes, etc. In other children, whose immune system is compromised to a lesser degree, vaccination will not start the disorder, but it will deepen the damage and move the child closer to it.¹⁷

Her book did not recommend that all children not be vaccinated, but did say that those with symptoms of gut dysbiosis and siblings of children with autism or other signs of gut dysbiosis should not be vaccinated.¹⁸ Her criteria would include all my children. Eventually we decided to forego all vaccines for all of our children going forward. We made this decision about vaccines based on the advice of this doctor who had brought a miracle recovery to our child and whom we trusted, but the topic of vaccination wasn’t necessarily towards the top of my concerns at the time.

Things dramatically changed for me when I saw Dr. Andrew Wakefield speak at the 2015 Leadership & Longevity Conference in Green Bay, WI.¹⁹ I knew of Dr. Wakefield before and that he had looked at the connection between the gut and autism, but it was at the very least strongly reinforced to me there that the study which so many people criticized him for, which was

¹⁷ Campbell-McBride, Dr. Natasha, *Gut and Psychology Syndrome*, (Soham, United Kingdom: Medinform Publishing, 2004), 59-60.

¹⁸ *Ibid*, 61.

¹⁹ “Dr. Andrew Wakefield: CDC Whistleblower, Autism & Autism and Mandatory Vaccination Leadership & Longevity,” YouTube, Accessed November 22, 2020, <https://www.youtube.com/watch?v=I8EtfkAngKw>.

supposedly a fraudulent study in regard to the measles, mumps, and rubella (MMR) vaccine, was actually a study linking a novel gut disease to autism and other related behavioral disorders.^{20,21} I was blown away when I saw pictures of sick children with distended bellies that reminded me of some of my children in their earlier years of life.²² Dr. Wakefield shared that some of them would have so much pain in their gut that they would hang on something solid like the arm of a couch with their belly directly on it to help counteract the abdominal pain they had.²³ I immediately remembered how my daughter would come and do the same exact thing on our upper legs as we were sitting down. It just seemed like a quirky behavior at the time that didn't mean much, but now it all made sense. Her gut dysbiosis gave her abdominal pain and that quirky behavior was the logical thing to do to alleviate it. At this point, I was overcome with a sense of gratitude to Dr. Wakefield since it drove home to me just how instrumental his research must have been in leading Dr. McBride to work to heal the gut to help recover a child from autism.

In the study Dr. Wakefield is criticized for, he and his colleagues did report that with 8 of the 12 children, the onset of their regressive autism or other behavioral disorder had been reported by the parents or the child's physician to be linked to MMR vaccination,²⁴ and Dr. Wakefield subsequently recommended that people receive the three portions of the MMR (measles, mumps, and rubella) as separate, individual shots.²⁵ This did produce some hesitancy about vaccines among parents and is probably why people try to pin the whole vaccine risk awareness movement on Dr. Wakefield,²⁶ even though there have been groups opposed to mandatory vaccination going all the way back to the 1800's²⁷, and there had been great controversies in the 1970's and 1980's surrounding severe vaccine reactions from the swine flu²⁸ and DPT shots.²⁹ Dr. Wakefield also

²⁰ "Dr. Andrew Wakefield: CDC Whistleblower, Autism & Autism and Mandatory Vaccination Leadership & Longevity," YouTube, Accessed November 22, 2020, <https://www.youtube.com/watch?v=l8EtfkAngKw>.

²¹ Wakefield, A J, J A Walker-Smith, etc., "Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children," The Lancet Website, Published February 28, 1998, Accessed November 22, 2020, [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(97\)11096-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(97)11096-0.pdf).

²² "Dr. Andrew Wakefield: CDC Whistleblower, Autism & Autism and Mandatory Vaccination Leadership & Longevity," YouTube, Accessed November 22, 2020, <https://www.youtube.com/watch?v=l8EtfkAngKw>.

²³ Ibid.

²⁴ Wakefield, A J, J A Walker-Smith, etc., "Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children," The Lancet Website, Published February 28, 1998, Accessed November 22, 2020, [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(97\)11096-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(97)11096-0.pdf).

²⁵ "Profile: Dr Andrew Wakefield," BBC News, Page Last Update January 27, 2010, Accessed November 22, 2020, <http://news.bbc.co.uk/2/hi/3513365.stm>.

²⁶ Ibid.

²⁷ Humphries, Suzanne, MD and Roman Bystriany, *Dissolving Illusions*, (Self-Published, 2015), 95, 124.

²⁸ "The Swine Flu Fraud of 1976 (60 Minutes with Mike Wallace)," YouTube, Accessed November 22, 2020, https://www.youtube.com/watch?v=Ydx_ok6gyiY.

²⁹ "ABC – TV "the Morning Show" with Regis Philbin DPT 1986," YouTube, Accessed November 22, 2020, <https://www.youtube.com/watch?v=-2b0-hMGm-o>.

revealed at this conference that he was making a film about a CDC whistleblower named Dr. William Thompson.³⁰

Dr. William Thompson is a senior scientist at the CDC who has worked on multiple studies that have been used to claim that vaccines do not cause autism and that they are generally “safe.”^{31,32} Dr. Thompson regretted the role he was playing in holding back vaccine safety research,³³ and apparently because he started to feel guilty in his conscience over this, he called a research scientist named Dr. Brian Hooker.³⁴ Dr. Hooker is the father of a severely autistic child who believed his child had regressed into autism as a result of vaccines.^{35,36,37} He had been in communication with the CDC communicating his criticism to them of their studies relating to vaccines.³⁸ Dr. Thompson was aware of Dr. Hooker because he had been assigned to communicate with him.³⁹ Many years later, he reached out to Dr. Hooker.⁴⁰ They had over 30 phone conversations between November 2013 and August 2014, and Dr. Hooker legally recorded 4 of them without Dr. Thompson’s knowledge.⁴¹

Dr. Thompson indicated to Dr. Hooker in these recorded conversations that in his 2004 study that investigated the MMR shot, he and his coauthors found a greater risk of autism for African-Americans (which he has in other places indicated to be African American boys specifically) who received the shot early as opposed to late, but they had not reported the findings.⁴² He also suggested the most interesting data he saw was in the “isolated” group, a group he described as kids who did not have comorbidities such as mental retardation, kids who would be “more likely to have something due to some exposure as opposed to something that’s just biological.”⁴³ This group would include people like my daughter as she was typically-developing and regressed into

³⁰ “Dr. Andrew Wakefield: CDC Whistleblower, Autism & Autism and Mandatory Vaccination Leadership & Longevity,” YouTube, Accessed November 22, 2020, <https://www.youtube.com/watch?v=i8EtfkAngKw>.

