PROCEEDINGS OF THE BOARD OF HEALTH MEETING
TUESDAY, NOVEMBER 19, 2019 5:00 PM
Duck Creek Center
2198 Glendale Avenue
Green Bay, WI 54303

Present: Richard Schadewald, Edward Morales, Cheryl Weber, Karen Sanchez, Jay Tibbetts, Cynthia Brown-Sullivan

Excused: Susan Molenaar

Others Present: Anna Destree, Ann Steinberger, Andrea Kressin, Erik Pritzl, Kris Kovacic

1. **Call Meeting to Order**
Chairman Richard Schadewald called the meeting to order.

2. **Approve / Modify Agenda**
MOTION: To approve agenda — Weber / Brown-Sullivan

MOTION CARRIED, VOICE VOTE

3. **Approve / Modify Minutes September 17, 2019.**

MOTION: To approve the minutes from September 17, 2019. — Sanchez / Weber

MOTION CARRIED, VOICE VOTE

4. **Community Partnership Recognition – Kris Kovacic**
Kris Kovacic stated for a year we held car seat clinics at Howard Fire and at Bellevue Fire. She stated Public Health is appreciative to both organizations for allowing them to run their clinics at their facilities.
   a. Howard Fire Department - Captain Tim Moes
   Kris thanked Captain Tim Moes for their partnership and presented an award which stated "In appreciation of support and commitment to child passenger safety in Brown County."
   b. Bellevue Fire Department – Fire Chief Jim Mlnarik
   Kris thanked Firefighter Chad Weihbrecht for the partnership and their flexibility. She also stated Bellevue has three staff members who are trained car seat technicians. Kris presented an award which stated "In appreciation of support and commitment to child passenger safety in Brown County."

Chairman Schadewald stated the Board of Health appreciated their help and they could not have done it without them.

5. **Certificate of Level III Designation to the Health Department – Chris Culotta**
Chris Culotta, the NE Region Director for the State of Wisconsin Division of Public Health stated in April of 2019 they conducted a 140 Review. He stated this will be the last time Brown County has to follow that process because the process will change as Public Health moves forward with accreditation. Chris presented a Certificate of Designation to the Board of Health and Anna stating "Brown County Health and Human Services Department, Public Health Division is a local health department in good standing with the statutes set forth by the Wisconsin Legislature and relevant administrative rules of the department. This local health department was formally reviewed by the Wisconsin Department of Health Services, Division of Public Health on June 20, 2019. It has been determined that this local health department meets the requirements and is so designated as a Level III Health Department. In accordance with DHS 140.07(4) this designation is in force up to five years."

Chris states as Brown County pursues its accreditation journey, he has seen so much growth from the Brown County Public Health Division, part of it is Erik's leadership, Anna's leadership and her leadership team.

MOTION: To suspend the rules to allow 14. Comments from the Public
Tibbetts / Morales

MOTION CARRIED, VOICE VOTE

14. Comments from the Public

Barbara Vanden Boogart, 7463 Holy-Mor Road, Greenleaf. Barbara stated the Wind Siting Council are making plans to reconstitute the council and over the next several months will meet again. Barbara stated their goal would be in the spring of next year to create a report to release.

Tara Czachor, 1584 Park Haven Road, De Pere. Tara stated the following:

I live in Brown County, and I also help run a nonprofit named Wisconsin United For Freedom. I am vaccine hesitant. I am hesitant of vaccine mandates and the removal of our personal conviction, or personal religious or medical vaccine exemptions.

Today, if anyone dares to question vaccine policy or safety, they are immediately labeled as "anti-vaccine" or "anti-science". These labels are repeated by the media, our public health officials, and even those in government. We have anti-bullying campaigns in our schools and laws against hate speech directed at minorities, and yet it has become socially acceptable to discriminate and verbally attack anyone who questions vaccines, including the families and individuals who consented to vaccination and were ultimately harmed by these products.
In recent years, articles in the media have included calls to hunt down, lock up, or snuff out people who choose alternative ways to maintain health and do not wish to receive one or more liability-free vaccine products. I have personally been bullied, threatened and discriminated against by doctors and other medical professionals regarding this vaccine issue.

Across the country, state legislatures are passing laws that discriminate against the children of parents who oppose one or more vaccine products based on their personal, conscientious or religious beliefs. They are doing this by removing their right to a public education and segregating them from their peers and from their communities. Some states have gone so far as to override a physician's diagnosis and denied vaccine injured children the right to an education by refusing to accept medical exemptions to vaccination.
Individuals who speak up and voice concerns over vaccine safety and policy have nothing to gain and everything to lose.

