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*Testimony before the Assembly Committee on Constitution and Ethics
State Senator André Jacque
March 3, 2021*

Chairman Wichgers and Committee Members,

Thank you for the opportunity to testify before you as the Senate author of Assembly Bill 23.

Rep. Thiesfeldt and I have introduced this legislation to ensure Public Health Officers and the Wisconsin Department of Health Services (DHS) are not able to require vaccination or require a person to show proof of vaccination for COVID-19.

Apprehension by the general public in receiving COVID vaccines is understandable, given that their development and approval was expedited at breakneck speed and not as robustly examined and tested for long-term effects. At this point in time, there is little to no information about the use of these vaccines in infants and children, or in pregnant or breastfeeding women. Vaccines can kill or make some people with auto-immune disorders, such as Guillain-Barre Syndrome, very sick. Forcing the vaccination of millions of young and healthy citizens who perceive themselves to be at an acceptably low risk from COVID-19 is ethically disputed.

We don't know how long immunity conferred by the vaccines lasts, none of the trials were designed to tell us if the vaccine prevents serious disease or virus transmission, and, we don't yet know if they have any adverse effects on various subpopulations. It is critical to protect individual freedom in medical decisions- government coercion in relation to a vaccine will do nothing to protect the public trust and assure citizens that their rights are being protected.

It is important to recall that through the inherent complexity and novelty of the virus, but also human error, the pandemic has created no shortage of uncertainty and misinformation, which has at times reflected poorly on government and cast doubt on both scientific and governmental authority. It should also be noted that mandatory vaccination does not automatically increase vaccine uptake. A European Union-funded project on epidemics and pandemics, which took place several years before COVID-19, found no evidence to support this notion. Looking at Baltic and Scandinavian countries, the project's report noted that countries "where a vaccination is mandatory do not usually reach better coverage than neighbour or similar countries where there is no legal obligation".

According to a mid-December ABC News/Ipsos poll, 61% of Americans believe their state shouldn't require that people get vaccinated to return to work or school, a number that rises to 63% among political independents. A successful roll-out of COVID-19 vaccines will require time, communication, and trust, not heavy-handed big government mandates.

Thank you for your consideration of Assembly Bill 23.



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TESTIMONY IN SUPPORT OF ASSEMBLY BILL 23 & ASSEMBLY BILL 25
ASSEMBLY COMMITTEE ON CONSTITUTION AND ETHICS
WEDNESDAY, MARCH 3, 2021
JULAIN K. APPLING, PRESIDENT

Thank you, Chairman Wichgers and committee members, for the opportunity to testify on Assembly Bills 23 and 25. Wisconsin Family Action supports these bills that address a critical issue in our state.

At the outset, I want to be perfectly clear that we take no position on whether or not an individual should take the COVID-19 vaccine or any other vaccine for that matter. We are not in any way dismissive of the virus. Like virtually everyone in our state, we have been affected by its reach in our own families and organization. We are not making any kind of judgment in this testimony as to the efficacy of or the necessity for the vaccine. That is not the point or purpose of these bills.

One issue we do have with any vaccine, including the COVID-19 vaccine, is whether or not the research, testing or production has involved the use of the cells or tissue or any body part of an aborted baby. And that reality does play into our position on these bills because people should be able to choose not to take a vaccine that in its development violates a person's core, deep-seated beliefs and convictions. That choice should be protected—and we believe it is—by the First Amendment of the US Constitution and by Article I, Section 18 of our Wisconsin Constitution, which gives unequivocal protection to the right of conscience:

Article I, Section 18, Wisconsin Constitution

*Freedom of worship; liberty of conscience; state religion; public funds. SECTION 18. [As amended Nov. 1982] The right of every person to worship Almighty God according to the dictates of conscience shall never be infringed; nor shall any person be compelled to attend, erect or support any place of worship, or to maintain any ministry, without consent; **nor shall any control of, or interference with, the rights of conscience be permitted**, or any preference be given by law to any religious establishments or modes of worship; nor shall any money be drawn from the treasury for the benefit of religious societies, or religious or theological seminaries. [1979 J.R. 36, 1981 J.R. 29, vote Nov. 1982] [emphasis added]*

We believe deciding to take a vaccine is a personal matter, even a matter of conscience. Individuals might also involve a doctor in their decision, but even that choice is up to the individual. No vaccine should ever be forced on people, not even during a declared “emergency.” As you will hear today and as you know, vaccines are potent pharmaceuticals. Every vaccine has a risk-benefit associated with it, and people are entitled to determine for themselves whether they want to assume the risk for any benefit the vaccine may bring.

In a country where the rule of law is supposed to be at the heart of how we do government, we cannot set aside the US Constitution or our state constitution, even during a health crisis. To the contrary, constitutions are meant to ensure protections even during the worst of times, and perhaps most especially during the worst of times. Giving government officials at any level of government the authority to mandate a vaccine threatens the rights of individuals, which our constitutions clearly protect. Assembly Bill 23 appropriately restricts that authority and ensures that the rule of law is respected.

When it comes to employers, the subject of Assembly Bill 25, we firmly believe employees do not forego their constitutional or legal rights when they sign on to work at a given company. Receiving a vaccine should not be a condition of employment. Consider the precedent that would be set if this prohibition in Assembly Bill 25 is not put in place. Right now, COVID-19 is the virus we are fighting. Tomorrow it could be something different for which scientists develop a vaccine. We could have situations where a person would need to get multiple vaccines just to have a job. To not prohibit this vaccine mandate would put us on the proverbial slippery slope—which seems to always take us further and take us faster than we ever imagined.

For those who would say that Wisconsin has three vaccine exemption options and that should be sufficient to cover the current vaccine situation, thereby making these bills unnecessary, I respond that we have learned over the last year that once a state or local official declares an “emergency,” safeguards and options we thought were available can be quickly set aside, legal or not. We have no confidence that without these specific prohibitions for vaccine mandates, that an employee claiming the personal conviction, religious or even medical exemption would have that exemption honored during a declared emergency. Likewise, for an individual citizen who decides to invoke one of these exemptions in general outside of an employment situation. Simply put, we need these specific safeguards.

Frankly, our only concern with these bills is that they are specific to the COVID-19 vaccine. We believe they should be more generally applicable, so we do not have to revisit this issue for any future health crisis we face in the state.

Individuals and families are being asked to deal with a great deal right now. They should not have to be concerned that they will be violating a law if they decide not to take the COVID-19 vaccine, and they should not have to be concerned that their employment would be in jeopardy should they decline the vaccine. Enacting Assembly Bills 23 and 25 would ensure authority would not be abused, would uphold the rule of law, and would help families avoid additional stress. We urge this committee to pass these bills quickly and move them to the full Assembly where we hope they will receive swift passage.

Thank you for your attention and thoughtful consideration of our position on these bills.



Submission to the Wisconsin Assembly Committee on Constitution and Ethics Public Hearing on
3/3/2021 at 10:00 am

By Judith Jolly, RN, BSN – Co-Founder – Vaccine Choice Wisconsin
www.vaccinechoicewi.org

Vaccine Choice Wisconsin supports both AB 23 and AB 25 and respectfully request that the Assembly, as a whole, make it a priority to ensure that no one is forced to receive any pharmaceutical product as a condition of employment, education or as a condition to participating in society.

While we realize that these bills are specific to vaccines targeting the SARS-CoV-2 virus, we request that this committee consider amending these bills to prohibit mandates for all vaccines.

Vaccines are liability-free pharmaceutical products. In most cases, if you or your loved one are injured or die as a result of vaccination, you can't sue the drug maker for damages. Instead, you must file for compensation from the government through the Federal Vaccine Injury Compensation Program or VICP. However, two-thirds of people who file a VICP claim are denied compensation. And even for those who do receive compensation, it is an uphill battle. Still, this is much better than what a person who is injured from a COVID-19 vaccine will face.