³¹ Barry, Kevin, Esq., *Vaccine Whistleblower*, (New York, NY: Skyhorse Publishing, 2017), xvi.

³² “Stipulated Order Proving CDC Has No Studies To Support Claim That Vaccines Given in First 6 Months of Life Do Not Cause Autism,” ICAN website, Published March 5, 2020, Accessed November 14, 2020, https://www.icandecide.org/ican_lawsuits/stipulated-order-proving-cdc-has-no-studies-to-support-claim-that-vaccines-given-in-first-6-months-of-life-do-not-cause-autism/.

³³ Barry, Kevin, Esq., *Vaccine Whistleblower*, (New York, NY: Skyhorse Publishing, 2017), 34-35.

³⁴ *Vaxxed: From Cover-Up to Catastrophe*, Andrew Wakefield, Cinema Libre, 2016.

³⁵ Barry, Kevin, Esq., *Vaccine Whistleblower*, (New York, NY: Skyhorse Publishing, 2017), 1-2.

³⁶ Hooker, Dr. Brian, “Draft Testimony For Autism Hearing – 11/28/12”, [rescuepost.com](https://www.rescuepost.com/files/hooker-autism-hearing-draft-testimony-draft-final-11-28-12-1.pdf), Accessed December 26, 2020, <https://www.rescuepost.com/files/hooker-autism-hearing-draft-testimony-draft-final-11-28-12-1.pdf>.

³⁷ Hooker, Dr. Brian, “Dr. Brian Hooker’s Written Testimony Submitted to Congress,” [vaccineimpact.com](https://vaccineimpact.com/2013/cdc-vaccine-link-to-autism-scandal-the-wrong-man-was-condemned/), Accessed December 26, 2020, <https://vaccineimpact.com/2013/cdc-vaccine-link-to-autism-scandal-the-wrong-man-was-condemned/>.

³⁸ *Ibid.*

³⁹ *Vaxxed: From Cover-Up to Catastrophe*, Andrew Wakefield, Cinema Libre, 2016.

⁴⁰ *Ibid.*

⁴¹ Barry, Kevin, Esq., *Vaccine Whistleblower*, (New York, NY: Skyhorse Publishing, 2017), xxii,1.

⁴² *Ibid.*, 42-46.

⁴³ Barry, Kevin, Esq., *Vaccine Whistleblower*, (New York, NY: Skyhorse Publishing, 2017), 48-49.

autism. The data associated with this study shows that this group had a 7-8 times higher risk of autism if they received the MMR at 12-18 months versus receiving it after 3 years of age.⁴⁴ The findings about African-Americans boys were removed by the authors of the study by excluding some of the study subjects from the study and thereby reducing the statistical power of the data.⁴⁵ Eventually, the conversations between Dr. Thompson and Dr. Hooker were made public.⁴⁶ Dr. Thompson has requested whistleblower status, turned over supporting documents to the office of U.S. Congressman Bill Posey, and released the following statement:

“My name is William Thompson. I am a Senior Scientist with the Centers for Disease Control and Prevention, where I have worked since 1998. I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed.”⁴⁷

In his recorded conversations with Dr. Hooker, he said, “...it’s the lowest point in my career, that I went along with that paper...When I talk to you [Dr. Hooker], you have a son with autism. I have great shame now when I meet families of kids with autism, because I have been part of the problem.”⁴⁸ Congressman Posey went before congress and made a speech that was carried by C-Span where he said that he had deposed Dr. Thompson and that Dr. Thompson had indicated that he and his co-authors had a meeting “to destroy documents related to the study” and put all the hard copy documents they thought they should discard in a huge garbage can, but that he had kept his own records of the data since he knew this was illegal.⁴⁹ He quoted Dr. Thompson as saying, “I believe we intentionally withheld controversial findings from the final draft of the

⁴⁴ Saltzman, Dr. Susanne, “Review of Vaxxed: From Cover-Up to Catastrophe Part II,” HartsdaleHomeopathy.com, Accessed December 6, 2020, <https://hartsdalehomeopathy.com/vaxxed-cover-catastrophe-part-2/>.

⁴⁵ Attkisson, Sharyl, “CDC Addresses Allegations on Vaccine-Autism Link Omission,” Sharyl Attkisson.com, Published August 29, 2014, Accessed December 26, 2020, <https://sharylattkisson.com/2014/08/audio-cdc-addresses-allegations-on-vaccine-autism-link-omission/>.

⁴⁶ “CDC Whistleblower Scientist Given Huge Bonus and Asked to Rewrite Fraudulent Vaccine-Autism Study,” Vaccineimpact.com, Published April 26, 2016, Accessed December 26, 2020, <https://vaccineimpact.com/2016/cdc-whistleblower-scientist-given-huge-bonus-and-asked-to-rewrite-fraudulent-vaccine-autism-study/>.

⁴⁷ Barry, Kevin, Esq., *Vaccine Whistleblower*, (New York, NY: Skyhorse Publishing, 2017), xx, xxii.

⁴⁸ Ibid, 34.

⁴⁹ “Rep. Bill Posey Calling for an Investigation of the CDC’s MMR reasearch (sic) fraud,” c-span.org, Published July 29, 2015, Accessed November 24, 2020, <https://www.c-span.org/video/?c4546421/user-clip-rep-bill-posey-calling-investigation-cdcs-mmr-reasearch-fraud>.

pediatrics paper.”⁵⁰ Congressman Posey called for a hearing and a thorough investigation,⁵¹ but no hearing ever happened, and the media was completely silent on this topic. Eventually when the movie, *Vaxxed: From Coverup to Catastrophe*, came out, the media just kept saying it was based on fraudulent data from a disgraced doctor, when in fact the movie was primarily about an important CDC scientist admitting to a coverup surrounding this topic. The fact that he made the statements in the movie, the allegations shared by Congressman Bill Posey, and the data he passed on to Congressman Posey’s office were all easily verifiable facts no matter what a person thought about Dr. Wakefield. They all were cause for concern and further investigation even if a person rejected other things the movie shared.

