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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 25.

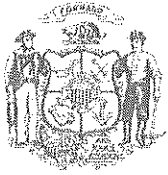
I introduced this legislation in order to ensure our state residents are not required to be vaccinated or show proof of vaccination for COVID-19 in order to maintain their employment or be considered for employment.

It is imperative that a person's choice of whether or not to receive a COVID-19 vaccine does not impact their ability to make a living and provide for their family. Additionally, forcing workers to decide between getting a vaccine or losing their job could hurt morale at a time anxiety is already high, and disrupt business operations if enough people refuse. In addition, without passage of this proposal, employees could resist vaccination because of safety concerns and claim protection under the National Labor Relations Act, which protects the rights of employees, both unionized and not, to engage in "concerted activity" regarding employment conditions.

There remains public apprehension about the COVID vaccines by the general public, particularly given that their 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. We don't know how long immunity conferred by the vaccines lasts for, 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.

The possibility that someone could lose their job for not being injected with a COVID vaccine is not hypothetical, but all too real. In fact it has already taken place for several Wisconsin employees recently at a county-run facility in Janesville, despite some of their co-workers who took the vaccine having reported adverse reactions.

A constituent and friend of mine is a trained registered nurse who personally had a severe reaction to the flu vaccine that left her sick for 8 months and is adamantly opposed to being forced to take it for well-founded reasons. Another friend and constituent of mine who developed Guillain-Barré Syndrome and nearly died after receiving a vaccine while working at an area hospital and lost her job after being told that she would not be given an exemption from being forced to take additional vaccines. Another registered nurse in my district with a documented flu vaccine reaction has similarly expressed support for this legislation, as have countless other constituents of all of ours, within countless professions. I highlight those who are medical professionals simply to push back on the false premise some have put forward that those concerned with the safety and efficacy of the COVID vaccine are anti-science. The first constituent I mentioned, for example, has family members with severe chronic lung disease and clearly recognizes the life-saving benefits of pharmaceutical development. They have legitimate concerns and questions surrounding the unorthodox development and unknown long term effects of the COVID vaccines.



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It should also be pointed out that current law prohibits individuals from suing to receive compensation from injuries caused by a vaccine, even when required to do so by an employer.

There are many legitimate reasons why a person would not want to receive the COVID vaccine, or even a particular form of the COVID vaccine, and our citizens must not be forced to do so against their will.

It is critical to respect, and protect, individual freedom in medical decisions.

Thank you for your consideration of Assembly Bill 25.



# Wisconsin Medical Society

TO: Assembly Committee on Constitution and Ethics  
Representative Chuck Wichgers, Chair

FROM: Mark Grapentine, JD – Chief Policy and Advocacy Officer

DATE: March 3, 2021

RE: 2021 Assembly Bill 25

On behalf of more than 10,000 physician members statewide, thank you for this opportunity to share our impressions on 2021 Assembly Bill 25, which prohibits employers from deciding whether employees should be vaccinated as a condition of employment.

The Society **opposes** Assembly Bill 25, as it infringes upon a health care employer's ability to decide what steps may be necessary to adequately protect their employees' and their patients' health.

## **Health Care Employers Support Safe Environments for their Organization and their Patients**

Employers strive to create a safe working environment for employees and members of the public who interact at that workplace. Health care facilities face special challenges in treating patients while minimizing the potential spread of disease. The current pandemic involves an extremely virulent SARS-CoV-2 virus; health care employers should continue to have the option to decide whether employee and public safety necessitates a vaccine requirement.

