Jo Daviess County Health Department • 9483 US Rt. 20 West • P. O. Box 318 • Galena, Illinois 61036

Jo Daviess County Health Department
Board of Health Meeting
Jo Daviess County Health Department Conference Room
Wednesday, June 9, 2021 @ 7:00 pm

MINUTES

1. **Call to Order:** Board President Peg Dittmar called the meeting to order at 7 pm.

2. **Roll Call -** Voice roll call was taken:
   Members present: Peg Dittmar, Merri Berlage, Don Hill, Hesper Nowatzki, Tracy Bauer, Lisa Haas, Dr. Barbara Kepner, and Tara Redfearn. All members present.
   Staff present: Marcia Christ and Samantha Rojemann
   Others Present: Other members of the public; Brandon Behlke and Michael Wampfler, DC

3. **Approval of Minutes**
   a) Minutes from the May 5, 2021 Board of Health Meeting: Merri Berlage motioned to approve the Board of Health Meeting minutes, Dr. Kepner seconded the motion. All were in favor, the motion carried.

4. **Citizens' Comments –** Dr. Michael Wampfler addressed board members, thanking them for their time and effort in trying to better the health of the community. Dr. Wampfler then distributed the attached documents and briefly reviewed the highlighted notations regarding the vaccinations; their effectiveness, and the risks versus the rewards. He asked that the Board of Health consider being a point of education, informing the public that there are in his opinion, safer treatment options available that have proven to be viable and effective, instead of being vaccinated.
   Peg Dittmar thanked Dr. Wampfler, expressing how much the board appreciated the information and that it is something they would discuss.
   This document along with all other information submitted during citizens' comments is kept on file at the Health Department

5. **Financial Reports – Public Health fund 003, PH Catastrophic Fund 046, and Animal Control fund 020:** April 2021 budget comparison financial reports were presented for review and discussion.

6. **Unfinished Business**

a. **Discussion regarding Board of Health Bylaws –** Following review and discussion of the Board of Health Bylaws; referring to Article VIII Meetings, members agreed to remove "not" from the last sentence of item #7, and the last two sentences of item #8, along with items a, b, and c.
Tracy Bauer made a motion then to approve the Board of Health Bylaws with the changes made, Hesper Nowatzki seconded the motion**.** All were in favor, the motion carried.

b. **Discussion regarding Health Department Employee Handbook**
Following further discussion; Board members will review the revised County Employee Handbook that was approved June 8, 2021, and the Agenda Item will be discussed again at the next Board of Health meeting.

c. **Discussion regarding Board of Health Committees**
Peg Dittmar stated that there were currently four committees of the Board of Health. Board members discussed and agreed that a Strategic Initiative Committee should be developed; the list of committees and appointed members are as follows:

1. **Personnel Committee**: Peg Dittmar, Merri Berlage, and Hesper Nowatzki
2. **Budget & Finance Committee**: Peg Dittmar, Merri Berlage, and Tracy Bauer
3. **Environmental Health Committee**: Per Dittmar, Tara Redfearn, and Lisa Haas
4. **Client care Committee**: Inactive at this time
5. **Strategic Initiative Committee** - Peg Dittmar, Dr. Barbara Kepner and Don Hill

d. **Discussion and possible action regarding COVID Grant reimbursement to Midwest Medical Center and Medical Associates**
Tracy Bauer discussed with board members the amount Midwest Medical Center had paid in staff wages and benefits totaling $36,051 for the 876.5 hours worked for those involved in helping to organize clinics and provide vaccinations, and whether this would qualify under the COVID grant. In regards to Medical Associates, Tara Redfearn stated it would be hard to calculate everything involved; considering the hours worked, education, and advertisement. Don Hill expressed there should be some token of thank you and gratitude for the help, not a reimbursement, and that the grant would have to be amended. Merri Berlage noted that they had volunteered, and that this should have been discussed prior. She mentioned too that they should also consider FHN who volunteered to help, as well as the Call Center made up of volunteers, set up by Chuck Pedersen. Don Hill recommended making an in-kind contribution to all involved if possible; Samantha Rojemann stated she thought the grant could be amended but was unsure what could be included.
Merri Berlage made a motion that when Sandra Schleicher is back from maternity leave she will need to review the COVID clinic activities/expenses per the grant. Tara Redfearn seconded the motion, all were in favor. The motion carried.

7. **New Business:** No new business for discussion at this time

8. **Administrator's Comments**:

- Samantha Rojemann took this time to update members on the number of vaccines administered, noting that 12,504 people in Jo Daviess County have been fully vaccinated. She also reviewed the number and percentages of those vaccinated within the different age groups.
- Samantha stated that Lori Stangl plans to hold a J & J clinic June 17th at the county jail. Tracy asked if it be possible to consider offering a clinic for Hispanics as well and providing education.
- Samantha stated she has completed the 2022 PHEP Grant in the amount of $41,875.
- Samantha mentioned to board members that with her Public Health degree; she is currently in training and will be transitioning into the Environmental Health department.