In the U.S., vaccine manufacturers are shielded from liability under the 2005 Public Readiness and Emergency Preparedness (PREP) Act if a vaccine or drug developed in response to a health emergency like a pandemic causes the death or permanent injury of an individual who receives it. COVID-19 vaccines fall into this category and those persons harmed by these vaccines are prevented from suing the drug maker. Instead, they must file a claim with Countermeasures Injury Compensation Program, or CICP, within 1 year of injury or death of a loved one.

Here are a few facts about the CICP program that most individuals are not aware of:

- Unlike the VICP where attorneys' fees are covered by the program, anyone who attempts to file a claim with the CICP must pay their own fees for any legal representation or medical experts. Dependent on the situation, these fees could cost a person tens or hundreds of thousands of dollars. Few people have the means to cover these costs, which is likely why only about eight percent of people who have filed a claim with the CICP have been successful in obtaining any financial compensation.
 - The CICP does not award compensation for pain or suffering caused by the injury. While the program covers lost wages, compensation for future lost wages is capped at \$50,000.
 - The CICP is the payer of last resort. The U.S. Health Resources and Services Administration (HRSA), which is the administrator of the program, can wait to see if any life insurance or private insurance coverage pays first, then Medicaid/Medicare and Social Security disability. Only after all other payer sources have paid out benefits will
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the CIRC compensate. This means that if a person dies as a result of the COVID-19 vaccine and CIRC determines the death benefit to be \$350,000, the estate may not receive anything close to that amount if other benefits pay first. For example, if private life insurance pays the estate \$300,000, CIRC would only be required to pay the difference - \$50,000.

- If HRSA, the program's administrator, declines to compensate a claim, there is no appeals process. Given that a person would be required to pay all legal costs and costs associated with hiring any medical experts to support their injury claims, most who are injured will likely not wish to lose more by filing, especially given the fact that so few people who file ever receive any assistance.

According to data pulled from the Vaccine Adverse Events Reporting System (or VAERS) using the MedAlerts search program, as of February 18, 2021, COVID-19 vaccines have been associated with nearly 20,000 adverse events. This includes over 4,100 emergency room visits and nearly 2,300 hospitalizations. Nearly 3,800 reports were classified as serious, 755 were classified as life-threatening, and there have been nearly 1,100 deaths associated with COVID-19 vaccines. Some deaths have occurred within minutes of vaccination. Given that only between 1 and 10 percent of adverse events are ever reported to VAERS, the number of vaccine reactions and deaths are likely significantly higher than what is being reported.

There are still so many unknowns regarding COVID-19 vaccines. In clinical trials of both the Pfizer and Moderna mRNA vaccines, as well as the newly authorized Johnson and Johnson-Janssen non-replicating viral vectored COVID-19 vaccine, assessments were not conducted to find out whether these vaccines would prevent infection with and transmission of the SARS-CoV-2 virus but rather how well they could prevent or minimize symptoms of COVID-19 disease.

There is no evidence to suggest the vaccines will have any effect in terms of protecting people from getting the virus and spreading it. We are being told to get the vaccine, but if we do get the vaccine, we are told that we must still mask, or double mask, and stay 6-feet apart from people. This is because there is no evidence that the vaccine is capable of stopping the transmission of SARS-CoV-2 virus.

While clinical trials report these vaccines to be highly effective, we have no data on how long vaccine acquired immunity persists. In their quarantine guidance released on February 11, 2021, the CDC stated that fully vaccinated people, which are individuals who have received two doses of COVID-19 mRNA vaccine, who are exposed to SARS-CoV-2 through close contact are not required to quarantine as long as vaccination has occurred within three months and they remain asymptomatic. This means the CDC currently believes that these vaccines might be effective for a period of three months.

New variants of SARS-CoV-2 are emerging daily. These include, the UK, South African, Brazilian, Southern California and the novel New York variant. Vaccine makers are racing to update their COVID-19 vaccines because studies are indicating that the current vaccines aren't capable of offering protection against all of these emerging variants. This will likely mean that in addition to the COVID-19 vaccines currently in use, recommendations will also be made for one or more additional vaccine doses for every new variant of concern. Both Moderna and Pfizer-BioNTech

have already outlined plans to start testing the use of a third vaccine dose, to be administered between 6 and 12 months after receipt of the first two doses. J&J/ Janssen Pharmaceuticals, whose viral vector vaccine was authorized for use on February 27, 2021, have already begun testing of a booster dose. It appears as though the vaccine makers are not optimistic that their vaccines will have any long-term effectiveness, or be capable of offering protection against the emerging variants.

In addition to the lack of long-term effectiveness data, there is also a lack of safety data. As we are all unique, in most cases, it is usually not known in advance if someone might be harmed from these products. Messenger RNA vaccines have never been approved for wide-spread use and there is the real potential that they may trigger novel health conditions that we have not yet previously seen.

Further, while it is highly concerning that we have limited safety and effectiveness data on these vaccines, it is equally disturbing that all COVID-19 vaccines currently being administered under Emergency Use Authorization are produced and/or tested with cell lines that originated from aborted children. Both Pfizer-BioNTech and Moderna used HEK 293 cells in their COVID-19 vaccine research and development. HEK (Human Embryonic Kidney cells) 293 refers to the number of aborted fetal experiments completed prior to establishing the cell line. This means that 293 aborted babies were experimented on to produce this one particular cell line.

The J&J/Janssen COVID-19 vaccine uses PER.C6 cells, which are cells from a proprietary cell line developed in 1985 from retinal cells of an 18-week-old aborted baby. These cells remain in the final vaccine product. Given that many people oppose abortion and the use of aborted baby cells in any product, including vaccination, it would be unconscionable to require that a person with such firmly held beliefs be forced to receive such a product as a condition of employment or participation in society.

Recent surveys of healthcare workers, essential workers, nursing home staff, long term care employees, and firefighters report that between 20 and 60 percent say they would not take a COVID-19 vaccine. Wisconsin is currently experiencing a shortage of nurses and other frontline healthcare workers, and we can't afford to lose these critical professionals. AB 23 and 25 can ensure that ALL of our healthcare and frontline heroes can continue to serve in our communities.

Vaccine Choice Wisconsin urges this committee and the Assembly as a whole to make it their priority to ensure that no one is forced to receive a COVID-19 vaccine – or any vaccine or pharmaceutical product – as a condition of employment or living freely in our great state.



March 3, 2021

Good morning. My name is Denise Brusveen. I am a wife and mother of three, residing near Poynette, Wisconsin. I earned my master's degree from UW-Madison focusing my research on reproductive physiology and have served the greater Madison area as a birth doula and childbirth educator since 2010. I am also a co-founder of the organization Vaccine Choice Wisconsin. I am here today in support of AB23 and AB25.

I am deeply concerned at the thought of any government official requiring individuals to be vaccinated against their will. I was actually put in a position to do just that last year. I am a member of the Columbia County Board of Supervisors, and I was appointed to our county's Ad Hoc Ordinance Review and Recodification Committee last July. Our healthcare center director attempted to slip language into our ordinances during that process that would have required not only a COVID vaccination but ALL CDC recommended vaccinations for county employees working at the healthcare center. Her proposed revision completely left out any provision for religious, philosophical, or medical exemptions. The language stated that failure to receive these vaccinations would be considered voluntary resignation. Just a few days later, an area doctor reached out to me asking if I was aware of this attempt to change policy because several of her patients had come to her highly concerned. Thankfully I was able to answer her that our committee voted NOT to add the language to our ordinances because they, too, value an individual's right to choose what goes into their body.

I am here today asking you to strengthen our state's legislation so that this isn't even an option to consider in our counties, municipalities, and private businesses. In fact, I implore you to go one step farther with your legislation. I would ask that you amend AB23 and AB25 to include not just the COVID vaccine, but ALL vaccines. We know that this is not going to end with COVID. It is only a matter of time before another virus or variation of this virus is on the horizon, and we will be back here all over again fighting for the same rights during the next public health emergency unless you broaden this language now.