Currently, across Wisconsin, certain Boards of Health are proposing resolutions that would support legislation to remove the personal conviction vaccine exemption in Wisconsin.

I do not support the removal of this vaccine exemption in Wisconsin, or the removal of any vaccine exemptions in any other state as well.

I was interviewed by Wisconsin Public Radio last week about such resolutions. Here was my quote:

> *"And there's been considerable pushback from a group called Wisconsin United for Freedom. One of the group's founders, Tara Czachor, said she opposes eliminating the personal conviction vaccine waiver.*
> *"For us, the issue is not so much about vaccines but rather about personal and parental choice," said Czachor."*

I recently traveled to Washington DC to attend an event on vaccine injury. Around 3,000 people traveled from all over the country to acknowledge that vaccine injury occurs. Doctors, legislators, mothers and fathers all spoke at this event because they have a story to share.

I then flew to Iowa for another conference put on where I spoke to multiple physicians, nurses, fathers, one mother whose baby- baby Evee— died 36 hours after being

administered her 6 month vaccines, a mother whose son Christopher died last year after being given the HPV vaccine, a mother whose perfectly healthy son lost all speech and ability to walk after his 12 month vaccines. My friend's daughter, right here in Wisconsin received the HPV vaccine last year and since then, has had over 200 seizures and various other serious health issues related to her vaccine injury from Gardasil.

I understand that as volunteers for a local Board of Health you are committed to the well-being of our community. As members of this board, the expectation should be that you will work with members of the community in order to achieve the ultimate goal: healthy children and adults. There are many situations in which a medical professional could learn something by having an open and honest conversation with someone who may see things another way. This is true in many aspects of life. The worst thing that we can do in these situations is bury our heads deeper in the sand and decide that the opposing viewpoint is just wrong and irrelevant.

In the past 50 years, we have seen a significant decrease in reported cases of infections typically experienced in childhood. At the same time, we have seen an unprecedented and unexplained increase in the number of children suffering from chronic illness and disability. A study published in 2011 in the journal Academic Pediatrics found that an estimated 54.1 percent of children in the U.S. suffered from at least one chronic illness. According to the study, "An estimated 43% of U.S. children currently have at least 1 of 20 chronic health conditions assessed, increasing to 54.1% when overweight, obesity, or being at risk for developmental delays are included; 19.2% have conditions resulting in a special health care need.." Our Public Health Department needs to be able to tell us why:

- *1 in 6 children are learning disabled;*
- *1 in 10 children has asthma;*
- *1 in 10 children is diagnosed with a mental disorder;*
- *1 in 13 children has severe food allergies;*
- *1 in 26 children are epileptic;*
- *1 in 59 children develops autism;*
- *1 in 300 children has diabetes*

And Public Health needs to tell us what they are doing to improve these rates before they support laws aimed at removing our rights to decline pharmaceutical products which haven't been fully studied to determine if they are associated with these serious, life-long illnesses. The decrease in infectious disease rates in our country has not improved the overall health of our children. Chronic disease and disability in America costs more than two trillion dollars a year. I am vaccine hesitant. I have a right to be so. I also have a constitutional right to decide what I eat, what I drink, and what medical procedures I allow for my own body, and that of my children's bodies.

I respectfully ask for a round table discussion with individuals on this board and myself, as a community member and as a leader of the nonprofit organization Wisconsin United for Freedom. I am asking for my questions and concerns on vaccine safety, vaccine hesitancy, and vaccine injury to be discussed.

Kalyn Tousey, 712 Carol Lane, Pulaski. Kalyn Tousey stated she is here today to express her concern with the steady and dramatic increase in our rates of disease, specifically chronic disease in children. As a senior in high school she was suffering from multiple health conditions and has a history of symptoms that pointed to other autoimmune conditions and has been tested. Kalyn stated in the fall of 2008, her doctor was successful at bullying her into getting the HPV shot. She declined multiple times before because she did not want to get a shot, but when the doctor told her she was at risk for cancer she was fearful of what could happen if she didn't get it. She stated she let him give her the full series and the last dose they administered they decided to give her the Tdap at the same time. She states if she had been given informed consent there was no way she would have gotten those shots. She had no idea that she was at higher risk of damage with multiple immune dysfunctions already on file. Within two weeks she was in the ER with more medical conditions. She spent the next four years going through constant medical treatment and countless tests. She stated after those four years and tens of thousands of dollars she began researching vaccines and states