## **Current Law Already Allows for Exceptions to Employer Mandates**

Various federal and state laws already exist that allow for employee exceptions should an employer require a COVID-19 vaccination. These include the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act (GINA) and Title VII of the Civil Rights Act, along with state counterparts. The U.S. Equal Employment Opportunity Commission (EEOC) has also outlined guidance for employers specific to COVID-19, further describing different scenarios requiring accommodations for employees with legitimate need for an exception.<sup>1</sup>

## **A Common Message on Vaccine Safety is Needed if the Goal is to Reach "Herd Immunity"**

There is a universal desire to emerge from the pandemic as soon as we can with the minimum number of lives lost to COVID-19. The single best way to accomplish both of these aims is through widespread vaccinations, which can lead to community immunity. Achieving "herd immunity" to beat this virus as soon as possible requires a common message, such as: "Getting the vaccine will keep you and your family safe, prevent additional deaths, and allow us to reopen our economy." A government policymaking action instituting a blanket ban on a private employer's vaccine-related decision sends the opposite message.

The Society opposes Assembly Bill 25. Thank you for your consideration.

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<sup>1</sup> <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>



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**Written Testimony for Tara Czachor of Wisconsin United For Freedom**

Wednesday, March 3, 2021: Assembly Committee on Constitution and Ethics

Good morning! Due to some unforeseen circumstances, I am unable to attend the Public Hearing today in Madison. I did want to provide my written comments to the committee, however.

I wanted to thank those on this committee, especially Representative Chuck Wichgers, for holding a public hearing on these very important bills. On behalf of my family and the organization Wisconsin United For Freedom, of which I represent, and on behalf of thousands of Wisconsinites, I sincerely thank you.

Wisconsin United For Freedom is in strong support of **AB23, which would Prohibit Public Health Officers & DHS from mandating Covid-19 Vaccination.** It is very apparent to us, that Chapter 252 of Wisconsin's State Statutes are far too vague, and gives far too much power and control to unelected bureaucrats, of whom have no accountability in our state. Vague interpretation of the law is a huge issue.

It is also incredibly apparent from the multiple accounts from across this country, how truly dangerous vaccinations can be for some individuals, and how we must never rush the process of approving medical procedures that will be widely used by millions of individuals across our nation. History has taught us this very lesson with regards to the Swine Flu Vaccination catastrophe in 1976, of which it was found that there was an increased risk of Guillian-Barre syndrome (GBS) after vaccine administration.<sup>1</sup>

**Not FDA Approved**

**Our organization also firmly supports AB25, Prohibiting Mandatory COVID-19 Vaccination for Employment.**

We have been contacted many times on a weekly basis with individuals reaching out to us about their employers trying to mandate the Covid-19 vaccine. Numerous medical professionals, who are fearful to speak out for fear of retaliation and losing their job, have contacted us. Just look what happened to medical doctors who spoke out on other treatment options for Covid-19. Cancel culture has created an environment where certain beliefs and opinions are no longer acceptable, and having those opinions or beliefs and making them known is risky to American citizens who are trying to provide for their families. Wisconsin citizens should never be forced into a medical procedure that carries very real risks, in order to maintain their employment and feed their families.

Vaccinations, like any medical procedure, carry risks, and not only are the Covid-19 vaccinations only approved for Emergency Use, **currently, they are not FDA approved vaccines.** <sup>2</sup>

Public vaccine policies, that include mandates, constitute an assault on the rights of individuals to receive full and informed consent. Informed consent includes the right to decide what goes into our own bodies, and the right as a parent to choose what is injected into our children's bodies.

Here is a link to the Fact Sheet given to Healthcare Providers administering the Pfizer Covid-19 Vaccine for your review: <https://www.fda.gov/media/144413/download>

The section at the top of page 8 states that those receiving the vaccine must receive additional information, including, 1) FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine, 2) that the recipient or their caregiver has the option to accept or refuse the vaccine, 3) The significant known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine, and the extent to which such risks and benefits are unknown, 4) Information about available alternative vaccines and the risks and benefits of those alternatives.