Additionally, by broadening the language in both bills to include all vaccines, people would be protected from being forced to receive any other vaccine that already exists. Statewide, we are experiencing a shortage of nurses; however, individuals who are unwilling to receive the CDC-recommended vaccines are prohibited from entering nursing school, and most hospitals and clinics require annual flu shots in order to remain employed at their facility. So, then, is it any wonder that the only messaging we hear from the medical community is that we ALL need all vaccines?

The medical community is setting the tone for other employers in Wisconsin. In fact, during our discussions on my county board committee, an individual justified adding the vaccine requirements to our ordinances because her son works at a hospital, and they require them.

This is not ok. It is time that we let individuals make decisions for themselves. Nobody cares about an individual more than that individual could care about themselves. And I have grave concerns when it comes to our pharmaceutical companies and other supposed experts claiming to have our best interest in mind with "safe and effective" products.

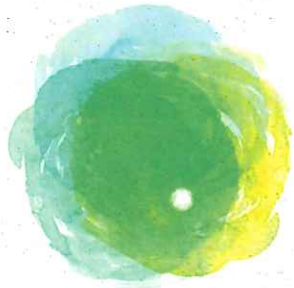
I have personally witnessed corruption between pharmaceutical companies and researchers. In graduate school, a company funded a study for our lab to compare their product to several competitors' products, fully expecting that their product would be best. When it wasn't, they threatened to pull their funding from our lab if my professor published the research. Thankfully, he did the right thing and published the research anyway. How many times is information being swept under the rug in the high stakes area of vaccines though? As I read the studies that ARE published, I find myself becoming more and more angry at the manipulation of parameters and results. It is these faulty studies that the CDC relies on to make their recommendations.

To an individual that has been injured or has had a family member injured, those studies really don't matter though. Their personal experience is enough for them to choose to forego one or more vaccines. That is their sovereign right, and it is time that our legislation upholds that right.

Again, I ask you to please pass AB23 and AB25, with the inclusion of all vaccines in the language.

Respectfully submitted,

Denise Brusveen
Poynette, WI
denise@vaccinechoicewi.org



ProLife
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Testimony in Support of Assembly Bill 23: prohibiting DHS and local health officers from mandating vaccination against the 2019 novel coronavirus

Testimony in Support of Assembly Bill 25: prohibiting employers from mandating vaccination against the 2019 novel coronavirus

**Assembly Committee on Constitution and Ethics
By Matt Sande, Director of Legislation**

March 3, 2021

Good morning Chairman Wichgers and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin (PLW). Thank you for this opportunity to express our support for Assembly Bill (AB) 23, legislation prohibiting the state Department of Health Services (DHS) and local public health officers from requiring individuals to receive vaccination against the 2019 novel coronavirus, and our support for Assembly Bill (AB) 25, legislation prohibiting employers from requiring employees or prospective employees to receive vaccination against the 2019 novel coronavirus.

As Operation Warp Speed races forward in the production and deployment of safe and effective vaccines for the novel coronavirus, it is imperative that we lay down firm ethical parameters around this effort. On October 13, 2020, the national Personhood Alliance (PA) published its official position on vaccine ethics, the culmination of two months of work by PA affiliate representatives from eight states, both Catholic and evangelical, and independent physician reviewers including Alan B. Moy, MD, President and Scientific Director of the John Paul II Medical Research Institute in Iowa.

As a founding board member of the Personhood Alliance, I participated in crafting the position throughout August and September 2020 as a working member of the PA Vaccine Ethics Committee. Our position was formally approved by the PA Board of Directors and subsequently by the PLW Board of Directors.

The Personhood Alliance/Pro-Life Wisconsin vaccine ethics position **1) opposes**, and deems morally unacceptable, the production and testing of vaccines using the remains of aborted human beings, and **2) affirms** the rights of all people to refuse medical treatment and to reject violations of their and their family members' bodily integrity, moral conscience, and Constitutional protections through forced or coerced vaccines.

Assembly Bill(s) 23 and 25 specifically reinforce our vaccine ethics position. For the many Wisconsinites who earnestly avoid any entanglement in the abortion industry, forcing them to receive a vaccine produced from or tested using aborted fetal cells is repugnant – a total

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violation of conscience. The Pfizer/BioNTech and Moderna Covid-19 vaccine development and deployment are a case in point. While both are ethically derived/produced, both are being unethically tested using HEK293 aborted fetal cells harvested from the kidney of a preborn baby aborted in the Netherlands in 1973. And the newly authorized Janssen/Johnson & Johnson Covid-19 vaccine uses the abortion-derived cell line PER.C6 in its development and production. PER.C6 is a proprietary cell line owned by Janssen, a subsidiary of Johnson & Johnson, that was developed from the retinal cells of an 18-week-old aborted fetus in 1985. One can see this all clearly on the Charlotte Lozier Institute website at <https://lozierinstitute.org/update-covid-19-vaccine-candidates-and-abortion-derived-cell-lines/>

The PA/PLW standard is high, eschewing both unethical *production* and *testing*, because if we continue to allow the use of aborted human beings in therapeutic development, *in any manner*, legal abortion will continue unabated. Accordingly, many pro-life Wisconsinites reject use of the Pfizer, Moderna, and Janssen COVID-19 vaccines and would vehemently oppose any state or employer mandate of their use. And whether or not a vaccine is ethically produced and tested, it is unethical, and highly offensive, for the state, an employer, or anyone to force it on an individual who may strongly resist it for a variety of health, conscience, religious, or personal reasons. It is a direct, physical assault on that person's bodily integrity. Such an assault can leave a deep emotional and psychological impact, inducing intense fear, distrust, and anger.

Persuasion is the way vaccine campaigns must be conducted, especially in America where our civil liberties are sacrosanct...where personal autonomy and medical informed consent are bedrock principles. Coercion severely undermines the public trust in our medical and public health authorities and tramples on our cherished rights, including our First Amendment right to freely exercise our religious beliefs, our Fourteenth Amendment guarantee of liberty and due process of law, and our Article 1, Section 3 Wisconsin constitutional guarantee of freedom of worship and liberty of conscience. 18

Thank you for your consideration, and I am happy to answer any questions committee members may have for me.

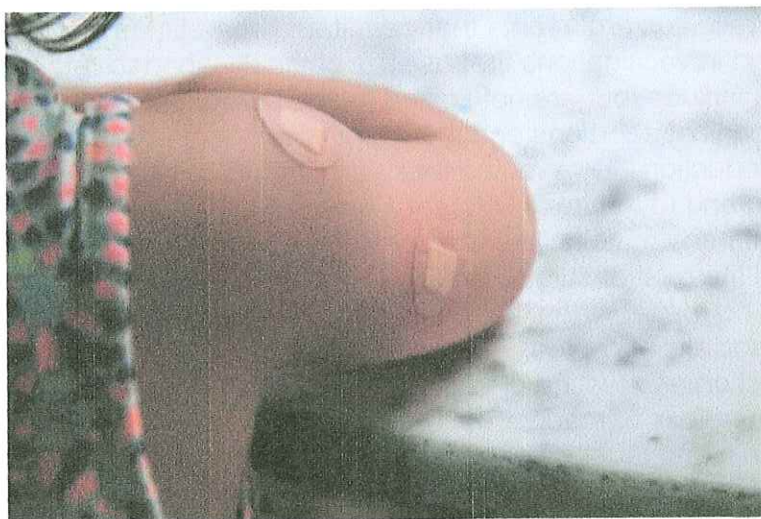


The Personhood Alliance's official position on vaccine ethics

The most current information on unethical and ethical COVID-19 vaccine candidates can be found [here](#).

The Personhood Alliance's official position on vaccine ethics is a culmination of 2 months of committee work, which included affiliate representatives from eight states, both Catholic and evangelical, and independent physician reviewers. The committee's recommendation was unanimously approved by the Personhood Alliance's national board of directors.

To read and share our press release, [click here](#). For questions or clarification, please contact us at info@personhood.org.