9. **President's Comments:** Peg stated she wanted to continue offering Zoom as an option in order to make it more convenient for members to attend the Board of Health meetings.

10. **Board Member Comments:** There was discussion as to what websites are available in order to receive more information on vaccines. Coronavirus.gov and flccc.net were recommended and to be made available on the county website.

11. **Citizen's Comments** – no citizen comments

12. **Next Scheduled Meeting Date:** July 7, 2021 @ 7:00 p.m.

13. **Adjourn:** Lisa Haas made a motion to adjourn the meeting at 8:13 p.m., seconded by Merri Berlage. All members in favor, the motion carried.

Thank you for all the time and Effort in your work in trying to better our communities health. since I have five minutes to talk I will read the highlighted section of my notes but provide the references and further reading to the members of the board

Reading your
Public Health Core Functions and 10 Essential Services I will read only the core function #2 and essential services #6 and #9

Core Function 1 – Assessment
Collecting and analyzing information about health problems.
Essential Service #1: Monitor health status to identify community health problems.
Essential Service #2: Diagnose and investigate health problems and health hazards in the community.

Core Function 2 – "Policy Development
Broad-based consultations with stakeholders to weigh available information and decide which interventions are most appropriate and ensure that the public interest is served by measures that are adopted."

Essential Service #3: Inform, educate, and empower people about health issues.
Essential Service #4: Mobilize community partnerships to identify and solve health problems.
Essential Service #5: Develop policies and plans that support individual and community health efforts.
Core Function 3 – Assurance
Promoting and protecting public interests through programs, events, campaigns, regulations and other strategies, and making sure that necessary services are provided to reach agreed upon goals.

Essential Service #6: ***Enforce laws and regulations that protect health and ensure safety.*** Essential Service #7: Link people to needed personal health services and assure the provision
of health care when otherwise unavailable.
Essential Service #8: Assure a competent public health and personal healthcare workforce.
Essential Service #9: ***Evaluate effectiveness, accessibility, and quality of personal and population-based health services.***
Essential Service #10: Research for new insights and innovative solutions to health problems.
Sources: The Future of Public Health, Institute of Medicine, 1988.
10 Essential Public Health Services, Core Public Health Functions Steering Committee, 1994.

In reviewing the last 5 Meeting notes there has been Great effort and discussion about getting people vaccinated - I've read little about the risks versus rewards of this experimental treatment

As a primary care physician licensed in the state of Illinois I am not licensed to prescribe or recommend any medicine - that being said the research that has been published for early treatment of SARS Cov2 needs to be discussed- I will simply point out three of the most documented treatment options and not speculate as to why the data is being ignored by our governing bodies.

budesonide
https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00160-0/fulltext

Ivermectin

https://assets.website-files.com/606d3a50c62e44338008303d/607708ef0ff74c66195482ec_IVERMECTIN-FINAL-FINAL-1-15-12-WITH-TABLES-FIGURES-compressed.pdf

Hydroxy chloroquine

Database of all HCQ COVID-19 studies. 298 studies, 222 peer reviewed, 248 comparing treatment and control groups. Submit updates/corrections below. HCQ is not effective when used very late with high dosages over a long period (RECOVERY/SOLIDARITY), effectiveness improves with earlier usage and improved dosing. Early treatment consistently shows positive effects. Negative evaluations typically ignore treatment time, often focusing on a subset of late stage studies. In Vitro evidence made some believe that therapeutic levels would not be attained, however that was incorrect, e.g. see [Ruiz].

I've given you one study that shows depending on the medications used, any where from 100% to 69% effective treatment for Covid-19

According to the Nuremberg Code's Ethical guidelines for research. 1,2,3,4,5,6&10

And now to point out two simple points about the experimental "vaccines "

TEN MEDICAL FACTS REGARDING THE
COVID-19 EXPERIMENTAL VACCINES Dr. Shelley Cole, Medical Director AFLDS

1. They are not acting like vaccines, according to the common definition of a vaccine.
The investigational COVID-19 vaccines were granted emergency use based upon reducing symptoms only and not based upon preventing transmission of SARS CoV2. Once the trials are completed, Moderna October 27, 2022 and Pfizer January 31, 2023, the data will be analyzed and at that time it may be possible to know if either or both vaccine candidates reduce viral transmission. There has never been a situation where a vaccine candidate was rolled out to millions of healthy people under such a bizarre set of facts.