that's when all the pieces fell together. She stated looking back at her extensive medical records, she was able to see that vaccines were always given to her within a short time of her newly diagnosed medical conditions. She stated if her doctors had read the vaccine inserts for themselves they would not have given her those shots that now has caused irreparable damage and long term suffering. She stated if the doctors were reading the inserts they would know not to vaccinate a child with MMR if the child's parents or the child themselves have autoimmune issues. She stated her friend's daughter has suffered seizures after shots and was told that was completely normal. She stated if we give a child a new medication and they suffered seizures afterwards, we wouldn't dream of continuing use. She stated it is time to hold doctors to a higher standard and demand they give more time for true informed consent. She looks forward to hearing what the Board of Health plans to do to help the doctors become more educated in the pharmaceuticals that they are pushing on their patients.

MOTION: To return to the regular order of business. Tibbetts / Brown Sullivan

MOTION CARRIED, VOICE VOTE

6. **National Conference Poster Review - Leishmaniasis – Dr. Morales**
Dr. Edward Morales presented a poster entitled "A Rare Cause of Dysphagia-Mucosal Leishmaniasis," by Kwabena O Adu-Gymfi, MD, Edward Morales, MD, Scott Hunt, MD, and Olaitan Adeniji, MD. He stated many people deserve kudos for collaborating on this case. He stated this was a gentleman from Honduras who had been in the United States for about 10 years who had an oropharynx that looked like the photo on the poster. He stated there was something in this case that suggested Tuberculosis and that is how this case was linked to Public Health. Dr. Morales stated the patient was treated for TB and this case was sent to the Southeast National TB Center. They were able to get a CT scan which showed the disease going down his throat and choking him. Dr. Morales stated a biopsy was sent to the CDC and after multiple sophisticated molecular techniques, it turned out to be Leishmaniasis. The patient got very costly medication donated by the company. This brings full circle the work of Brown County, the State, the network they have for STNC, CDC and all the local physicians involved. Dr. Morales stated this is a case where no one is smarter than all of us. This gentleman is doing fine now. The presentation poster was presented at the American Gastroenterology Association Conference and received an award.

7. **Nursing Unit Update – Ann Steinberger**
   a. 2019 NE Region TB Summit – Ann Steinberger wanted to recognize the efforts and hard work of Danielle Jauquet and Kate Long along with other Public Health staff and other members of the committee, for putting on a wonderful conference with over 100 people in attendance.
   b. Reportable/Communicable Disease Related – Ann stated the State recently posted on their website since November of 2019, the DHS has seen an increase in the number of reported cases of E.coli 0157 throughout the State with one case of hemolytic uremic syndrome (HUS). The investigation into this source of infection is ongoing. DHS is working with local health departments in the State to interview the sick individuals to see what is common. Anna stated the FDA has taken over jurisdiction because it has crossed into other states. Ann stated they are currently seeing two people for TB disease.
   c. 2020 Lead Objective Update – Ann stated this coming year they want to help build capacity and they want to have another lead safe renovator class. Ann stated they want to work to make some homes in Brown County lead safe. She stated there is new funding opportunities which will be available for community development block grants that people would be able to apply for. The child does not need to be lead poisoned, as long as there is a lead hazard in that home.

8. **Community Engagement Unit Update – Andrea Kressin**
   a. Strategic Plan Approval – Andrea stated she has two action items. Andrea stated at the last meeting Katie Ledvina shared the Strategic Plan and the Quality Improvement Plan for approval. Andrea asked for a motion to approve the Strategic Plan. Mr. Schadewald stated Katie submitted a draft and Cheryl Weber stated they did not receive a final. Anna stated there were no significant changes only grammatical.

   MOTION: To approve the Strategic Plan. Weber / Sanchez

Mr. Schadewald stated he understood there was very little change in the draft they saw. Dr. Morales asked that the drafts be email to the Board of Health. The motion will be put on hold until a copy can be printed. Andrea indicated she not see files marked "final" in the shared drive so she is not comfortable speaking on Katie's behalf. Andrea will send the final to the Board of Health and it can be voted on at the January meeting.