This issue of mandatory vaccination for employment is incredibly pertinent, considering the recent Milwaukee Journal Sentinel report of Rock Haven, a Rock County-owned Janesville nursing home, laying off their staff for refusing the Covid-19 vaccine. The article states that a memo to employees informed them that the covid-19 vaccine was "a requirement for all staff" and that employees who failed to get the vaccine would be laid off. They also stated that a laid off employee would not be eligible to return to work until they received 2 doses of the vaccine.

According to the article,

*Michelle Lynch, a secretary at Rock Haven, said employees should not be forced to get the vaccine.*

*"We have staff that are having side-effects from it, and they're being told, 'Too bad,' " she said.*

*In letters to Rock County supervisors, two employees said they suffered high fevers and other side-effects from getting the vaccine on Jan. 5, the first day the nursing home conducted vaccinations. One of them wrote that the side-effects were so bad she had to go to the doctor and was advised not to get the second shot of the vaccine."*<sup>3</sup>

### **Prior Felony and Criminal Negligence**

Aside from the issue of informed consent and bodily autonomy, individuals may also have other rational and valid arguments for rejecting this new emergency use Covid-19 vaccination. Some individuals, may look at Pfizer's track record for example, and decide that in their opinion, they are not a trustworthy company, and they do not wish to receive the products they are offering, or they may not wish to receive the first market product from Moderna. <sup>4</sup>

For example, according to the Department of Justice in 2009, <sup>5</sup>

*"Pfizer Inc. and its subsidiary Pharmacia & Upjohn Company Inc. (hereinafter together "Pfizer") have agreed to pay \$2.3 billion, the largest health care fraud settlement in the*

*history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products.”*

I could go on and on in detail about the wrong doings Pfizer admitted to, but the point of this is that Pfizer has been caught red handed before, and will be caught again. If this same situation were to happen with the Covid-19 vaccine from Pfizer, there would be no lawsuits, no court proceedings, no discovery phases, because the Covid-19 vaccine manufacturers are exempt from liability. A federal law establishes that the only option for compensation for COVID-19 vaccine victims is the Countermeasures Injury Compensation Program (CICP).<sup>6</sup> 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.

### Safety Concerns

With mass vaccination of the Covid-19 vaccines starting in December, there have been multiple safety issues that have come to light within the first few months. Within our own state of Wisconsin, according to MedAlerts, an interface built from the governments raw data from the VAERS search engine, CDC Wonder, there have been 389-vaccine injury reports since Covid-19 vaccinations in Wisconsin have been administered, including 22 deaths.<sup>7 8</sup> While a report to VAERS does not mean that the vaccine was responsible for the death, it also does not rule out an association. If Public Health officials seem to report on every Covid-19 death, one has to ask oneself why they are not reporting on deaths following vaccine administration.

One specific vaccine injury in Wisconsin stood out to me, of a 22-year-old male who received the vaccine on December 17, and just four days later, he was admitted to the hospital. The write up for his vaccine injury report states: *“Patient received Pfizer COVID 19 vaccine last Thursday 12/17. Admitted today (12/21) with bleeding and low platelet count - working up for ITP (a disorder that can lead to easy or excessive bruising and bleeding<sup>9</sup>) and TTP (which is another blood disorder<sup>10</sup>). Given recency of vaccination and no known contributory allergy or medical history, physician thought potentially associated with vaccination.”<sup>11</sup>*

It is entirely possible that serious reactions occurring after Covid-19 vaccine administration are significantly higher given that historically, vaccine reactions are rarely reported. A 2011 report by Harvard Pilgrim Health Care, Inc. for the U.S. Department of Health and Human Services (HHS) stated **that fewer than one percent of all vaccine adverse events are reported to the government.** This report states the following -

*“Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed.”<sup>12</sup>*

Given that both the Pfizer and Moderna, and now Johnson and Johnson vaccinations have just been released, it is entirely possible that the risks associated with these particular vaccines might outweigh the benefit. These vaccines *must not be mandated*. Health care providers and public health officials *must* ensure that the public is aware of the risks of this vaccine, provide informed consent, and allow individuals the right to decide to choose which medical procedures are right for them, if any.