10 foundational tenets

WHEREAS:

- 1) Many vaccines are still produced and/or tested^[1] using human diploid cell cultures originally harvested from aborted human beings (hereby referenced as unethical vaccines),^{[2] [3] [4]} which in turn, has had an impact on families' access to common, ethically produced vaccines at present; Researchers have developed several new fetal cell lines from aborted human beings to supplement or replace the original fetal cell lines.^{[5] [6] [7] [8]}
- 2) Remnants of the DNA of aborted human beings are present in unethical vaccines^[9] and researchers are currently studying the level of risk to patients receiving these vaccines and the manufacturing protocols necessary to reduce this risk,^[10] with guidance from the FDA.^[11]
- 3) Some pharmaceutical companies are moving away from unethical production and testing of vaccines because of public pressure,^[12] but more must be done to produce ethical vaccines—that is, derived from animal, plant, synthetic, or human cells from consenting adults—and demand ethical alternatives of more companies, particularly when taxpayer funding is involved.^[13]
- 4) Interdenominational church positions on the use of unethical vaccines may differ,^{[14] [15] [16] [17] [18] [19]} but our common goal of ethical production and testing of vaccines remains. The Personhood Alliance seeks to find unity among various positions, where biblical personhood and the Word of God can be our foundation and where the rights of persons remain intact—the rights of born persons not to be forced to violate their own bodily integrity and/or moral conscience and the rights of pre-born persons not to be trafficked, commodified, and/or experimented upon without their consent.
- 5) There are religious arguments that permit and sometimes encourage participation in vaccinations that use the originally aborted fetal cell lines; These arguments include, but are not limited to, the amount of time that has passed since the original abortions and the intent of the original abortions not being for vaccine production.^{[20] [21]} We find these arguments to be in error. Christians must demand an end to the trafficking and commodification of human beings at all stages of life and must not participate or accept practices that perpetuate and encourage the relationship between abortion, biomedical science, and human trafficking, no matter when that connection was initiated or how long a practice has been socially accepted.
- 6) The production and testing of vaccines using the remains of aborted human beings, regardless of manner of conception and without their consent, is morally unacceptable and must be opposed. The Personhood Alliance strongly urges the rejection of such vaccines.
- 7) The right of bodily integrity and the right to refuse medical treatments for moral, religious, health, or other reasons,^[22] must remain intact and protected by law when an individual considers whether to vaccinate or not. Bodily integrity emphasizes the importance of self-ownership and self-determination of human

beings over their own physical bodies. The Personhood Alliance regards the violation of bodily integrity as unethical and intrusive.

- 8) Humans are made in the image and likeness of Almighty God (Genesis 1:26-27); We have a duty to honor and care for the body God has given us as a temple of the Holy Spirit (Romans 12:1, 1 Corinthians 3:16, 1 Corinthians 6:20, 1 Corinthians 10:31) and therefore, to force or coerce a person to administer a substance into their body against their will is a violation of their biblical personhood. Such mandates and coercions are also a violation of the dignity of the human person, because freedom of religion and freedom of conscience are fundamental to human dignity.^[23]
- 9) Parental decisions regarding vaccinations of children must be determined by the family and not by the State, according to biblical mandate (Romans 13:1-7) and legal precedent;^{[24] [25]} the family and the Church are legitimate authorities distinct from the civil magistrate and as such, the Personhood Alliance rejects the subordination of the family and Church to the State in these matters.
- 10) Threats to religious freedom, as well as compelled speech,^{[26] [27]} in relation to forced or coerced vaccinations,^{[28] [29]} are already a reality in several states.^{[30] [31] [32] [33] [34] [35] [36]} The Personhood Alliance is seeing increasing trends toward mandated vaccines with little to no exemptions for moral or religious objection. We stand against these Constitutional violations. The Christian conscience, bodily integrity, and the personhood of the human being must be protected.

On the basis of these 10 points, BE IT RESOLVED that:

The production of a vaccine or any medical therapy derived from the remains of a human being intentionally killed is wholly unethical and should be made unlawful. The Personhood Alliance affirms the inalienable right to life of pre-born human beings, regardless of the manner of conception, and thus, their right not to be trafficked, commodified, and/or experimented upon. The Personhood Alliance also affirms the rights of all people to refuse medical treatment and to reject violations of their and their family members' bodily integrity, moral conscience, and Constitutional protections through forced or coerced vaccines.

Be it FURTHER RESOLVED that:

The Personhood Alliance affirms that, while the family, the Church, and the State have distinct spheres of authority, the State is subordinate to the family and the Church in matters of vaccination. Therefore, we acknowledge that Christians of all stations have a duty to reject unethical vaccines, to inform others of the connection between abortion, human trafficking, and biomedical science, and to publicly demand that ethical alternatives be produced, tested, and brought to market by pharmaceutical companies and public health officials.

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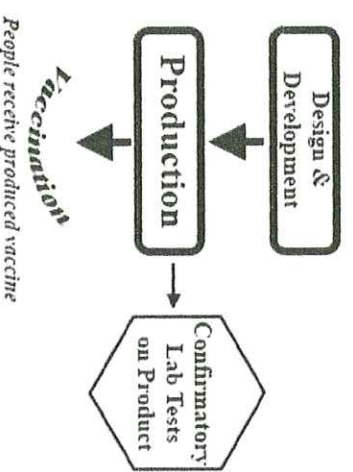
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Update: COVID-19 Vaccine Candidates and Abortion-Derived Cell Lines

Accurate information about the development and production of COVID-19 vaccines is essential, especially because many proposed candidates use newer molecular technologies for production of a viral vaccine. One concern regarding the ethical assessment of viral vaccine candidates is the potential use of abortion-derived cell lines in the development, production or testing of a vaccine. This analysis utilizes data from the primary scientific literature when available, along with data from clinical trial documents, reputable vaccine tracking websites, and published commercial information.¹ It is the hope that by providing accurate data, recipients can make well-informed decisions regarding vaccine choices.

For additional background and guidance, please see:

- * [A Visual Aid to Viral Infection and Vaccine Production](#) for a visual primer on the various strategies for viral vaccine production.
- * [COVID-19 Vaccines & Fetal Cell Lines](#) for an infographic description of how fetal cell lines are sometimes used to produce vaccines.
- * [Chart of Operation Warp Speed Vaccines](#) streamlined view of the leading vaccine candidates.



Flow Chart for Creation and Testing of Vaccines

Design & Development: conceptualization, preparatory experiments, and specification for how vaccine will be constructed and produced.
Production: process used to manufacture final vaccine to be given to people.
Confirmatory Lab Tests on Product: tests to analyze quality, nucleic acid or protein sequence, protein confirmation, antibody reactivity, etc. of final vaccine product.
Vaccination: giving final produced vaccine to people.

Analysis of SARS-CoV-2 (COVID-19) Vaccine Candidates













Last Updated 4 January 2021

Sponsor(s) ¹	Country	Strategy ²	Clinical Trial Status ³	Public Funding ⁴	Design & Development	Production	Confirmatory Lab Tests
Beijing Institute of Biological Products/ Sinopharm	China	Inactivated virus "BBIBP-CoV"	Phase 3		Vero monkey cells	Vero monkey cells	Cytopathic test
WHOLE VIRUS VACCINE – LIVE ATTENUATED or INACTIVATED							

DOES NOT USE abortion-derived cell line
 DOES USE abortion-derived cell line
 SOME tests DO NOT use abortion-derived cells, SOME DO.
 Currently undetermined