I don’t remember how much of this information I learned about at that conference, but it was enough for me to be more concerned about this topic. I felt like this had to be investigated, that people like my daughter deserved that. We thanked God that the diet we went on was able to fully recover her from autism, but it had happened at great cost. Our grocery bill when Grace was first diagnosed for our family of four at the time went from about \$500/month to well over \$1000/month. Since our family has enlarged and food prices have gone up, it is significantly more now. Making every meal from scratch, including things like ketchup and mayonnaise consumed a great deal of our time. Often times, we have missed out on get togethers of our larger family when they got together at a vacation spot, because we simply couldn’t afford to be on our diet and do those things. This included not being able to spend the vacation week with my grandmother that happened shortly before her death. We felt like we deserved to have someone get to the bottom of this and do what it took to find out what was the truth.

What about all the other families who weren’t able to heal their child, whose children would wear a diaper for the rest of their lives and a helmet because they were always banging their head against the wall? What about the families who were like prisoners in their own home because they could not take their child out in public without getting judging stares from other people or rude comments about the terrible parenting they did or because their child might have a violent meltdown in public if they had the wrong sensory stimuli? I don’t remember how many of the details Dr. Wakefield shared at that conference and how much of it I found out about later, but to say the least I was much more focused on vaccines at this point.

It wasn’t long after this that I watched a campaign that was done on social media called the “Hear this well” campaign. CNN’s medical correspondent, Elizabeth Cohen, had stated on TV,

⁵⁰ “Rep. Bill Posey Calling for an Investigation of the CDC’s MMR reasearch (sic) fraud,” c-span.org, Published July 29, 2015, Accessed November 24, 2020, <https://www.c-span.org/video/?c4546421/user-clip-rep-bill-posey-calling-investigation-cdcs-mmr-reasearch-fraud>.

⁵¹ Ibid.

“Vaccines are safe...Autism is not a side effect of vaccine. Or to say it another way, (be)cause some people don’t hear this well, vaccines do not cause autism.”⁵² In response to this, hundreds of parents recorded their stories of how a vaccine had led to their child’s autism.⁵³ What struck me as I watched this was how so many of these parents had such a similar story. Their child was fine, healthy, walking, talking, making eye contact. They got a shot, and after that they were never the same. Many of them went into further detail, indicating their child had an acute reaction to the shot, a high fever or seizures or some other symptom doctors will say are common reactions to vaccines and that is when they were permanently changed.

This really hit home to me since my daughter, Grace, had spiked this terrible fever that seemed completely unusual and lasted for a day, and when it broke, she had a permanent change in her health, developing new severe GI problems. Whether or not her experience was tied to vaccines, she had some physical insult to her body that caused this reaction and permanently altered her health going forward. For so many families, which I can say now from seeing more and more stories over time is probably at least in the tens of thousands, it is clear that their child had a regression into autism after an adverse vaccine reaction,^{54,55} and with many of them it was in an eerily similar manner to Grace’s sudden change in health. We too can say that our child was developing normally, hitting all of her milestones up to at least 7 or 8 months, and then at some point after that she stopped hitting them. She had a regression in her walking immediately after her 12 month MMR shot.

My wife has since looked back at her own childhood when she was 5 years old and had to be pushed around in a stroller at the county fair because she was not able to walk for a week due to severe pain all over her body, and she has determined that this happened to her right after she received a DTaP shot. Guillain-Barre Syndrome, which can involve temporary paralysis and severe pain over the whole body, is actually a recognized possible reaction to the tetanus toxoid component of the DTaP shot on the vaccine insert for the DTaP shot Adacel.⁵⁶ It is an injury that people are even compensated for by the National Vaccine Injury Compensation Program,⁵⁷ so in our minds, it isn’t unreasonable to think my wife had a severe vaccine reaction, and if there is

⁵² “Hear This Well Parents Speak Out (playlist),” YouTube, Accessed December 27, 2020, https://www.youtube.com/watch?v=WsLuR3X6cpg&list=PLJpPObXpZncOft0bG2ghgkVb2Nxjd_bNe.

⁵³ Ibid.

⁵⁴ Barry, Kevin, Esq., *Vaccine Whistleblower*, (New York, NY: Skyhorse Publishing, 2017), xxvi.

⁵⁵ “Stories Categorized By Vaccine,” Vaxxed.com, Accessed November 24, 2020, <https://www.vaxxed.com/stories-categorized-by-vaccine/>.

⁵⁶ “Adacel Vaccine Insert,” Fda.gov, Accessed November 22, 2020, <https://www.fda.gov/files/vaccines%2C%20blood%20%26%20biologics/published/Package-Insert---Adacel.pdf>.

⁵⁷ “Vaccine-Related Guillain-Barré Syndrome,” Sands Andersen Vaccine Injury Legal Team Website, Accessed November 22, 2020, <https://www.vaccineinjurylegalteam.com/blogs-information/vaccine-injury-information/guillain-barre-syndrome/>.

good reason to believe both my wife and my daughter reacted to vaccines that other members of my family are potentially susceptible.

Although much of what I shared has been anecdotal, I believe my personal story almost on its own would cry out for good science to be done to show that vaccines do not contribute to autism even in a minority of people and that they do not cause harm in general. When you add to this what is likely tens of thousands or more of parents who all have a very similar story with each other about a regression into autism following vaccination, it already starts to become more like data than anecdote, and leaves no doubt that there needs to be true science done to show vaccines are not contributing to this. It really puts the burden of evidence on those who say there is no connection.

Sadly, we hear a constant drumbeat in the media and from health authorities that vaccines are “safe and effective,” but the evidence to substantiate such a claim is severely lacking. The Informed Consent Action Network (ICAN) submitted Freedom of Information Act Requests (FOIA) to the CDC for all studies they relied upon to claim the DTaP does not cause autism, as well as the Hep B, Hib, PCV13, and IPV.⁵⁸ All of these vaccines are on the childhood recommended schedule and are received in the first six months of life.⁵⁹ This means that they are administered before the MMR, which is usually first administered at 12 to 18 months, and at the very earliest is recommended at 6 months.⁶⁰ After months of the CDC not providing a single specific study, ICAN sued in federal court, and the CDC shared a list of studies, which included 20 total.⁶¹ The list consisted of the following:

- One relating to MMR (a vaccine ICAN did not challenge)
- Thirteen relating to Thimerosal (an ingredient not in any of the vaccines ICAN queried)
- Five relating to both MMR and thimerosal
- One relating to antigen (not a vaccine exposure)⁶²

⁵⁸ “Stipulated Order Proving CDC Has No Studies To Support Claim That Vaccines Given in First 6 Months of Life Do Not Cause Autism,” ICAN website, Published March 5, 2020, Accessed November 14, 2020, https://www.icandecide.org/ican_lawsuits/stipulated-order-proving-cdc-has-no-studies-to-support-claim-that-vaccines-given-in-first-6-months-of-life-do-not-cause-autism/.