It is not right of the state to use its power to compel or mandate the use of liability free pharmaceutical products. Medical procedures, that carry very real risks, should always be voluntary, and citizens in our state should not face the threat of losing their financial security over making an informed medical decision. Our organization supports individual choices, and if someone feels that receiving the Covid-19 vaccine is in their best interest, we fully support, and even advocate, for their right to do so, however, **we take a firm and unwavering stance against mandatory vaccinations.**

Thank you very much, for your time, for your service to this great state, and for preserving the freedoms our founding fathers have bestowed upon us. As a mother of 4, as a wife, and speaking on behalf of over 10,000 Wisconsinites who are a part of our organization, I very strongly encourage you all to vote yes on these bills.

Respectfully,

Tara Czachor  
**Wisconsin United For Freedom**



[www.wisconsinunitedforfreedom.org](http://www.wisconsinunitedforfreedom.org)



## References

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<sup>1</sup> Schonberger LB, Bregman DJ, Sullivan-Bolyai JZ, Keenlyside RA, Ziegler DW, Retalliau HF, Eddins DL, Bryan JA. Guillain-Barre syndrome following vaccination in the National Influenza Immunization Program, United States, 1976--1977. *Am J Epidemiol.* 1979 Aug;110(2):105-23. doi: 10.1093/oxfordjournals.aje.a112795. PMID: 463869.

<sup>2</sup> <https://www.latimes.com/science/story/2020-12-12/why-fda-didnt-approve-pfizer-covid-19-vaccine-eua>

<sup>3</sup> [Wisconsin nursing home staff laid off for refusing COVID-19 vaccine](#)

<sup>4</sup> [Moderna nears its first-ever FDA authorization, for its COVID-19 vaccine](#)

<sup>5</sup> [JUSTICE DEPARTMENT ANNOUNCES LARGEST HEALTH CARE FRAUD SETTLEMENT IN ITS HISTORY](#) (Sept. 2, 2009)

<sup>6</sup> [Countermeasures Injury Compensation Program \(CICP\)](#)

<sup>7</sup> [Vaccine Adverse Events Reporting System \(VAERS\) accessed with Medalerts - Vaccine Reactions Reported to VAERS from December 2020-Feb 18 2021](#) (Accessed 3/3/21)

<sup>8</sup> [Vaccine Adverse Events Reporting System \(VAERS\) accessed with Medalerts - Vaccine Reactions Reported to VAERS From December 2020 - Feb 18, 2021](#) (Accessed 3/3/21)

<sup>9</sup> [Definition of Thrombocytopenic purpura - ITP](#)

<sup>10</sup> [Definition of Thrombotic thrombocytopenic purpura - TTP](#)

<sup>11</sup> [Vaccine Adverse Events Reporting System \(VAERS\) accessed with Medalerts – VAERS ID Number 905345](#) (Accessed 1/20/21)

<sup>12</sup> [AHRQ Electronic Support for Public Health–Vaccine Adverse Event Reporting System \(ESP:VAERS\)](#) Dec 1, 2007-Sep. 30, 2010



**WISCONSIN FAMILY ACTION**  
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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.



VACCINE  
CHOICE  
WISCONSIN

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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](http://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 CICP compensate. This means that if a person dies as a result of the COVID-19 vaccine and CICP 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, CICP 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

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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.

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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?

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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

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ProLife  
LOVE. FOR LIFE. WI.

**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**

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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

(OVER)

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](mailto:info@personhood.org).