VIRAL VECTOR-BASED VACCINE

VIRAL VECTOR-BASED VACCINE								
Alimmune	USA	Replication-deficient Adenovirus vector "ADCOVID" Given: Intranasal	Pre-clinical			PER.C6 cells	PER.C6 cells Same platform as NasoVAX NasoVAX uses PER.C6 Licensed PER.C6 from Janssen	
AstraZeneca University of Oxford	USA UK	Replication-deficient Adenovirus vector "AZD1222" "ChAdOX1nCoV-19" Given: Intramuscular 2 doses (4 weeks apart)	UK EUA granted India EUA granted Phase 3 Phase 3 Phase 3 Phase 2/3 Phase 1/2 Phase 1/2 Phase 1/2	<i>Operation Warp Speed</i> HHS-BARDA \$1.2 Billion CEPI up to \$384 Million	HEK293 cells	HEK293 cells van Dorren et al. Nature preprint 30July2020		
Cansino Biologics, Inc. Beijing Institute of Biotechnology, Academy of Military Medical Sciences, PLA of China	China	Replication-deficient Adenovirus vector "Ad5-nCoV" Given: Intramuscular 1 dose	Phase 3 Phase 3 Phase 2 Phase 2 Phase 1 Phase 1 Phase 1		HEK293 cells	HEK293 cells Biospace 12May2020		
Gamaleya Research Institute	Russia	Replication-deficient Adenovirus vectors (rAd26-S+rAd5-S) "Sputnik V" Given: Intramuscular 2 doses (3 weeks apart)	Phase 3 <i>Early approval in Russia</i> August 2020 Phase 1/2 Phase 1/2 Phase 1/2		HEK293 cells	HEK293 cells		
ImmunityBio and NantKwest	USA	Replication-deficient Adenovirus vector recombinant "hAd5 S-Fusion + N-ETSD" Given: Subcutaneous	Phase 1		E.C7 cells (derivative of HEK293 cells) Rice et al. bioRxiv 30July2020	E.C7 cells (derivative of HEK293 cells) Rice et al. bioRxiv 30July2020	Protein and antibody tests HEK293T cells	

Institut Pasteur and Thémis and Merck	USA France	Replication-competent recombinant measles virus "V591" (formerly "TMV-083") Given: Intramuscular 1 or 2 doses (4 weeks apart)	<u>Phase 1/2</u> <u>Phase 1</u>	CEPI up to \$4.9 Million	 <p>HEK293T Development and rescue of recombinant measles virus Hörner et al., PNAS 22Dec2020 Hörner et al. Supplement</p> <p>"SARS-CoV-2 S-encoding vaccine candidates... were generated as described previously"</p>	 <p>Vero monkey cells Hörner et al., PNAS 22Dec2020 Hörner et al. Supplement</p>	 <p>Lentiviral vectors for antigenic DC Fusogenic test HEK293T Fusogenic test S protein expression Vero monkey cells Hörner et al., PNAS 22Dec2020 Hörner et al. Supplement</p>	<p>Rice et al., bioRxiv 30July2020 Seiling et al., medRxiv 6Nov2020</p>
Israel Institute for Biological Research (IIBR)	Israel	Replication-competent recombinant vesicular stomatitis virus (VSVΔG) "IIBR-100" Given: Intramuscular 1 dose	<u>Phase 1</u>		 <p>BHK hamster cells Vero monkey cells Yahalom-Ronen et al., bioRxiv 19June2020</p>	 <p>Vero monkey cells Yahalom-Ronen et al., bioRxiv 19June2020</p>	 <p>Plaque reduction; immunofluorescence Vero monkey cells Yahalom-Ronen et al., bioRxiv 19June2020</p>	
Janssen Research & Development, Inc. Johnson & Johnson	USA	Replication-deficient Adenovirus vector "Ad26.COV2-S" Given: Intramuscular 1 or 2 doses (8 weeks apart)	<u>Phase 3</u> <u>Phase 3</u> <u>Phase 1/2</u>	<p>Operation Warp Speed HHS-BARDA \$1,457,887,081 total</p>	 <p>PER-C6 cells Tostanoski et al., Nature Medicine, 3Sept2020 Mercado et al., Nature 30July2020 J&J, 30March2020 Janssen Vaccine Technologies</p>	 <p>PER.C6 cells Tostanoski et al., Nature Medicine, 3Sept2020 Mercado et al., Nature 30July2020 J&J, 30March2020 Janssen Vaccine Technologies</p>		
Merck and IAVI	USA	Replication-competent recombinant vesicular stomatitis virus (VSVΔG) "V590" Given: Intramuscular	<u>Phase 1</u>	<p>Operation Warp Speed HHS-BARDA \$38,033,570</p>	 <p>Vero monkey cells</p>	 <p>Vero monkey cells Use rVSV Ervebo platform</p>		










							<i>Eurobo uses Vero cell culture-11 Description</i>	
Shenzhen Geno-immune Medical Institute	China	Lentivirus minigenes + Adult human APC (antigen-presenting cells)	Phase 1					
Shenzhen Geno-immune Medical Institute	China	Lentivirus minigenes + Adult human CD/T cells (dendritic cells and T cells) "LV-SMEMP-DC"	Phase 1/2					
Vaxart	USA	Replication-deficient Adenovirus vector "VXA-CoV2-1" plus dsRNA adjuvant Given: Oral	Phase 1					

PROTEIN-BASED VACCINE

Anhui Zhifei Longcom Biopharmaceutical/Institute of Microbiology, Chinese Academy of Sciences	China	Protein vaccine Recombinant RBD dimer plus adjuvant Given: Intramuscular 2 or 3 doses (30 days apart)	Phase 3 Phase 2 Phase 1/2 Phase 1					
Clover Biopharmaceuticals, Inc.	China	Protein vaccine "SCB-2019" plus adjuvant CpG 1018 Given: Intramuscular	Phase 1	CEPI up to \$69.5 Million				
Federal Budgetary Research Institution State Research Center of Virology and Biotechnology "Vektor"	Russia	Protein vaccine "EpiVacCorona" chemically synthesized peptide antigens of	<i>Early approval in Russia Oct 2020</i>					

			“T-VIVA-19” SARS-Cov-2 spike protein S1 domain fused with human IgG-Fc Given: Intramuscular			DNA fragment developed in lab Herrmann et al. bioRxiv preprint 30June2020	CHO cells Herrmann et al. bioRxiv preprint 30June2020	Antibody ELISA; Neutralization assays Vero monkey cells Herrmann et al. bioRxiv preprint. 30June2020	
Sorrento	USA	Protein vaccine “STI-6991” SARS-Cov-2 spike protein expressed on K562 cells	Pre-clinical			?	K562 cells Concept: H et al. Medicine in Drug Discovery March2020	?	
University of Pittsburgh	USA	Protein vaccine Adenovirus-expressed recombinant proteins “PittCoVacc” Given: Microneedle arrays	Pre-clinical			HEK293 cells	HEK293 cells Kim et al. EBioMedicine. 2April2020		
University of Queensland and CSL Ltd.	Australia	Protein vaccine “V451” Recombinant protein with proprietary molecular clamp Given: Intramuscular	HALTED Phase 1 Phase 1 Phase 1	CEPI up to \$4.5 Million			exp:CHO hamster cells	?	
RNA VACCINE									
Arcturus Therapeutics	USA	mRNA vaccine self-transcribing, replicating “LUNAR-CoV19” (“ARCT-021”) <i>in vitro</i> transcription reaction with T7 RNA polymerase from STARR plasmid template LUNAR proprietary lipid nanoparticle encapsulated Given: Intramuscular 1 dose	Phase 2 Phase 1/2			Sequence designed on computer	No cells used de Alwis et al. bioRxiv. 3Sep2020	protein test HEK293 de Alwis et al. bioRxiv 3Sep2020	