⁵⁹ “Immunization Schedules: Table 1.,” Centers for Disease Control and Prevention Website, Accessed November 22, 2020, <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

⁶⁰ Ibid.

⁶¹ “Stipulated Order Proving CDC Has No Studies To Support Claim That Vaccines Given in First 6 Months of Life Do Not Cause Autism,” ICAN website, Published March 5, 2020, Accessed November 14, 2020, https://www.icandecide.org/ican_lawsuits/stipulated-order-proving-cdc-has-no-studies-to-support-claim-that-vaccines-given-in-first-6-months-of-life-do-not-cause-autism/.

⁶² Ibid.

The studies they listed could maybe be used to prove that thimerosal is not associated with autism or the MMR is not associated with autism, but they could never be used to prove that “There is no link between vaccines and autism,”⁶³ or that “Vaccine ingredients do not cause autism,”⁶⁴ and yet both these claims are listed on their website, and media and health authorities repeat the statement “Vaccines do not cause autism” like a bumper sticker slogan until people hear it enough that they will assume it must be true and not even listen to any evidence that would point in another direction.

On top of this, none of the studies they listed are the type you would want to do to really prove a vaccine does not cause or contribute to autism.⁶⁵ The type of study to do this would be to take a group of people that get the vaccine in question and a group that has not received any vaccine (an unvaccinated control group) and see if one group develops autism at a greater rate and that the difference is statistically significant.⁶⁶ The first study on the list is a comparison between MMR-vaccinated and MMR non-vaccinated people, but nothing is stated about whether the members of either group received all their other vaccinations.⁶⁷ In my observation of vaccine safety research, this seems to be about as close as studies purported to debunk a vaccine-autism link usually come to an unvaccinated control group, however if the other vaccinations are associated with autism or if there was something common to vaccines that make them a risk for developing autism, this type of study wouldn't even be well-designed to tell you whether or not the MMR was associated with autism. These studies would then be similar to a hypothetical study where you said you wanted to prove a shot of whiskey does not impair your ability to drive. You gave one group of people 3 beers, two glasses of wine, and a shot of tequila. You gave all the other people the same things plus a shot of whiskey. You noticed no difference in their driving ability afterwards, that people in both groups drove poorly, and therefore concluded that taking a shot of whiskey is not associated with impaired driving ability. This is the type of testing I am supposed to rely upon to convince me that vaccines are not a risk for contributing to autism.

There are other alarming facts about the testing and safety of vaccines many people do not know about. For starters, generally speaking, when vaccines are approved in their clinical trials, they are

⁶³ “Autism and Vaccines,” Centers for Disease Control and Prevention Website, Accessed November 14, 2020, <https://www.cdc.gov/vaccinesafety/concerns/autism.html>.

⁶⁴ Ibid.

⁶⁵ “ICAN vs. CDC with Del Bigtree,” Brighteon.com, Accessed December 26, 2020, <https://www.brighteon.com/13643742-bdc3-4197-a934-362ae2061815>.

⁶⁶ Ibid.

⁶⁷ Madsen, KM, A Hviid, M Vestergaard, D Schendel, J Wohlfahrt, et al., “A Population-Based Study of Measles, Mumps, and Rubella Vaccination and Autism,” New England Journal of Medicine Website, Published November 7, 2002, Accessed December 26, 2020, https://www.nejm.org/doi/10.1056/NEJMoa021134?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed.

not required to go through a double-blind (true) placebo safety test.⁶⁸ When a non-vaccine drug is going to be approved for the market, this is the type of test it would normally need to go through.⁶⁹ This is the type of test Dr. Tony Fauci wanted for hydroxychloroquine before he would say it was a safe and effective treatment for covid-19.⁷⁰ Because this type of test had not been done, the FDA warned against its use, and many governors withheld a potentially life-saving drug from people who were at risk of dying and had no treatment options available.⁷¹ In their clinical trials, none of the vaccines on the CDC recommended childhood schedule for babies and toddlers had a control group that received an inert placebo.⁷² They typically are tested against another vaccine already on the market, which also was tested against another vaccine already on the market, which was tested against a vaccine that was licensed without any placebo-controlled trial.⁷³ When you test one vaccine against another vaccine, and you find that there were about the same number of severe autoimmune conditions or deaths in both groups, you can say that they are as safe as each other, but you can't truly say that they are safe. You would have to test the vaccine versus a true placebo, a substance that is known to have no effect on the human body, like a saline injection, to truly know what the safety risk of that vaccine is.

Our nation does have a vaccine monitoring system called VAERS (Vaccine Adverse Events Reporting System) which is supposed to catch these reactions.⁷⁴ However, many people, including many doctors, do not know it even exists.⁷⁵ Although doctors are required to report all adverse events, if they have been trained to think vaccine injuries are "vanishingly rare," if a reaction occurs, they will most likely think it is a "sad coincidence" that has nothing to do with the vaccines.⁷⁶ This is the experience many parents have had when they tell the doctor their child

⁶⁸ "Vaccine Safety," ICAN Website, Published October 2, 2017, Accessed November 22, 2020, <https://www.icandecide.org/wp-content/uploads/2019/09/VaccineSafety-Version-1.0-October-2-2017-1.pdf>.

⁶⁹ Ibid.

⁷⁰ "Dr. Anthony Fauci: No placebo-controlled trial has shown hydroxychloroquine is effective," YouTube, Accessed November 14, 2020, <https://www.youtube.com/watch?v=xDjVwXM8ESE>.

⁷¹ Rondeau, Sharon, "Three Governors Deny Hydroxychloroquine to Covid-19-Positive Outpatients," The Post & Mail Website, Published March 28, 2020, Accessed November 30, 2020, <https://www.thepostemail.com/2020/03/28/three-governors-deny-hydroxychloroquine-to-covid-19-positive-outpatients/>.

⁷² "Vaccine Safety," icandecide.org, Published October 2, 2017, Accessed November 22, 2020, <https://www.icandecide.org/wp-content/uploads/2019/09/VaccineSafety-Version-1.0-October-2-2017-1.pdf>.

⁷³ Bigtree, Del, "Letter from ICAN to Secretary of Health and Human Services Alex Azar," ICAN Website, Written December 31, 2018, Accessed November 22, 2020, <https://www.icandecide.org/wp-content/uploads/2019/09/ICAN-Reply-1.pdf>.