# 10 foundational tenets

## WHEREAS:

- 1) Many vaccines are still produced and/or tested<sup>[1]</sup> using human diploid cell cultures originally harvested from aborted human beings (hereby referenced as unethical vaccines),<sup>[2] [3] [4]</sup> 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.<sup>[5] [6] [7] [8]</sup>
- 2) Remnants of the DNA of aborted human beings are present in unethical vaccines<sup>[9]</sup> and researchers are currently studying the level of risk to patients receiving these vaccines and the manufacturing protocols necessary to reduce this risk,<sup>[10]</sup> with guidance from the FDA.<sup>[11]</sup>
- 3) Some pharmaceutical companies are moving away from unethical production and testing of vaccines because of public pressure,<sup>[12]</sup> 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.<sup>[13]</sup>
- 4) Interdenominational church positions on the use of unethical vaccines may differ,<sup>[14] [15] [16] [17] [18] [19]</sup> 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.<sup>[20] [21]</sup> 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,<sup>[22]</sup> 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.<sup>[23]</sup>
- 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;<sup>[24] [25]</sup> 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,<sup>[26] [27]</sup> in relation to forced or coerced vaccinations,<sup>[28] [29]</sup> are already a reality in several states.<sup>[30] [31] [32] [33] [34] [35] [36]</sup> 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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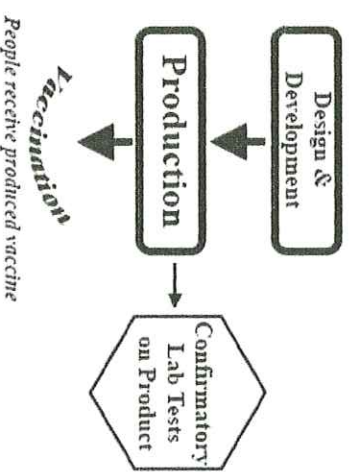


### Update: COVID-19 Vaccine Candidates and Abortion-Derived Cell Lines

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.<sup>1</sup> 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) <sup>1</sup>	Country	Strategy <sup>2</sup>	Clinical Trial Status <sup>3</sup>	Public Funding <sup>4</sup>	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
<b>WHOLE VIRUS VACCINE – LIVE ATTENUATED or INACTIVATED</b>							













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



			2 doses (2 weeks apart)	<i>Early approval in China</i> <u>Phase 3</u> <u>Phase 1/2</u> <u>Phase 3</u>			<u>Wang et al., Cell</u> 182, P713, 6Aug2020 <u>Wang et al., Cell</u> 182, P713, 6Aug2020 <u>Xia et al., JAMA</u> 324, 951, 13Aug2020	<u>Wang et al., Cell</u> 182, P713, 6Aug2020 <u>Wang et al., Cell</u> 182, P713, 6Aug2020 <u>Xia et al., JAMA</u> 324, 951, 13Aug2020	Vero monkey cells <u>Wang et al., Cell</u> 182, P713, 6Aug2020
Wuhan Institute of Biological Products/ Sinopharm	China	Inactivated virus "New Crown COVID-19" Given: Intramuscular 2 doses (2 weeks apart)		<i>Early approval in China</i> <u>Phase 1/2</u>			<u>Xia et al., JAMA</u> 324, 951, 13Aug2020	Vero monkey cells <u>Xia et al., JAMA</u> 324, 951, 13Aug2020	Plaque reduction neutralization test Vero monkey cells <u>Xia et al., JAMA</u> 324, 951, 13Aug2020
Bharat Biotech/Indian Council of Medical Research	India	Inactivated virus "COVAXIN" "BBV152" Given: Intramuscular 2 doses (2 weeks apart)		<i>India EUA granted</i> <u>Phase 3</u> <u>Phase 1/2</u> <u>Phase 1/2</u> <u>Phase 1/2</u>			<u>Yadav et al., ResearchSquare</u> 10Sept2020	Vero monkey cells <u>Yadav et al., ResearchSquare</u> 10Sept2020	Antibody ELISA Plaque reduction Vero monkey cells <u>Yadav et al., ResearchSquare</u> 10Sept2020
John Paul II Medical Research Institute	USA	Live attenuated virus		Pre-clinical			<u>Ethical cell lines as a matter of policy</u>	Perinatal human cells (term umbilical cord and placental)	?
Sinovac Biotech Co., Ltd.	China	Inactivated virus "PiCoVacc" Given: Intramuscular 2 doses (2 weeks apart)		<u>Phase 3</u> <i>Early approval in China</i> <u>Phase 3</u> <u>Phase 1/2</u> <u>Phase 1/2</u> <u>Phase 1/2</u>			Vero monkey cells	Vero monkey cells <u>Gao et al., Science</u> 369, 77, 3July2020	protein test HEK293 cells Supplement <u>Gao et al., Science</u> 369, 77, 3July2020
Valneva and Dynavax	France USA UK	Inactivated Virus "VLA2001" plus adjuvant CpG1018 Given: Intramuscular		Pre-clinical			Vero monkey cells	Vero monkey cells Same platform as DILARO, Valneva press release, 22April2020	?