MOTION: Motion to drop previous motion. Sanchez / Weber

MOTION CARRIED, VOICE VOTE

MOTION: To hold 8a. and 8b. until next meeting Weber / Schadewald

MOTION CARRIED, VOICE VOTE

b. Quality Improvement Plan Approval

c. Alcohol and Drug Prevention Efforts Update – Andrea stated they are being proactive and working on the prevention end and taking the initiative to explore a number of different options for activities. There was a recent fall take back event for prescriptions that were unneeded or unwanted to take out of circulation. In Brown County there was over 2,026 pounds of prescription medications collected. Andrea stated they installed a permanent drop box at the Community Treatment Center, which is the first non-municipal collection box and it collected 37.5 pounds in 4 months. Kris Kovacic presented a backpack used for parent education, educating community agencies and school staff on the vaping epidemic and alcohol and drug abuse. Kris stated some communities have a "hidden in place" mock bedroom setup to show all of the places kids are hiding and concealing drug paraphernalia in their bedroom. Kris stated they created a backpack because there are a lot of schools in our communities that let kids carry their backpack from class to class. Kris presented a number of stash devices and other vape devices.

Kris stated we have lock boxes, mail back envelopes, lock bags and deactivation units which are free to community members, organizations or family members. Cheryl Weber asked how are they advertising these items. Kris responded by word of mouth.

9. Environmental Unit Update – Anna Destree

a. Environmental Manager Position Update – Anna stated she received an accepted offer. She is not ready to announce it yet. It is projected to be January 6, 2020.

b. Tourist Room House Update – Anna stated they have 228 licensed TRH and 250 was the goal. She stated 37 are still operating and need to be licensed. They have sent various letters out to these. Eight have been issued a cease and desist. Anna stated if they do not comply they will issue a citation. Anna stated if they get the 37 licenses, they will meet their goal of 250. Anna stated they continue to get more leads from Village of Ashwaubenon.

10. Health Officer's Report – Anna Destree

a. 2020 Budget update – Anna stated the tiered pay levels for the Sanitarians passed County Board. She stated this means they have four different levels for Sanitarians. She stated this allows them to accommodate inexperienced to experienced Sanitarians. They also created a Standard, who is responsible for doing DATCP agent standardization. Anna stated they also will have two lab technicians. They are working on non-transient community well program with the DNR and also having conversations to monitor Bay Beach. They are also having conversations whether to add ELISA testing, which is testing for microcystins for the algae blooms. Anna indicated they changed their Public Health Educators to Community Health Strategists which aligns with where they are going with being the Chief Health Strategist in the community and with their policy and system alignment work. Anna indicated the 3% increase in fees to the Environmental Division. Anna stated due to the 2017 WI Act 225 or Assembly Bill 536, they cannot increase the fee for micro markets. They did not increase any penalty fees.

Erik Pritzl stated on the Human Services side in regards to budget, they added positions in their mental health area, Adult Protective Services and in Comprehensive Community Services (CCS). Erik indicated they are also adding a Treatment Court Case Manager for Veterans Treatment Court. Erik indicated in Child Protective Services they received a significant increase in State funds and they are adding 14 positions in 2020. Erik stated in 2020 they are working on getting the child death review team restarted in regards to prevention.

b. 2020 Smart Goals – Anna handed out 2020 SMART Goals and stated our goal moving forward is that they complete one major QI project in each unit so it made sense to make their QI projects, their our SMART goals. Mr. Schadewald asked how did they do on their 2019 goals. Anna stated she would report on those goals at a later date.

11. Public Health Legislation – Standing Item – Anna Destree

a. Vaping Resolution
Anna stated the last time they presented the resolution to the Board there were suggestions for edits and they incorporated those into this copy. Erik Pritzl stated this will go as a communication to the Human Services Committee tomorrow night. They will present the draft plus any comments the Board of Health may have tonight. Anna stated the feedback they received was to add language that it was an outbreak and making sure they added school policies as well. Mr. Schadewald stated in the Resolve section it should be changed to "school district policies." Mr. Schadewald asked what "Alternative-to-Citation/Suspension programs" means. Kris Kovacic stated the American Lung Association has a program as a resource for schools to utilize because they know these products are so additive. Mr. Schadewald asked how they coordinate with school liaison officers. Kris Kovacic stated they met with them this summer and each school has a digital board that Crime Stoppers purchased and put in the schools. They are looking at putting digital materials on them. Edward Morales asked how this resolution would help. Kris stated the resolution would prompt municipalities to enhance their local smoke-free indoor air policies which right now only covers smoking.

