BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – November 18, 2019

The Board of Health of the City of De Pere, Wisconsin met in regular session in the Riverview Conference room at City Hall, on Monday, November 18th at 5:30 p.m.

1. **Call to Order**

The meeting was called to order by Dennis Hibray at 5:30 pm.

2. Roll Call

Roll call was taken and the following members were present: Casey Nelson, Dennis Hibray, Ryan Jennings and Teresa Gulyas. Dr. Michael McHenry was excused. Also present were Deborah Armbruster, Kristen Johnson, Erin Bongers and Kelly Burke. Public attendees were Tara Czachor, Jennifer VanDenBusch, Amy Schauland, Kalyn Tousey, Carmen VanLanen, Corinne Van Lanen, and Rhonda Senuleer.

3**. Approval of August 20, 2019 Special Meeting Minutes**

Casey Nelson made a motion, seconded by Ryan Jennings to approve the minutes of the August 20, 2019 Board of Health Special Meeting. Upon vote, the motion passed unanimously.

4. **Approval of September 16, 2019 Meeting Minutes**

Casey Nelson made a motion, seconded by Ryan Jennings to approve the minutes of the September 16, 2019 Board of Health Meeting. Upon vote, the motion passed unanimously.

Motion to amend the agenda:

A motion was made by Ryan Jennings to move number 10 on the agenda to after item number 4. Casey Nelson seconded the motion. Upon vote, the motion passed unanimously.

Dennis Hibray explained that the Public Comment section will occur at this time with a limit of 3 minutes per person.

10. Public Comment on Matters Not on the Agenda

Tara Czachor stated that she has 4 children in the West De Pere School District and helps run a non-profit named Wisconsin United for Freedom. Tara explained that she is vaccine hesitant. She is hesitant of vaccine mandates and the removal of personal, religious and medical exemptions. Today, if anyone questions vaccine policy or safety, they are labeled as anti-vaccine or anti-science. We have anti-bully campaigns in schools and laws against hate speech directed at minorities, yet it has become socially acceptable to discriminate and verbally attack anyone who questions vaccines including families of individuals who were harmed by these products. Across the country state legislators are passing laws to discriminate against children of parents who oppose one or more vaccine products. They are doing this by removing their right to a public education, segregating them from their peers and their communities. Some

states have gone as far as refusing to accept medical exemptions. Currently across Wisconsin certain Boards of Health are proposing resolutions that would support legislation to remove the personal conviction vaccine exemption. Tara stated she does not support the removal of this vaccine exemption in Wisconsin or any other state. Tara was interviewed by WPR last week where she stated that the issue is not so much about vaccines, but about personal and parental choice. Tara stated that she recently traveled to Washington DC to attend an event on vaccine injury. Over 3,000 people attended to acknowledge that vaccine injury occurs. Doctors, legislators, mothers and fathers all spoke at the event because they have a story to share. Tara then flew to Iowa for another conference where she spoke to physicians, nurses, fathers, and mothers, whose children died or were seriously injured after vaccinations. Tara explained that members of the Board of health should work with community members in order to achieve the ultimate goal – healthy children and adults. Right now 1 in 6 children are learning disabled, 1 in 10 has asthma, 1 in 10 is diagnosed with a mental disorder, 1 in 13 has severe food allergy, 1 in 26 children are epileptic, 1 in 59 develops autism, and 1 in 300 has diabetes. The health department needs to tell us what they are doing to improve these rates before they support laws aimed at removing our rights to decline liability free pharmaceutical products. At the previous Board of Health meeting, it was decided that the board would not discuss any anti-vaccination concerns as a future agenda item. The term anti-vaccination is a derogatory term used to silence those who have concerns about vaccine safety. Tara stated she is not anti-vaccine. She is pro-science and pro-informed consent and is a vaccine choice advocate. Tara requested a round table discussion with individuals on the Board of Health and herself to discuss her questions on vaccine safety, vaccine hesitancy, and vaccine injury.

Amy Schauland, a Brown County resident, spoke regarding vaccine ingredients, one in particular that causes a lot of controversy is aborted fetal tissue. Six vaccines are manufactured using aborted fetal tissue – MMR, Varicella, Zostivax, Hep A, Polio and Rabies. Aborted human fetal tissue has been used to isolate viruses and grow those viruses for vaccine production. Ninety-nine abortions were used to develop the Rubella vaccine. The two most common cell lines are MCR-5 and WI-38. They used 5 and 38 aborted fetuses respectively. Hundreds of abortions were used to develop other cell lines used in vaccines and other pharmaceuticals. The production of new cell lines continues today with the creation of Walvax-2 to replace the original cell lines that are dying with age. In order to obtain the tissue, the aborted fetus needs to be prepared within 5 minutes of being delivered or the tissue begins to degrade. Often the babies are still alive and their hearts are still beating when dissection starts. This is a problem for those morally, ethically, or religiously opposed to abortion. There are also health concerns with using aborted fetal tissue for vaccine production. Dr. Theresa Deisher has studied the issue and has found that fragmented retroviruses and tiny portions of fetal DNA contaminate the vaccine end product. These retroviruses are not recognized as foreign materials to be expelled because they are human in origin. Even animal based cell lines shed viruses that unintentionally end up in vaccines. SV40 from monkeys is one such virus that contaminated polio vaccines in the 1960s and has been implicated in human cancers. Dr Deisher also describes a phenomenon called insertional mutagenesis which means the DNA fragments are able to insert into a person's genome and cause genetic mutations. Vaccine manufacturers have never conducted studies to see if their products can cause mutagenesis or autoimmune

responses. The DNA levels found in vaccines are 100 times greater than needed to stimulate cytokine production which may lead to an immune dysfunction called cytokine storms (immune system overreaction that produces inflammatory chemicals in response to an infection). Cytokine storms can lead to organ failure and sepsis. Dr Russell Blaylock, a neurosurgeon, identifies our aggressive vaccine schedule as one cause of the overstimulation of the immune response. Following the CDC schedule, an infant will receive vaccines from aborted fetal lines at 2 months, 4 months, 6 months, 12-18 months, and then again when starting school.