CureVac	Germany	mRNA vaccine non-replicating "CVnCoV" <i>in vitro</i> transcription lipid nanoparticle encapsulated Given: Intramuscular 2 doses (4 weeks apart)	Phase 2/3 Phase 2 Phase 1	CEPI up to \$15.3 Million	Sequence designed on computer	No cells used Rauch et al., bioRxiv 23Oct2020	Protein test Reticulocyte lysate, HeLa cells Rauch et al., bioRxiv 23Oct2020
Moderna, Inc. with National Institutes of Health	USA	mRNA vaccine non-replicating "mRNA-1273" T7 RNA polymerase-mediated transcription from DNA plasmid template LNP (lipid nanoparticle) encapsulated Given: Intramuscular 2 doses (4 weeks apart)	FDA Emergency Use Authorization Approved Phase 3 Phase 2 Phase 1	<i>Operation Warp Speed</i> HHS-BARDA \$2,479,894,979 total CEPI up to \$1 Million	Sequence designed on computer	No cells used Corbett et al., Nature, 5Aug2020	protein test & pseudovirus HEK293 cells Corbett et al., Nature, 5Aug2020
Pfizer and BioNTech	USA Germany	mRNA vaccine non-replicating "BNT-162a1,b1,b2,b3,c2" nucleoside-modified mRNA <i>in vitro</i> transcribed by T7 polymerase from a plasmid DNA template LNP (lipid nanoparticle) encapsulated Given: Intramuscular 2 doses (3 weeks apart)	FDA Emergency Use Authorization Approved UK EUA granted Phase 2/3 Phase 1/2 Phase 1/2 Phase 1 Phase 1	<i>Operation Warp Speed</i> HHS-BARDA \$1.95 Billion	Sequence designed on computer	No cells used Vogel et al., bioRxiv 8Sept2020	protein test & pseudovirus HEK293 cells Vogel et al., bioRxiv 8Sept2020
Sanofi Pasteur and Translate Bio	USA France	mRNA vaccine non-replicating "MRT5500" synthesized by <i>in vitro</i> transcription employing RNA polymerase with a plasmid DNA template	Pre-clinical		Sequence designed on computer	No cells used Kalnin et al., bioRxiv 14Oct2020 mRNA production in the lab ; Translate Bio scientific platform	protein test & pseudovirus HEK293 cells Kalnin et al., bioRxiv 14Oct2020

		LNP (lipid nanoparticle) encapsulated Given: Intramuscular						
DNA VACCINE								
Genexine	Korea	DNA vaccine "GX-19" DNA synthesized in vitro, placed in plasmid vector Given: Intramuscular and Electroporation 2 doses (4 weeks apart)	Phase 1/2			 Sequence designed on computer	 No cells used Seo et al., <i>bioRxiv</i> 10Oct2020	
Inovio Pharmaceuticals	USA	DNA vaccine "INO-4800" DNA synthesized in vitro, placed in plasmid vector Given: Intradermal Electroporation 2 doses (4 weeks apart)	Phase 2/3 Phase 1/2 Phase 1	<i>Operation Warp Speed</i> CEPI up to \$22.5 Million	 Sequence designed on computer	 No cells used Smith et al., <i>Nature</i> 20May2020	 protein test & pseudovirus HEK293 cells Smith et al., <i>Nature</i> 20May2020	
Symvivo Corporation	Canada	DNA vaccine Genetically engineered <i>Bifidobacterium longum</i> "bacTRL-spike" Given: Oral, bacteria bind to gut lining 1 dose	Phase 1			 No cells used		

1. Data accumulated from primary literature as referenced in the Chart; AND "COVID-19 Treatment and Vaccine Tracker." Milken Institute, <https://covid-19tracker.milkeninstitute.org/>; AND "Draft landscape of COVID-19 candidate vaccines." World Health Organization (WHO), <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>
- NOTE: that patents are not considered because they are unreliable sources; even the most relevant patents are prospective documents that provide examples of potential use, but do not provide information about actual, current application of an invention or technology.
2. Prentice, DA and Sander Lec, T. June 15, 2020. A Visual Aid to Viral Infection and Vaccine Production. *On Science Series 1*. Accessed 19 June 2020 at: <https://lozierinstitute.org/a-visual-aid-to-viral-infection-and-vaccine-production/>
3. Phases of Clinical Trials: Pre-clinical- laboratory and animal studies; Phase I- 10-100 people, study safety and dosage; Phase II- tens to hundreds of people, study efficacy, dosage, side effects; Phase III- hundreds to thousands of people, study efficacy and adverse reactions.
4. HHS-BARDA = U.S. Health and Human Services-Biomedical Advanced Research and Development Authority; CEPI = Coalition of Epidemic Preparedness Innovations; BARDA's rapidly-expanding COVID-19 medical countermeasure portfolio. Accessed 29 Sept 2020 at <https://www.medicalcountermeasures.gov/app/barda/coronavirus/COVID19.aspx>; CEPI's COVID-19 Vaccine Portfolio. Accessed 29 Sept 2020 at <https://cepi.net/COVAX/>



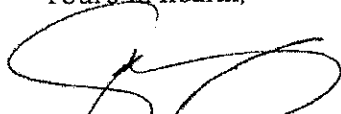
3/2/2021

To the Assembly Committee on Constitution and Ethics:

I am writing this morning as a concerned physician, business owner, public servant, and constituent. The highest priority of any doctor is to uphold the Hippocratic Oath. The legal process of informed consent is an important adjunct of that oath in which we **must** ensure that any intervention we present to our patients is done so in a manner that allows the patient to fully comprehend both the benefits and risks of that intervention before consenting to proceed. To date, there is no FDA approved COVID-19 vaccine available to Americans, with good reason. The Emergency Use Authorizations that have been granted are also supported by sound reasoning. Although safety and efficacy data are incomplete, rapidly evolving pandemic scenarios sometimes require allowing for more uncertainty as new products come to market, as long as the decision to accept that uncertainty remains in the hands of the sufficiently informed individual. The limited data that we *do* have will allow physicians to make recommendations to their patients about COVID-19 vaccination based on what has been studied and presented thus far. Patients can then make decisions for themselves and their families based on weighing that information against their own risk tolerance.

The legal mandate of informed consent is eliminated in any case where medical interventions are forced upon patients as a prerequisite for employment, travel, or education. The concept of forced intervention through coercion becomes especially troubling when the information required to provide truly informed consent cannot and will not be available for many months or perhaps years to come. For these reasons, AB 23 and AB 25 need to be passed to prevent COVID-19 vaccine mandates from denying law abiding healthy citizens the ability to work or participate in society. I welcome with open arms the slew of vaccines which have received Emergency Use Authorization, and I applaud the efforts of both the public and private sectors in the manufacture, distribution, and administration of vaccines to all citizens who desire to receive them. AB 23 and AB 25 are an opportunity for our state to present to the nation and the world that Wisconsin is supportive of both scientific progress *and* the time tested legal and ethical principles upon which our country and medical profession are built.

Yours in health,



Spencer Kreuz DC

Written Testimony in Support of AB23 and AB25

I am writing to share my support for Assembly Bill 23 and Assembly Bill 25, relating to protecting health freedom provisions for vaccination in Wisconsin.

I strongly support prohibiting employers from requiring vaccination for SARS-CoV2 coronavirus as a condition of employment. I also support prohibiting DHS and local public health officers from mandating that individuals receive a SARS-CoV2 coronavirus vaccination under their state of emergency powers.

The decision for vaccination should remain an individual's decision. This is particularly important for a vaccine that is so controversial since long term safety has not yet been established. In addition, the current SARS-CoV2 vaccines have not been proven to stop infection or transmission of the virus.

Please vote to maintain health freedom in Wisconsin by supporting these bills.

Thank you.

Sarah Hardison
Walworth County, WI

In support of AB 23, 24, 25

Hello. My husband is the sole bread winner in our home. The company he works for is contracted under one that has publicly stated it wants to force mandatory Covid vaccinations on all their employees, but for several reasons he would be unable to take the vaccine. This would mean the very real possibility that without this law of protection in place, he would lose his job of over 30 years and be without an income to support our family. So we really appreciate your work to protect we the people of Wisconsin and pray this protection passes in our State!!

We also believe an individual should not be forced to take the vaccines for the following reasons:

No one should be concerned about working with someone who hasn't taken the vaccine because taking the vaccine does not reduce the chance of getting or spreading Covid.

DISCLOSURE 1:

High profile doctors/scientists * do not claim the SARS-CoV-2 vaccinations will grant you immunity from the disease - nor do they help stop spread the disease!!! Only that your case may be milder and prevent you from dying. Yet according to the CDC, your chance of dying is already INCREDIBLY low. (Statistics further on.) As there are always new strains of the virus, there will always be new experimental vaccines chasing the new strains.