**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 uses PER C6 Licensed PER C6 from Janssen	
AstraZeneca University of Oxford	USA UK	Replication-deficient Adenovirus vector "AZD1222" "ChAdOx1 nCoV-19" Given: Intramuscular 2 doses (4 weeks apart)	<a href="#">UK EUA granted</a> <a href="#">India EUA granted</a> Phase 3 Phase 3 Phase 3 Phase 2/3 Phase 2/3 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 <a href="#">van Dorumalen et al., Nature preprint, 30July2020</a>	
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		HEK293 cells	HEK293 cells <a href="#">Biospace, 12May2020</a>	
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		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) <a href="#">Rice et al., bioRxiv 30July2020</a>	E.C7 cells (derivative of HEK293 cells) <a href="#">Rice et al., bioRxiv 30July2020</a>	Protein and antibody tests HEK293T cells

Institut Pasteur and Themis 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	 HEK293T Development and rescue of recombinant measles virus <a href="#">Hörner et al., PNAS 22Dec2020</a> <a href="#">Hörner et al. Supplement</a> "SARS-CoV-2 S-encoding vaccine candidates... were generated <u>as described previously</u> "	 Vero monkey cells <a href="#">Hörner et al., PNAS 22Dec2020</a> <a href="#">Hörner et al. Supplement</a>	<a href="#">Rice et al., bioRxiv 30July2020</a> <a href="#">Seiling et al., medRxiv 6Nov2020</a>  Lentiviral vectors for antigenic DC Fusogenic test HEK293T Fusogenic test S protein expression Vero monkey cells <a href="#">Hörner et al., PNAS 22Dec2020</a> <a href="#">Hörner et al. Supplement</a>
Israel Institute for Biological Research (IIBR)	Israel	Replication-competent recombinant vesicular stomatitis virus (VSVΔG) "IIBR-100" Given: Intramuscular 1 dose	<u>Phase 1</u>		 BHK hamster cells Vero monkey cells <a href="#">Yahalom-Ronen et al., bioRxiv 19June2020</a>	 Vero monkey cells <a href="#">Yahalom-Ronen et al., bioRxiv 19June2020</a>	 Plaque reduction; immunofluorescence Vero monkey cells <a href="#">Yahalom-Ronen et al., bioRxiv 19June2020</a>
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>	<i>Operation Warp Speed</i> HHS-BARDA \$1,457,887,081 total	 PER.C6 cells	 PER.C6 cells <a href="#">Tostanoski et al., Nature Medicine, 3Sep2020</a> ; <a href="#">Mercado et al., Nature 30July2020</a> <a href="#">J&amp;J, 30March2020</a> ; <a href="#">Janssen Vaccine Technologies</a>	
Merck and IAVI	USA	Replication-competent recombinant vesicular stomatitis virus (VSVΔG) "V590" Given: Intramuscular	<u>Phase 1</u>	<i>Operation Warp Speed</i> HHS-BARDA \$38,033,570	 Vero monkey cells	 Vero monkey cells Use rVSV Ervebo platform	