⁷⁴ "Vaccine Adverse Event Reporting System," VAERS, Accessed November 22, 2020, <https://vaers.hhs.gov/>.

⁷⁵ "Dr. Toni Bark Exposing VAERS that the public is unaware of," YouTube, Accessed November 22, 2020, <https://www.youtube.com/watch?v=IF76yw93HIQ>.

⁷⁶ Kennedy Jr., Robert F., "Vaccine Injuries Ratio: One for Every 39 Vaccines Administered," Children's Health Defense Website, Published October 10, 2020, Accessed November 22, 2020, <https://childrenshealthdefense.org/news/vaccine-injuries-ratio-one-for-every-39-vaccines-administered/>.

had a severe vaccine reaction.^{77,78} The VAERS system almost undoubtedly severely underreports how many true vaccine reactions there are. One research project found that fewer than 1 % of vaccine reactions are reported to this system,⁷⁹ and the system still in 2016 had 59,117 reactions reported, including 432 deaths, 1,091 permanent disabilities, 4,132 hospitalizations, and 10,284 emergency room visits.⁸⁰ That doesn't necessarily mean only 1 % of severe reactions are reported, but the eyewitness account of many a parent to how doctors react when they suggest their child had a severe reaction would indicate that the number of potential severe reactions is much higher than the system reports.

I think it would be hard to claim with the science and testing that has been done that vaccines either do not cause autism or that the benefits outweigh the risk in general because proper testing has not been done to truly show what the risk of potential harm is. One other possible avenue for ensuring the safety of vaccines would be if litigation could be brought against vaccine manufacturers. If a car company can be sued if they put defective brakes on their car and people die, they will go to great lengths to make sure those brakes are safe. If they cannot be sued, they will probably be less rigorous in their testing, and if the company has a culture of corruption, even among a few people who are key decision makers, they may even turn a blind eye to known safety concerns if it will hurt the bottom line. Merck is the manufacturer of the MMR II,⁸¹ a shot that has been in use for over 40 years. Merck has paid out an \$830 million dollar settlement over the damage its drug Vioxx did,⁸² which FDA investigator Dr. David Graham estimated to have caused 88,000 to 139,000 heart attacks, and 30,000 to 55,000 deaths.^{83,84} Unfortunately, legislation passed by congress in 1986 called the National Childhood Vaccine Injury Act restricted product liability for vaccine manufacturers. It did include an exception "when there was evidence the company could have made a vaccine less harmful."⁸⁵ However, any hope of the manufactures

⁷⁷ "Gardasil HPV vaccine drastically injured my daughter...", Facebook.com, Accessed December 1, 2020,

https://www.facebook.com/watch/live/?v=1211037965950304&ref=watch_permalink.

⁷⁸ "Vaccines Gave My Son Autism," YouTube, Accessed December 1, 2020,

https://www.youtube.com/watch?v=uQTS7ZnekxA&list=PL_H9IShCZAbguy00SB8izMscakUlfnpOu&index=26.

⁷⁹ "Grant Final Report Grant ID: R18 HS 017045 Electronic Support for Public Health—Vaccine Adverse Event Reporting System (ESP:VAERS)," digital.hrq.gov, Accessed November 22, 2020,

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

⁸⁰ Vaccine Safety," icandecide.org, Published October 2, 2017, Accessed November 22, 2020, <https://www.icandecide.org/wp-content/uploads/2019/09/VaccineSafety-Version-1.0-October-2-2017-1.pdf>.

⁸¹ "Indications and Usage for MMR II," merckvaccines.com, Accessed December 26, 2020, <https://www.merckvaccines.com/mmr/>.

⁸² "Merck agrees to pay \$830 million to settle Vioxx securities lawsuit," Reuters Website, Accessed November 29, 2020,

<https://www.reuters.com/article/us-merck-vioxx-settlement-idUSKCN0UT1PX>.

⁸³ Gardner, Fred, "Merck Pays a Pittance for Mass Deaths," counterpunch.org, Published November 29, 2011, Accessed November 29, 2020, <https://www.counterpunch.org/2011/11/29/merck-pays-a-pittance-for-mass-murder/>.

⁸⁴ "Dr. David Graham," Government Accountability Project Website, Accessed November 29, 2020,

<https://whistleblower.org/whistleblower-profiles/dr-david-graham/>.

⁸⁵ "NVIC Position Statement National Childhood Vaccine Injury Act of 1986," National Vaccine Information Center, Published May 2018, Accessed November 29, 2020, <https://www.nvic.org/injury-compensation/nvic-position-on-1986-childhood-vaccine-injury-act.aspx>.

having any product liability for vaccines was completely taken away when the U. S. Supreme Court decided the *Bruesewitz v. Wyeth* case, and “blocked the legal right of vaccine injured persons to hold drug companies liable for design defect and failing to improve an FDA licensed vaccine to make it less harmful.”⁸⁶

Another mechanism that might ensure safety in a product is the free market. If I hear reports that many people have died while driving a certain make and model of car because their brakes were defective, I will probably decide to buy a different car. Many other people might as well. A manufacturer who continued to sell cars to the public with defective brakes due to negligence or corruption would eventually go out of business. This market force would help to prevent many of them from ever letting cars like this be sold in the first place. However, vaccines are generally mandated to attend school, so in theory people are forced to use them. If exemptions are taken away and severely restricted as they have been in New York⁸⁷ and California,^{88,89,90} this will to a large extent no longer be theory, as homeschooling of some sort would become the only way for most people to avoid vaccinations for their children. Potential rules by employers, businesses, movie theaters, airlines, etc. in relation to covid vaccines could become the start of not being able to meaningfully participate in society without being vaccinated. On top of effectively being forced to buy vaccines, sometimes you may only have one option from one company for a certain vaccine. For instance, from 1967 until at least 2014, Merck was the only company licensed by the FDA to make a mumps vaccine.⁹¹ If you didn't trust Merck, but you did trust other pharmaceutical companies, you would have been out of luck. According to the CDC's website, Merck's MMR II is also the only MMR vaccine available for use in the United States.⁹² The free market forces that would help ensure the safety of vaccines, in key ways, do not exist for vaccines.

Besides the fact that there are all sorts of questions surrounding the safety of vaccines, and a lack of the real science it would take to support the premises the CDC and the media contend that

⁸⁶ “NVIC Position Statement National Childhood Vaccine Injury Act of 1986,” National Vaccine Information Center, Published May 2018, Accessed November 29, 2020, <https://www.nvic.org/injury-compensation/nvic-position-on-1986-childhood-vaccine-injury-act.aspx>.