***The Surgeon General, Dr. Jerome Adams, who told everyone on his interview on Good Morning America** about the vaccines last month:

“We don't know yet whether they will prevent infection, but they could prevent you from being in the hospital and ultimately passing from this virus. Still incredibly important to get vaccinated. But we're going to need to **continue to still wear our masks, wash our hands, watch our distance...**with the assistance of these great vaccines.”

<https://www.goodmorningamerica.com/news/video/us-surgeon-general-shares-latest-facts-covid-19-74711931>

***According to Dr. Anthony Fauci**, he explained on more than one occasion that it is unknown if the vaccine provides any kind of immunity and the main goal for coronavirus vaccines is **not to block COVID-19 infections**, but to hopefully reduce your symptoms if you get it.

(I will say that most healthy people already feel their Covid case is no more severe than the common cold.)

***In the Business Insider on Dec 29, 2020, the World Health Organization's Chief Scientist, Dr. Soumya Swaminathan** said there was not yet enough evidence from vaccine trials "to be confident that it's going to prevent people from actually getting the infection and therefore being able to pass it on."

<https://www.businessinsider.com/who-says-no-evidence-coronavirus-vaccine-prevent-transmissions-2020-12>

*** Attorney and Board Certified Emergency Physician, Dr. Simone Gold** (who recommends normal vaccines) replied when patients asked if she would recommend the Covid vaccine:

“Its really irrational to take a brand new, untested, untried technology from a company that is completely shielded from immunity.”

<https://lbry.tv/@Arkeadius:a/nwnw20210114:c>

DISCLOSURE 2:

The FDA has NOT approved SARS-CoV-2 vaccines. It is in its investigation stage only!! Again, the FDA has only issued an FDA Emergency Use Authorization, which is not the same. An FDA EUA **allows the use of unapproved medical products** in case of an emergency. <https://www.fda.gov/news-events/press->

DISCLOSURE 3

SARS-CoV-2 vaccines are EXPERIMENTAL. It is experimental biological agents. There has not been sufficient time for long-term animal/human studies to determine the adverse effects of this vaccine. Thus, those getting vaccinated **ARE the lab rats and will be placed into a Pharmacovigilance Tracking System.** YOU are their extended clinical trials that will test the risks – and see if its safe for others in the future. If that is your personal calling, go for it! We need brave people like that who volunteer.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7685056/#ce.section_hsr_sjj_vnbttitle “How to ensure we can track and trace global use of COVID-19 vaccines?”

Merck has stopped developing their Covid vaccines and trying to address drugs that help the immune response calm down: **“Vaccine manufacturer Merck has abandoned development of two coronavirus vaccines, saying that after extensive research it was concluded that the shots offered less protection than just contracting the virus itself and developing antibodies.”**
<https://summit.news/2021/01/26/merck-scrap-covid-vaccines-says-its-more-effective-to-get-the-virus-and-recover/>

DISCLOSURE 4:

You may have an extreme reaction or adverse long term side effects. Here are a few of the reactions real people have experienced so far to the SARS-CoV-2 vaccines, including, but not limited to the following:

- ✓ **DEATH** (181 and climbing as of two weeks ago, 1/15/21, according to VAERS (Vaccine Adverse Event Reporting Systems). The data covers 7,844 cases, including 181 deaths . The largest amount of deaths occurred in people over the age of 75.

Search Results

From the 1/15/2021 release of VAERS data:

Found 181 cases where Vaccine is COVID19 and Patient Died

Table

↓ Age	Count	↑ ↓ Percent
17-44 Years	5	2.76%
44-65 Years	29	16.02%
65-75 Years	25	13.81%
75+ Years	87	48.07%
Unknown	35	19.34%
TOTAL	181	100%

“There was at least one death recorded of an unborn baby dying just after the mother received an experimental mRNA Pfizer shot while pregnant: “I was 28 weeks and 5 days pregnant when I received the first dose of the COVID19 vaccine. Two days later (12/25/2020 in the afternoon), I noticed decreased motion of the baby. The baby was found to not have a heartbeat in the early am on 12/26/2020 and I delivered a 2lb 7oz nonviable female fetus at 29 weeks gestation.” ([Source](#).)

- ✓ HOWEVER, delayed death is an even bigger concern (see Antibody Dependent Enhancement)
- ✓ Partial or complete **paralysis**
- ✓ Allergic reactions to the point of needing to be resuscitated (allergies, among them to bees)
- ✓ Horribly ill so their doctors advised that they should NOT receive the second shot (that can't be good, what do you do at that point?)
- ✓ **Unknown Risk of Antibody Dependent Enhancement!** Basically, this is a horrible situation that dramatically increases your risk of dying from contracting Covid AFTER being vaccinated, where before you had little to no chance of dying! (and remember the vaccine does not prevent you from contracting Covid.) Dr. James Todaro on a news interview said he was very concerned about Antibody Dependent Enhancement (ADE), which sounds good, but isn't. He explains why:

“When a vaccinated person comes into contact with the virus, with different strains of the virus, they actually have a far worse outcome, potentially resulting in **death**. Whereas if they did not get the vaccine and they encountered that virus in the wild, they would have **done just fine**. And we've seen this with multiple other viruses, multiple other vaccines, that are still in development and got yanked from the market **for that reason**. And this is a concern that was published in *Nature*, *Science Magazine*, all throughout this past summer, and it seems like a lot of the experts are now completely dismissing this, and just throwing out the marketing, the public message that this is a safe and effective vaccine. There are definitely concerns; and you should weigh those concerns with **your** actual risk of dying from Covid 19 which is INCREDIBLY small in a large part of the population.”

Lets talk about your risk of surviving Covid if you contract it and are NOT treated, according to the CDC – so if you receive treatment, your survival rate would be even higher than these statistics:

Age 0-19	99.997% survival
Age 20-49	99.98%
Age 50-69	99.5%
Age 70 +	95% (Many of the people that died in this category of influenza and pneumonia were labeled as Covid deaths. Interestingly Dr. Lee Merrit points out that:

2020 Covid “viral/flu” season America went through – including New York – had a 99.991% survival rate compared to the 2019 non-Covid flu season that had a 99.992% survival rate. It is only .001% difference!!

https://www.americasfrontlinedoctors.com/custom_videos/newsmax-national-report-dr-simone-gold-and-dr-james-todaro/video

Brilliant Dr. Lee Merrit, spinal surgeon, former President of the Association of American Physicians & Surgeons, explains that the US has NEVER made it through an animal study (cats, ferrets, etc) to produce a vaccine for this type of virus. **ALL the animals died. They seemed to accept the vaccine fine, but later when they were re-exposed to the disease, because of the vaccine, their immune system didn't recognize the virus as a threat and they died of ADE – overwhelmed with sepsis and cardiac arrest.** We have no track record of success in this type of vaccine in animal studies.

Again no one is stopping someone from participating in an experimental biological vaccine, but why is there such an agenda to MANDATE people undergo this vaccination – even *against their will*?

That's why I believe these bills are so important.

Regardless of whether we personally accept or reject the vaccine, if someone wants to do something to your body that you don't want done, you (rightly) KNOW that decision is yours, not theirs, to make. When personally threatened, we all feel strongly that our individual right to our body must be protected at all costs and in all times. **If someone is forced to have something done to their body, that is not a free society and is in violation of that person's rights.** If someone chooses to have the Covid vaccination, that is their right. If someone chooses not to have the Covid vaccination, that is also their right, and both must be honored AND TOLERATED WITHOUT CENSORSHIP.

Vanderbilt University School of Medicine professor Dr. William Schaffner remarked:

“Skepticism about something as new as this vaccine is reasonable whether you're a health care worker or not. It's a brand-new virus and brand-new vaccines developed with brand-new technologies. What could go wrong?”