			“T-VIVA-19” SARS-Cov-2 spike protein S1 domain fused with human IgG-Fc Given: Intramuscular			DNA fragment developed in lab <i>Herrmann et al., bioRxiv preprint, 30June2020</i>	CHO cells <i>Herrmann et al., bioRxiv preprint, 30June2020</i>	Antibody ELISA; Neutralization assays Vero monkey cells <i>Herrmann et al., bioRxiv preprint, 30June2020</i>
Sorrento	USA	Protein vaccine “STI-6991” SARS-Cov-2 spike protein expressed on K562 cells	Pre-clinical			?	K562 cells Concept: <i>Li et al., Medicine in Drug Discovery March2020</i>	?
University of Pittsburgh	USA	Protein vaccine Adenovirus-expressed recombinant proteins “PittCoVacc” Given: Microneedle arrays	Pre-clinical			HEK293 cells	HEK293 cells <i>Kim et al., EBioMedicine, 2April2020</i>	
University of Queensland and CSL Ltd.	Australia	Protein vaccine “V451” Recombinant protein with proprietary molecular clamp Given: Intramuscular	<b>HALTED</b> Phase I Phase I Phase I	CEPI up to \$4.5 Million			expiCHO hamster cells	?
<b>RNA VACCINE</b>								
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 <i>de Alwis et al., bioRxiv, 3Sept2020</i>	protein test HEK293 <i>de Alwis et al., bioRxiv, 3Sept2020</i>



CureVac	Germany	mRNA vaccine non-replicating "CVnCoV" <i>in vitro</i> transcription lipid nanoparticle encapsulated Given: Intramuscular 2 doses (4 weeks apart)	<a href="#">Phase 2/3</a> <a href="#">Phase 2</a> <a href="#">Phase 1</a>	CEPI up to \$15.3 Million	Sequence designed on computer	No cells used <a href="#">Rauch et al., bioRxiv 23Oct2020</a>	Protein test Reticulocyte lysate, HeLa cells <a href="#">Rauch et al., bioRxiv 23Oct2020</a>
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)	<a href="#">FDA</a> <a href="#">Emergency Use Authorization Approved</a> <a href="#">Phase 3</a> <a href="#">Phase 2</a> <a href="#">Phase 1</a>	<i>Operation Warp Speed</i> HHS-BARDA \$2,479,894,979 total  CEPI up to \$1 Million	Sequence designed on computer	No cells used <a href="#">Corbett et al., Nature, 5Aug2020</a>	protein test & pseudovirus HEK293 cells <a href="#">Corbett et al., Nature, 5Aug2020</a>
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)	<a href="#">FDA</a> <a href="#">Emergency Use Authorization Approved</a> UK EUA granted <a href="#">Phase 2/3</a> <a href="#">Phase 1/2</a> <a href="#">Phase 1/2</a> <a href="#">Phase 1</a> <a href="#">Phase 1</a>	<i>Operation Warp Speed</i> HHS-BARDA \$1.95 Billion	Sequence designed on computer	No cells used <a href="#">Vogel et al., bioRxiv 8Sept2020</a>	protein test & pseudovirus HEK293 cells <a href="#">Vogel et al., bioRxiv 8Sept2020</a>
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 <a href="#">Kalnin et al., bioRxiv 14Oct2020</a> mRNA production in the lab ; Translate Bio scientific platform	protein test & pseudovirus HEK293 cells <a href="#">Kalnin et al., bioRxiv 14Oct2020</a>

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

Written Testimony in Support of AB23 and AB25

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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](mailto: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](mailto: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

Emails

Rep.Wichgers@legis.wisconsin.gov, Rep.Thiesfeldt@legis.wisconsin.gov,

Rep.Allen@legis.wisconsin.gov, Rep.Ramthun@legis.wisconsin.gov,

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Rep.Cabrera@legis.wisconsin.gov

**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 manufactures 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.