⁸⁷ “New York Bill Removing Religious Vaccine Exemption Turned Into Law on One Day with No Public Hearings,” National Vaccine Information Center Website, Published June 14, 2019, Accessed November 29, 2020, <https://www.nvic.org/vaccine-laws/state-vaccine-requirements/newyork/ny-bill-turned-into-law-one-day-no-public-hearings.aspx>.

⁸⁸ “The Fallout from California SB277: What Happens Next?” National Vaccine Information Center, Published August 5, 2015, Accessed November 29, 2020, <https://www.nvic.org/nvic-vaccine-news/august-2015/sb277-fallout-what-happens-next.aspx>.

⁸⁹ “SB 276,” A Voice For Choice Advocacy Website, Accessed November 29, 2020, <https://avoiceforchoiceadvocacy.org/sb-276/>.

⁹⁰ Kennedy, Jr., Robert F., “The True Purpose of CA SB276,” Children's Health Defense Website, Published August 30, 2019, Accessed November 29, 2020, <https://childrenshealthdefense.org/news/the-true-purpose-of-ca-sb276/>.

⁹¹ Helfand, Carly, “Lawsuits claiming Merck lied about mumps vaccine efficacy headed to trial,” Fiercepharma.com, Published September 9, 2014, Accessed December 26, 2020, <https://www.fiercepharma.com/infectious-diseases/lawsuits-claiming-merck-lied-about-mumps-vaccine-efficacy-headed-to-trial>.

⁹² “Measles, Mumps, Rubella (MMR) Vaccine,” Centers for Disease Control and Prevention Website, Accessed December 26, 2020, <https://www.cdc.gov/vaccinesafety/vaccines/mmr-vaccine.html>.

vaccines do not cause autism, that they are generally “safe,” or that the benefits outweigh the risks, there are also many scientific studies that point to vaccines causing great harm to significant numbers of people. When vaccine supporters, Dr. Peter Aaby and Dr. Soren Morgensen, examined data from Guinea Bissau of children who received the DTP versus those who did not, they discovered “that girls vaccinated with the DTP vaccine died at 10 times the rate of unvaccinated kids. While the vaccinated children were protected from Diphtheria, Tetanus and Pertussis, they were far more susceptible to other deadly diseases than unvaccinated peers.”⁹³

In 2017, Dr. Anthony Mawson published a study that compared completely unvaccinated children against partially and fully vaccinated children.⁹⁴ He did this study among 666 homeschooled children.⁹⁵ Vaccinated children were 4.7 times more likely to have been diagnosed with Autism Spectrum Disorder (ASD), 4.7 times more likely to have an ADHD diagnosis, 3.7 times more likely to have a learning disability, and 3.7 times more likely to have been diagnosed with some kind of neurodevelopmental disorder.⁹⁶ The risk of allergic rhinitis (hay fever) was 30 times higher, the risk of other allergies 3.9 times higher, and the risk of eczema 2.4 times higher.⁹⁷ Dr. Brian Hooker found in a study of vaccinated versus unvaccinated people that vaccination before the age of 1 was associated with increased odds of developmental delays, asthma, and ear infections.^{98,99}

Dr. Paul Thomas is someone who offered an alternate vaccine schedule in his pediatric practice, Integrative Pediatrics, in Portland, Oregon.¹⁰⁰ He also served many parents who choose not to vaccinate at all.¹⁰¹ He analyzed data from his practice in 2019 and wrote the following about it:

⁹³ Kennedy, Jr., Robert F., “The Bill Gates Effect: WHO’s DTP Vaccine Killed More Children in Africa Than the Diseases it Targeted,” Published April 23, 2020, Accessed November 14, 2020, <https://childrenshealthdefense.org/news/the-bill-gates-effect-whos-dtp-vaccine-kills-more-children-in-africa-than-the-diseases-it-targets/>.

⁹⁴ Mawson, Anthony R, Brian D Ray, Azad R Bhuiyan and Binu Jacob, “Pilot Comparative Study on the Health of Vaccinated and Unvaccinated 6- to 12- Year Old U.S. Children,” researchgate.net, Published April 24, 2017, Accessed November 14, 2020, https://www.researchgate.net/publication/317086531_Pilot_comparative_study_on_the_health_of_vaccinated_and_unvaccinated_6-to_12-year-old_US_children.

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ Hooker, Dr. Brian, “New Research Study Clarifies Health Outcomes in Vaccinated versus Unvaccinated Children,” Published May 28, 2020, Accessed November 14, 2020, <https://childrenshealthdefense.org/news/new-research-study-clarifies-health-outcomes-in-vaccinated-versus-unvaccinated-children/>.

⁹⁹ Hooker, Brian S, Neil Z Miller, “Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders,” SAGE Journals Website, Published May 27, 2020, Accessed November 14, 2020, <https://journals.sagepub.com/doi/10.1177/2050312120925344>.

¹⁰⁰ Thomas, Dr. Paul, “Pediatrician Paul Thomas Responds to WW’s Cover Feature,” Last Updated April 13, 2019, Accessed November 14, 2020, <https://www.wweek.com/news/2019/04/12/pediatrician-paul-thomas-responds-to-last-weeks-cover-feature/>.

¹⁰¹ Ibid.

Of the 3,345 patients born into Integrative Pediatrics since June 2008, the autism rates are as follows:

Out of 715 unvaccinated children, just one was diagnosed with autism.

Out of 2,629 Vaccine-Friendly Plan (alternative schedule), just six were diagnosed.

Compare these rates to the current Centers for Disease Control and Prevention vaccine schedule rate of 1 in 45 children being diagnosed with autism.¹⁰²

Just recently, Dr. Thomas and Dr. James Lyons-Weiler published a study about Dr. Thomas' practice that "found higher rates of office visits and diagnoses of common chronic ailments in the most vaccinated children in the practice compared to children who are completely unvaccinated."^{103,104} Lifesite News summarized the findings as follows, "Compared to their unvaccinated counterparts, vaccinated children in the study were three to six times more likely to show up in the pediatrician's office for treatment related to anemia, asthma, allergies and sinusitis."¹⁰⁵ (Note: Dr. Thomas' license was recently suspended by the Oregon State Medical Board 5 days after he published this peer-reviewed study comparing vaccinated and unvaccinated people.)^{106,107}

You probably could find many critiques of these studies online including for sure with the Mawson study that it has a small sample size. However, these studies and data analysis should at the very least raise some alarm, even if someone might critique their methodology or sample size. Four of the five were true comparisons of vaccinated and fully unvaccinated people. They would suggest that our health authorities should do a similar study with a sufficient sample size, but the CDC

¹⁰² Thomas, Dr. Paul, "Pediatrician Paul Thomas Responds to WW's Cover Feature," Last Updated April 13, 2019, Accessed November 14, 2020, <https://www.wweek.com/news/2019/04/12/pediatrician-paul-thomas-responds-to-last-weeks-cover-feature/>.