DISCLOSURE 5:

PREP Act ensures Pharmaceutical companies are legally exempt from all liability – and so is the FDA. You have NO legal recourse.

An employer may pay us to work for them, but that doesn't mean they can force something to be done to our bodies. Touching on the employer, I would question the wisdom or even the practical business sense of any company mandating ALL their employees to do something experimental with unknown risk factors, and I'm not speaking only of potential lawsuits and increasing health insurance premiums. Since there are no long-term clinical trials yet, what if there **are** a lot of employees with adverse reactions from the vaccine – or God forbid, death from ADE in the days and years ahead? **You could lose a substantial portion of your work force.** It could be a good thing to have those who refused the experimental vaccine still employed to pick up the slack instead of happy in new jobs elsewhere.

In conclusion, in regards to state officials ordering churches to close during Covid. The statistics show that suicides, drug & alcohol abuse, domestic violence, etc has increased with all the lockdown restrictions, social distancing, and dealing with a masked society. There is special concern for the generation of masked children being raised to fear everyone around them. Churches are VERY essential to the mental health and well being of the communities they minister to.

But even from a constitutional perspective, The 1st Amendment says,
“Congress shall make no law respecting an establishment of religion or prohibiting the free exercise thereof...or the right of the people peaceably to assemble.”

And it doesn't say except in cases of smallpox with a 60% survival rate or in cases of Covid with a 99% survival rate. There are no exceptions for the right to peacefully assemble at church.

So thank you for protecting our Constitutional rights with these bills, I'm 100% in favor!

Thank you,
Dominique Uhl
Mukwonago, WI

Written Testimony in Support of AB23 and AB25

I am writing to share my support for Assembly Bill 23 and Assembly Bill 25, relating to protecting health freedom provisions for vaccination in Wisconsin.

I strongly support prohibiting employers from requiring vaccination for SARS-CoV2 coronavirus as a condition of employment. I also support prohibiting DHS and local public health officers from mandating that individuals receive a SARS-CoV2 coronavirus vaccination under their state of emergency powers.

The decision for vaccination should remain an individual's decision. This is particularly important for a vaccine that is so controversial since long term safety has not yet been established. In addition, the current SARS-CoV2 vaccines have not been proven to stop infection or transmission of the virus.

Please vote to maintain health freedom in Wisconsin by supporting these bills.

Thank you.

Sarah Hardison
Walworth County, WI

Dear Wisconsin NVIC Advocacy Team Members,

Your action is needed to support two good bills that are scheduled for a hearing in the Assembly Committee on Constitution and Ethics on Wednesday, March 3, at 10:00 AM.

AB 23 would prohibit the Department of Health and local health officials from mandating COVID-19 vaccines and AB 25 would prohibit employers from mandating COVID-19 vaccines as a condition of employment. These are companion bills to SB 4 and SB 5 that passed the Senate Committee on Human Resources on 1/21/2021.

ACTION NEEDED:

1. Attend the hearing on 3/3/2021 beginning at 10:00 AM in North Hearing Room (2nd Floor North) and offer testimony in support of AB 23 and AB 25. Social distancing guidelines may limit seating available in the North Hearing Room. Individuals who testify in-person may be asked to leave the room following their testimony, allowing other people to enter the room for testimony. Time limits may be imposed to allow all registrants an opportunity to testify. Additional public access may be provided through an overflow room and the State Capitol Rotunda. Members of the public may submit testimony and hearing slip information to the chairman at rep.wichgers@legis.wi.gov See [agenda](#) and [Information on how to testify at a public hearing](#). There is no virtual option for individuals who wish to speak but are unable to attend.
2. If you are unable to attend in person, you can submit written testimony to William Neville, Clerk for the Assembly Committee on Constitution and Ethics at William.Neville@legis.wisconsin.gov. Copies of your written testimony will be distributed to committee members.
3. Contact members of the [Assembly Committee on Constitution and Ethics](#) and ask them to support AB 23 and AB 25. See contact information and talking points below.
4. Contact your own Wisconsin State Assembly Representative and them to support AB 23 and AB 25. If you do not know who your State Representative is, register/login to the NVIC Advocacy Portal at <http://NVICAdvocacy.org>. Click on the STATE TEAMS tab and select your state. Their name is displayed on the right side of the page and you can click on their name for contact information. You can also search [here](#). Talking points are posted below.
5. Sign up to get NVIC's Wisconsin "Heads Up" text alerts by texting "Wisconsin" to [202-618-5488](tel:202-618-5488).
6. Login to the [NVIC Advocacy Portal](#) OFTEN to check for updates and forward this email to family and friends. Please ask them to register and share their concerns with their legislators as well.

[Assembly Committee on Constitution and Ethics](#)

Representative Wichgers (Chair) - (608) 266-3363 or (888) 534-0083

Representative Thiesfeldt (Vice-Chair) - (608) 266-3156 or (888) 529-0052

Representative Allen - (608) 266-8580 or (888) 534-0097

Representative Ramthun - (608) 266-9175 or (888) 534-0059

Representative Magnafici - (608) 267-2365 or (888) 534-0028

Representative Murphy - (608) 266-7500 or (888) 534-0056

Representative Hebl - (608) 266-7678

Representative Pope - (608) 266-3520 or (888) 534-0080

Representative Cabrera – (608) 266-1707 or (888) 534-0009

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TALKING POINTS (personalize these to explain why passing these bills is important to you and your family)

- AB 23 and AB 25 need to be passed to prevent COVID-19 vaccine mandates from denying law abiding healthy citizens the ability to work or participate in society.
- COVID-19 vaccine mandates are already happening. Atria Senior Living is requiring all 14,000 of its employees across 26 states, to receive 2 COVID-19 vaccines by May 1, 2021 as a condition of employment. A Wisconsin nursing home has already started laying off employees for refusing COVID-19 vaccines. The mayor of Harrisburg, Pennsylvania signed an executive order requiring all city employees to be vaccinated for COVID-19. The Los Angeles Unified School District is requiring COVID-19 vaccines before students can return to the classroom.
- Recent surveys of hospital staff, healthcare workers, essential workers, nursing home staff, long term care employees, and firefighters report responses in range from 20-60% saying they would not take a COVID-19 vaccine. AB 23 and AB 25 are needed to protect critical public safety and care infrastructures in Wisconsin which would otherwise be severely compromised as those who don't want the vaccine will leave these areas of the workforce.

- As of 2/18/21, there have already been 19,907 COVID-19 Vaccine adverse events and 1,095 COVID-19 Vaccine deaths reported to the Vaccine Adverse Events Reporting System. Some short-term and all long-term risks of new COVID-19 vaccines are still unknown. When there is risk, there has to be informed consent and the right to refuse a vaccine without penalty.
- In the absence of protective state laws like AB 23 and AB 25, there are no state or federal employee protection exceptions to employee vaccine mandates for all vaccines for reasons of conscience objections to all the vaccines being given to adults.
- The U.S. Equal Employment Opportunity Commission affirms the legal right of an employer to exclude the employee from the workplace even if an employee cannot get vaccinated for COVID-19 because of a disability or sincerely held religious belief and there is no reasonable accommodation possible. The state will have to step in and protect employees' right to delay or refuse vaccines.
- While the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) allows employees to decline Hepatitis B Vaccines, and OSHA and many labor unions have expressed opposition to annual influenza vaccination policies that do not include religious and/or personal objection exemptions, there are far too many gaps in protection for employees to refuse vaccines for work.
- People injured by a COVID-19 vaccine have little recourse. Vaccine manufacturers and providers are shielded from liability through the Public Readiness and Emergency Preparedness Act, or PREP Act. This federal law establishes that the only option for compensation for COVID-19 vaccine victims is the Countermeasures Injury Compensation Program (CICP). Only eight percent of all petitioners since 2010 have been awarded compensation through the CICP. No legal or medical expert fees are covered, no pain and suffering is awarded, lost wages are capped at \$50,000, and there is no judicial appeal. Vaccination must be voluntary.