2. The experimental vaccine only lessens symptoms.
The effective rates reported of 90% or above, refer to minimizing the symptoms of COVID-19, not immunizing you against the SARS CoV-2 virus. That is why the CDC is still recommending wearing the mask after you take the experimental "vaccine." You are still at risk of getting the virus. It is similar to taking Tylenol to reduce the pain of a headache not a cure or avoiding of the headache.
3. You do not need to be vaccinated if you have already contracted COVID-19.
Typically people who catch an illness develop natural, life-long immunity and there is no reason to think SARS-CoV-2 is different in this regard. Persons who already had COVID were excluded from the initial trials (which is strange given that now recommend it to people who already had the illness.) There is evidence the covid vaccine might actually be more dangerous for persons who have already had the illness in that they seem to develop an exaggerated reaction to the vaccine.
4. The experimental vaccine uses new technology never before used in a vaccine.
All current and past vaccines use antigens, something the body detects as

foreign to us. In total contrast, some of the COVID-19 vaccines use modified RNA to program our cells to make an antigen. Then, after our cells make the antigen, our immune system fights against it.
For the first time, the immune system is trying to attack something our bodies have made. Will the body consider it "self" or "foreign?" This needs to be studied dispassionately and carefully before dispensing to millions of healthy people worldwide. We know autoimmune disease will occur as it always does in some percentage of standard vaccines. But we are concerned it will be in much higher percentages with this new technology. Understand, you are agreeing to be in a medical study when you take any of the COVID-19 vaccines.
5. The "vaccine" may make you sicker than if you hadn't taken it, especially the elderly.
The vaccine may cause a paradoxical reaction, called ADE Antibody-Dependent Enhancement. These enhanced antibodies are extremely dangerous to people as they actually help the virus get into the cell! If the vaccinated person with ADE is later exposed to the virus, they will have a much more serious reaction than if they hadn't taken the vaccine. Studies show that the elderly may be more prone to ADE.
The previous unsuccessful attempts to create a vaccine against SARS-CoV1, MERS-CoV and RSV, all coronaviruses, all failed due to this antibody-dependent enhancement, or ADE.
6. Inflammation at the placenta of pregnant women who receive the vaccine have been reported. Caution if you desire future pregnancies.
The "vaccine" is designed to create antibodies to attack the viral s-protein. That protein is very similar genetically to the proteins made by the placenta. Some reported cases of inflammation have been made.
We urge extreme caution for those of you that desire future pregnancies. This reaction could affect future childbearing. We just do not know.
7. There are effective, safe, affordable prevention and treatment medications for COVID- 19.

During the pandemic, well over 250 studies have shown that hydroxychloroquine or ivermectin is a safe effective affordable medication to prevent and treat COVID-19. Additional supplements including Vitamin D, Vitamin C, Zinc and Quercetin have all been found to beneficial in the treatment of COVID-19.

For the cost of over-the-counter supplements, and a generic medication, usually less than $25, the majority of people can be treated. We know it makes much more sense to take medications that have been used billions of times across the world, that have been FDA approved for decades with unimpeachable safety record, than to try an experimental new technology. The non-Western world uses hydroxychloroquine liberally and enjoy 1% of the COVID-19 death rate of Western nations.

8. Deaths due to COVID-19 simply do not justify the use of any "experimental vaccine."

We now know the death rate for COVID-19 in all ages in the US. According to the CDC, the chance of surviving SARS-CoV-2 without any treatment at all: age 0-19 (99.997%) 20-50 (99.98%) 50-69 (99.5%) and >age 70 (95%.) 80% of deaths are over the age of 70 with an average of 2.6 other serious medical conditions. Only 6% of deaths occur in persons without known serious problems. The average age of death of a COVID-19 patient exceeds the average national life expectancy. Thus, most of the reported COVID-19 deaths died with COVID-19 not from it.

The death rate is very low for most people, similar to the seasonal flu. Would you be willing to take an experimental medication that reduced symptoms only for the flu? We should focus on the high- risk groups for deaths from COVID-19, those 70 years or older with multiple diseases.

9. ***The known risks of vaccines can be serious.***

Vaccines currently available have reported known risks including neurological diseases such as transverse myelitis, Bells' Palsy, multiple

sclerosis, autism, and Guillain-Barre. These have already been reported with the new COVID-19 "vaccines." The FDA limited the Phase 3 trials and shortened the traditional trial periods and now, the entire world's citizens are the subjects of the study.

We are administering the vaccine to people at low or exceedingly low risk of death. These risks need to be known and weighed before someone decides to take the vaccine.

10. The experimental vaccines should be compared to other therapeutic medications to accurately determine their risk vs benefit.

Whenever you take any medication, ask yourself, is the risk of taking this medication worth the benefit? If the "vaccine" can only lessen symptoms, it should be compared to other medications that do the same, like Tylenol or hydroxychloroquine.

The latter two win the risk vs benefit comparison hands down.

As of may 21st VAERS is reporting over 4400 deaths and based of if the million dollar Harvard study on the accuracy of VAERS we can assume that that number is grossly underestimated

The absolute risk, the relative risk and the number needed to vaccinate is the data that should be shared when informing for consent

Show pictures of risk

With having three effective treatments that are not experimental, have previously been used billions of times the legal moral and ethical thing to do is to cease using, distributing, and promoting this experimental vaccine.

Again I thank you for your efforts in helping the public in regards to health and I thank you in advance for your consideration of the data that should be considered before someone is is entering into an

experimental trial which is exactly what we are doing with these "vaccines".