¹⁰³ Lyons-Weiler, James, Paul Thomas, "Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination," MDPI.com (from International Journal of Environmental Research and Public Health), Published November 22, 2020, Accessed December 28, 2020, <https://www.mdpi.com/1660-4601/17/22/8674/html> (Quotation from section 4 in the 4th paragraph).

¹⁰⁴ "Groundbreaking study shows unvaccinated children are healthier than vaccinated children," Lifesite News Website, Published December 14, 2020, Accessed December 28, 2020, <https://www.lifesitenews.com/opinion/groundbreaking-study-shows-unvaccinated-children-are-healthier-than-vaccinated-children>.

¹⁰⁵ Ibid.

¹⁰⁶ Skouras, Spiro, "Dr. Paul Thomas Targeted By Medical Board & Media After Landmark Vaccine Study — Interview," Activist Post Website, Published December 20, 2020, Accessed December 28, 2020, <https://www.activistpost.com/2020/12/dr-paul-thomas-targeted-by-medical-board-media-after-landmark-vaccine-study-interview.html>. (source which gives Dr. Thomas' viewpoint)

¹⁰⁷ Monahan, Rachel, "Prominent Anti-Vaccine Pediatrician Dr. Paul Thomas Has License Suspended by the Oregon Medical Board," Published December 6, 2020, Accessed December 30, 2020, <https://www.wweek.com/news/state/2020/12/05/prominent-anti-vaccine-pediatrician-dr-paul-thomas-has-license-suspended-by-the-oregon-medical-board/>. (source which gives viewpoint of Oregon Medical Board)

refuses to officially conduct and publish such a study.^{108,109,110} There doesn't seem to be a good reason to not perform a retrospective (looking back at data that already exists) study comparing health outcomes of fully vaccinated and fully unvaccinated people. One claim some people make against doing a prospective (purposefully creating data going forward) vaccinated vs. unvaccinated study is that it would be unethical to withhold a vaccine from someone,¹¹¹ but this certainly then raises the question, "How is it any less ethical than mandating a product on somebody that has not gone through the proper testing to truly know how safe or dangerous it really is and when no one who is involved with making or administering the product has any liability for damage caused?" "And if vaccines are "safe" why would anybody need liability protection?"

One other safety issue that most people do not know about is the witness of Dr. Andrew Zimmerman. Dr. Andrew Zimmerman is recognized as a vaccine expert and was used by the vaccine compensation program as an expert witness for the government against people who were trying to get compensation from the government for autism they believed to be caused by the administration of a vaccine.¹¹² He testified about Michelle Cedillo's case, "There is no scientific basis for a connection between measles, mumps and rubella (MMR) vaccine or mercury (Hg) intoxication and autism,"¹¹³ and her claim was denied.¹¹⁴ He was colleagues with a doctor at John Hopkins, John Poling, who had a daughter named Hannah Poling.¹¹⁵ Hannah Poling regressed into autism before her parent's eyes following vaccinations.¹¹⁶ Dr. Zimmerman helped look into her case, and he determined "with a reasonable degree of medical certainty" the "cause for regressive encephalopathy" in her case was "an underlying mitochondrial dysfunction, exacerbated

¹⁰⁸ Kennedy Jr., Robert F., "Fully Vaccinated vs. Unvaccinated – Part 1," Children's Health Defense Website, Published June 25, 2019, Accessed December 6, 2020, <https://childrenshealthdefense.org/child-health-topics/exposing-truth/fully-vaccinated-vs-unvaccinated/>.

¹⁰⁹ "CDC Concedes It Has Never Conducted Study Of Vaccinated VS. Unvaccinated Children," ICAN website, Published August 2020, Accessed December 6, 2020, https://www.icandecide.org/ican_government/cdc-concedes-it-has-never-conducted-study-of-vaccinated-vs-unvaccinated-children/.

¹¹⁰ Andoh, Roger, "Letter from Centers for Disease Control to ICAN," ICAN website, Letter Written July 29, 2020, Accessed December 6, 2020, https://www.icandecide.org/wp-content/uploads/2020/08/2020_08_03-20-02002-Final-Response-No-Records1.pdf.

¹¹¹ "Myth: No Studies Compare the Health of Unvaccinated and Vaccinated People," Thoughtscapism Website, Posted April 10, 2015, Accessed December 28, 2020, <https://thoughtscapism.com/2015/04/10/myth-no-studies-compare-the-health-of-unvaccinated-and-vaccinated-people/>.

¹¹² "The Vaccination Debate," Published January 6, 2020, Accessed November 14, 2020, <http://fullmeasure.news/news/cover-story/the-vaccination-debate>.

¹¹³ Attkisson, Sharyl, "Dr. Andrew Zimmerman's full Affidavit on alleged link between vaccines and autism that U.S. govt. covered up," Sharylattkisson.com, Published January 6, 2019, Accessed November 14, 2020, <https://sharylattkisson.com/2019/01/dr-andrew-zimmermans-full-affidavit-on-alleged-link-between-vaccines-and-autism-that-u-s-govt-covered-up/>.

¹¹⁴ "Vaccines Didn't Cause Autism, Court Rules," CNN Website, Accessed November 14, 2020, <https://www.cnn.com/2009/HEALTH/02/12/autism.vaccines/index.html>.

¹¹⁵ "The Legal Case For Vaccines Causing Autism," Investment Watch Website, Accessed November 14, 2020, <https://www.investmentwatchblog.com/the-legal-case-for-vaccines-causing-autism/>.