Kalyn Tousey shared her personal experience with vaccines and why she feels it's important to keep this discussion open minded. She was vaccinated her whole life. Her senior year of high school she received her 3rd round of the HPV vaccine with Tdap at the same time. She had previous autoimmune issues and felt bullied by her doctor to get the shot. Kalyn was very sick within 2 weeks of getting those shots. She became allergic to temperature change, a condition named Temperate Induced Uticartia. She did not know this was a possibility and her doctor did not speak to her about the risks. She did not have informed consent. She was clean of HPV before the vaccine, but after the vaccine one of the high risk strains showed up in her body and she now has pre-cancerous cells, which she was told she would be protected from. Kalyn explained that to pretend this isn't happening, hurts people like her, who need to be heard and listened to so we can protect others. Kalyn wants everyone to have a choice about vaccines and informed consent.

5. **Approval of revisions to Sec.74-2. Of the Municipal Ordinances**

Kristen Johnson explained that she included a memo in the packet regarding the changes. There is an additional change - in Section A of the ordinance, where it states the medical advisor shall advise the Board of Health, we should replace that with the Health Department as the medical advisor works with the Health Department, not the Board. This is more in line with State Statutes as well. Casey Nelson asked if there had been a historical link between the medical advisor term and city health nurses. Debbie responded that in the early 90's there had been talk of Dr. Erdman being the health officer and medical advisor, so our assumption is that perhaps the nurse at the time did not have her Bachelor degree in Nursing or Public Health Certification. There is no current correlation between the two. Ryan Jennings made a motion to approve the amendment. Casey Nelson seconded the motion. Upon vote, the motion passed unanimously.

6. Change of Medical Advisor for the Health Department

A. Approval of Dr. Steve Stroman as Medical Advisor to the Board of Health, subject to approval of Agreement with BayCare Aurora, LLC.

Debbie explained that Dr. Erdman voluntarily resigned as our Medical Advisor and we have asked Dr. Steve Stroman and he has agreed to be our medical advisor. He is affiliated with Aurora and is also the advisor for the Fire

Department. He is very knowledgeable in Public Health. Kristen Johnson put the MOU together and received an email from Aurora with their changes to the agreement. We are still working out some insurance issues. This is currently a non-paid position.
Casey Nelson made a motion to approve the new medical advisor. Ryan Jennings seconded the motion. Upon vote, the motion passed unanimously.

B. Review and Recommendation to the City Council to Approve Board of Health Medical Advisor agreement with Baycare Aurora, LLC (d/b/a Aurora BayCare Medical Center)*

Ryan Jennings made a motion to approve the Medical Advisor Agreement. Teresa Gulyas seconded the motion. No Discussion. Upon vote, the motion passed unanimously.

7. Presentation of 2020-2025 Strategic Plan for the Health Department

Deborah Armbruster explained that our previous strategic plan ran from 2014-2019, so this year we needed to do planning for the next 5 years. We had 4 meetings which included the staff and some board members. Our entire department staff is new to this process. The Board of Health members, Dennis Hibray and Ryan Jennings, added interesting recommendations and comments. We will review this monthly at our department meetings and bring it up at the board of health periodically. Ryan Jennings added that the more the public knows about the Board of Health, the more support we will get. Casey Nelson questioned one of our weaknesses -"maternal child health program is not evidence based". Debbie explained that most maternal child health programs do not have an evidence-based program. We have looked into evidence-based programs, but they are short term, so we work more based on community need. We are not modeled after a specific evidence-based program. Dennis Hibray added that he would like to have the strategic plan on the agenda at least once or twice during the year.

8. Discuss having Board of Health meetings televised on the closed circuit TV

Ryan Jennings made a motion to table this item as Dr. McHenry is not in attendance and Ryan felt that doctor input on the matter would be valuable. Deborah Armbruster stated that the new medical advisor does not need to attend the meetings as they are not part of the board of health. Teresa Gulyas seconded the motion. Upon vote, the motion passed to table this item.

9. Community Health Updates regarding staff trainings, outreach activities and quarterly disease report

Dennis Hibray questioned the communicable disease comparison over the years. Debbie explained that that full year and the 5 year comparison will be in the March meeting packet. Dennis Hibray made a motion to receive and place on file. Casey Nelson seconded the motion. Upon vote, the motion passed unanimously.

10. Public Comments on Matters not on the Agenda

This item was previously completed.

11. Future agenda items

Debbie Armbruster clarified that the televised meetings would be on the future agenda item.

12. Adjournment

Casey Nelson made a motion to adjourn. Ryan Jennings seconded the motion. Upon vote, the motion passed unanimously.

Respectfully Submitted,
Kelly Burke
Health Department Office Assistant