MOTION: To encourage the passage of a resolution supporting strategies to tackle e-cigarettes by the Human Services Committee. Sanchez / Brown-Sullivan

MOTION CARRIED, VOICE VOTE.

12. Receive New Information on Wind Turbines – Standing Item

William Acker, Acker & Associates, 3217 Nicolet Drive. Bill Acker distributed a document entitled "*Results Taken From The Epidemiological Study on Long-Term Health Effects of Low-Frequency Noise Produced by Wind Power Stations in Japan,*" prepared by William G. Acker and dated November 19, 2019, and stated his document was an article that was recently presented in September to the International Congress on Acoustics in Germany. He stated it is epidemiological study on the long-term health effects of low-frequency noise produced by wind power stations in Japan. Mr. Acker stated his document summarizes the entire article attached entitled *"Epidemiological study on long term health effects of low-frequency noise produced by wind power stations in Japan,"* by Tatsuya Ishitake, Yoshitaka Morimatsu and Kunio Hara, dated 9 to 13 September 2019. He stated they started with 9,000 people and they got responses from 2,500 of those people. Those people were broken down into groups. The first group of people that would be living in homes within 1,000 meters or 3,281 feet, the second group is from 1,000 meters to 1,500 meters, the third group is 1,500 meters to 2,000 meters, the next group was 2,000 meters to 5,000 meters and the remaining was for anyone beyond 5,000 meters or over 3.1 miles. He states they looked first at the percentage of participants that were hearing the noise and at which categories that they fell into. For people that were at 1,000 meters or less, 63% of those participants could hear wind turbine noise. In that same group, 41% of those people fell into the category of prevalence of sleep disorder. From 1,000 to 1,500 meters, 44% could hear the noise and 37% of those people fell into the prevalence of sleep disorder. At 1,500 meters to 2,000 meters they have 29% of participants hearing the noise and 28% of those people fell into the prevalence of sleep disorder. The 2,000 to 5,000 meters they have 7% of the people still hearing the wind turbine noise. 22% had a prevalence of sleep disorder. The last category of 5,000 meters had 2% of the people hearing the noise and 30% of those people in that category falling into the

prevalence of sleep disorder. He stated the document went on to say that of those people that were exposed to a night time noise level of 35 db or higher, those had a 1.5 times higher likelihood of having a sleep disorder than those exposed to typical night time noise of 20-25 db. Mr. Acker stated keep in mind that wind turbines are usually out in rural areas and those rural areas at night, when there are no wind turbines, have a typical noise level of 20-25 db. Mr. Acker wanted to point out that if they had this 35 db noise level or higher in comparison to 20 or 25 db being the norm, that is 2.8 times louder than the noise at 20db. That is a significant number. Mr. Acker stated he looked at the Shirley Wind report and in that report it had one home at 1,100 feet and it said the night time noise level was 48 db. That 48 db would have a typical sleep disorder according to this document of perhaps somewhere as high as 2.3 to 2.8 times higher. Last of all what he wants to point out is that when these people filled out the sleep disorder, it doesn't quantify whether that was occurring from audible noise or inaudible noise. He states they know from the significant testing going on that we have people who are sensing the noise rather than hearing the noise at locations where there is no audible noise. He has no doubt that there will be sleep disorder from people that are in areas where there is no audible noise due to the pressure pulsations of the inaudible noise. He stated the only reason he is pointing it out is he doesn't know if there is a way to, as they designate a sleep disorder, as to whether it was from inaudible noise or audible noise. Mr. Acker stated he just wanted to point out in his professional opinion a lot of the disturbance that people experience and/or health issues is from the inaudible pressure pulsations of the blade. Mr. Acker thinks this is a significant study because it gives you a feeling for how many of the people are actually hearing the noise at these difference distances from the wind turbines but also how many fell into the category of sleep disorder.

13. Correspondence

14. **Comments from the Public** – moved above.

15. Adjournment / Next Meeting Schedule

January 14th, 2020 at Duck Creek Location. Cheryl Weber stated she has been on the Board of Health for two years and filled in a term. She states her term is up and she is stepping down to concentrate more on her health and her family. She stated she appreciated and was honored to be on this Board and understand more of what we all do. She appreciates the forward looking path we are on being preventative and proactive versus reactive. Mr. Schadewald thanked her for her service on the Board of Health.

MOTION: To adjourn meeting Tibbetts / Morales

MOTION CARRIED, VOICE VOTE.

DRAFT