¹¹⁶ Attkisson, Sharyl, "Family to Receive \$1.5M+ in First-Ever Vaccine-Autism Court Award," CBS News Website, Published September 10, 2010, Accessed November 14, 2020, <https://www.cbsnews.com/news/family-to-receive-15m-plus-in-first-ever-vaccine-autism-court-award/>.

by vaccine-induced fever and immune stimulation that exceeded metabolic energy reserves.”¹¹⁷ Hannah was supposed to be one of six test cases to see if compensation for autism related to the MMR or thimerosal-containing vaccines could be awarded to the thousands of people who had applied for it.¹¹⁸ The government decided to settle her case and removed her as one of the test cases.¹¹⁹ Dr. Zimmerman informed the government that there “were exceptions in which vaccines could cause autism”¹²⁰ and that his opinion was based on “advances in science, medicine and clinical research of one of my patients in particular.”¹²¹ The government then stopped utilizing him as a witness, but continued to use his prior testimony in Michelle Cedillo’s case as evidence against the remaining test cases.^{122,123} The test cases, which were narrowed down to three, were all lost by the plaintiffs and the remaining of the roughly 5400 similar cases were all thrown out.¹²⁴

I think you are beginning to understand why I don’t vaccinate. I’d ask you to look at this from my viewpoint. I saw my daughter regress into autism and come back out of it when we changed her environment. I have seen the dramatic increase in autism over the years, not just in the reported numbers, but in real people I know who have symptoms like my daughter had, symptoms I never saw in anyone until I was in high school. I have no doubt in my mind that autism could not be purely genetic. There must be an environmental component or components. I have every reason to trust the doctor who came up with that diet, and she recommends I don’t vaccinate. I have heard many stories of people who saw a regression like my daughter had and for them it was an acute reaction that started immediately following a vaccine and coincided with symptoms that are commonly recognized to follow vaccination. I have strong evidence in my own family that more than one family member has had a severe vaccine reaction. I have looked at the science used to support that vaccines are generally safe and do not cause autism and determined it is completely lacking. I have seen science that indicates vaccines cause harm and at the very least calls for further investigation and perhaps larger and more well-designed studies. I have come to be aware that a very important scientist at the CDC when it comes to vaccine safety has admitted he and his colleagues covered up evidence of a possible association between a vaccine and autism.

¹¹⁷ Handley, J.B., *How to End the Autism Epidemic*, (London, UK: Chelsea Green Publishing, 2018), 178.

¹¹⁸ Kennedy Jr., Robert F. and Rolf Hazelhurst, “Request for Congressional Investigation Fraud and Obstruction of Justice,” Children’s Health Defense Website, Published September 20, 2018, Accessed December 17, 2020, <https://childrenshealthdefense.org/child-health-topics/righting-wrongs/request-for-congressional-investigation-fraud-and-obstruction-of-justice/>.

¹¹⁹ Kennedy Jr., Robert F. and Rolf Hazelhurst, “Request for Congressional Investigation Fraud and Obstruction of Justice,” Children’s Health Defense Website, Published September 20, 2018, Accessed December 17, 2020, <https://childrenshealthdefense.org/child-health-topics/righting-wrongs/request-for-congressional-investigation-fraud-and-obstruction-of-justice/>.

¹²⁰ Attkisson, Sharyl, “Dr. Andrew Zimmerman’s full Affidavit on alleged link between vaccines and autism that U.S. govt. covered up,” Sharylattkisson.com, Published January 6, 2019, Accessed November 14, 2020, <https://sharylattkisson.com/2019/01/dr-andrew-zimmermans-full-affidavit-on-alleged-link-between-vaccines-and-autism-that-u-s-govt-covered-up/>.

¹²¹ Ibid.

¹²² Ibid.

¹²³ Handley, J.B., *How to End the Autism Epidemic*, (London, UK: Chelsea Green Publishing, 2018), 179-180

¹²⁴ Ibid, 177, 185.

I have come to know that the normal mechanisms to ensure product safety: safety testing of sufficient quality in approval trials, legal liability from product manufacturers, and full free market forces are not present with vaccines. I have come to know that the talking point about “the fraudulent doctor who used bad data in that one study” is very misleading and that his study was most likely very crucial to my daughter’s healing. I have come to find out that an important witness in the vaccine injury compensation program used to deny compensation to people changed his mind to believe that vaccines can cause autism in certain circumstances. I have devoted countless amounts of time and money to the healing of my daughter. How could I ever take a risk with her or my other children after knowing all these things? How could I give any of them more vaccines before more was done to ensure we knew that vaccines truly are “safe,” specifically that they are safe for my children as unique individuals with their own health histories and biological characteristics?

I’d ask you: Are you willing to go along with society and look at me like a villain and either support or stay silent about efforts to push me and my family out of society? Would you be willing to do this without looking into the information I’ve shared, while you instead simply take some health official’s or news reporter’s claim that vaccines are “safe and effective” without giving it any more thought? Are you going to be one of those people who have told me that they won’t let their children play with mine? Would you do this without demanding that first Dr. Thompson’s allegations be investigated, that proper safety testing be done, that the manufacturers be liable for the product they make? People are already turning people away from their businesses if they don’t wear a mask because our society has come to view healthy people without any health symptoms as a danger and a threat, basically a dirty person. Now that covid vaccines have come and policies are being considered by governments and even private businesses and institutions, would you go along with my family being turned away because we are unvaccinated people? Would you turn us away from your business, your church, your school? Would you treat us like we are unclean, dirty people? Would you do these things to other families who have their own story to tell or others who have looked into all of this and decided not to vaccinate or perhaps even just decline to receive one or two specific vaccines until better science is done? What about people who can’t in good conscience receive a vaccine whose development in some way involved the use of aborted fetal cell lines? Would you make them decide between being a part of society and sinning against their conscience?

If you have answers to all my concerns about vaccines how I am just wrong about the science, the facts, the data, I would encourage you to share them with me. Otherwise, I ask you to please accept me and my family and the conscience-guided decision we have made to protect our health. Help ensure that we are not treated like a separate class of people, like the black person who had

to drink from a different fountain or the Jew who was forced to go and live in a ghetto. The solution to the perceived problem of “vaccine hesitancy” is not to demonize, name call, and ostracize those who have legitimate concerns, to use a club on the growing number of people who are concerned about vaccine safety, but to take steps that would truly assure that vaccines are safe and effective, to show that they truly are the best choice for everyone to protect their own health and the health of others, to do what it takes to make it so that people have confidence that this truly is the case. If that ever happened and vaccines were produced in a way that did not raise ethical concerns for anyone, there would be no need to mandate a vaccine on anyone. You could defend a person’s ability to make medical decisions in the stewardship of their own bodies, and yet most people would probably use their informed consent to vaccinate. As you consider your actions in regard to this whole topic going forward, please remember me, my family, and my daughter’s story.

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