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PACKERS FAMILY NIGHT

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Minocqua committee on housing and labor to identify property suitable for workforce housing

Town board and committee express urgency after two recent business closures due to worker shortages

By Trevor Greene
OF THE LAKELAND TIMES

The Minocqua town board and its ad hoc committee on housing and labor held a joint meeting on Tuesday to get more information with regard to seasonal workforce housing development and tax incremental financing (TIF).

Near the end of the roughly two-hour meeting, the town board agreed to have the committee research and find pieces of property that could be suitable for workforce housing development.

Ideally, the property would be three-and-a-half to four acres in size.

The town board and committee received two presentations at the meeting from Dan Bullock, president of Lake Delton-based Holtz Companies, and Dave Rasmussen of MSA Professional Services.

Bullock was the first to present, and he spoke to the town board and committee about two Holtz Companies that could help the town obtain seasonal workforce housing — International Residence Hall and Holtz Builders.

Holtz Builders, Bullock explained, would be willing to work with local subcontractors to develop a piece of property. The only aspect he said is non-negotiable is maintaining the same architect and designer its worked with on all the company's other workforce housing developments.

International Residence Hall is a Holtz company that manages and

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TREVOR GREENE/LAKELAND TIMES

A 'QUILTESSENTIAL' DISPLAY

Lynn Cox takes a moment to appreciate the stitch work on one of the many quilts displayed during the 8th Annual Street Fair on Sunday, Aug. 6, in downtown Sayner.

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Department of Natural Resources releases revised draft wolf plan

Wolf plan to head to Natural Resources Board for October meeting

By Beckie Gaskill
OF THE LAKELAND TIMES

Wolves and wolf management are two of the most highly debated topics in Wisconsin when it comes to the state's natural resources. When the Department of Natural Resources revealed their draft wolf plan earlier this year, it was met with a good deal of push back. There were several things at issue in the plan for many, including some of the state's biggest conservation organizations.

DNR secretary appointee Adam Payne told the Wisconsin Wildlife Federation board at a meeting shortly after the draft plan was released that he would take into account the feelings of conservation organizations in the state as well as those in the north who lived with wolves on a daily basis. Over 3,500 public comments came in once the plan was released. Many people took issue with several parts of the plan.

Population goals

One of the biggest issues was the lack of a population goal in that draft. Many organizations and individuals wanted to see the population goal return to the 350 mark that was in the original wolf plan for the state. The Wisconsin Wildlife Fed-

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In vaccine court, similar cases, different outcomes

Does vaccination trigger SIDS, and did parents get justice?

News analysis

Part three of a five-part series

By Richard Moore
OF THE LAKELAND TIMES

The persistence of Sudden Infant Death Syndrome, or SIDS, in the United States has long been a medical mystery — though rates are down, they remain much higher in high-income North America than in many regions — but over time the scientific community has been slowly solving the puzzle, piece by piece.

Just this year, new studies have once again focused attention on the roles serotonin and cytokines play in vulnerable infants during critical periods of development: Serotonin levels are lowered when levels of circulating cytokines are high, and studies have linked SIDS to lowered serotonin levels.

The research bolsters reams of research from earlier years.

That has also caused many researchers to point fingers at early vaccinations as one potential factor

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in SIDS. These researchers have produced research that both document a temporal association between vaccination and SIDS and underscore that early vaccinations can spike levels of cytokines in infants.

The temporal association is especially strong. In a 2021 paper in *Toxicology Reports,* for example, Neil Miller of the Institute of Medical and Scientific Inquiry analyzed data from the nation's Vaccine Adverse Event Reporting System (VAERS) and found that, of 2,605 infant deaths reported to VAERS from 1990 through 2019, 58 percent occurred within three days after vaccination and 78.3 percent occurred within seven days after vaccination.

Those numbers confirm a close temporal proximity of infant deaths to vaccine administration, Miller wrote.

The United States government and the pharmaceutical industry have dismissed any association. They point out that VAERS data itself presupposes finding a temporal association because that is the purpose of making a report to VAERS — when an adverse event happens soon after vaccination.

Still, that does not make the numbers useless, for Miller's work shows that the timing of those deaths during early post-vaccination periods point to the vaccinations as causative.

That is to say, of those 2605 infant deaths, 21.7 percent occurred between eight and 60 days after vaccination. But, Miller pointed out, that represented an average of 11 per day as compared to 760 infant deaths that occurred on Day 2 post-vaccination — a 69-fold increase.

"If the 2605 deaths which occurred within 60 days of vaccination were randomly distributed throughout this interval, one would expect 43.42 deaths per day or 304 per week," the study stated. "The excess of deaths on the day of vaccination (43 were expected/440 occurred), within 3 days post-vaccination (130 were expected/1512 occurred), and in the first week post-vaccination (304 were expected/2041 occurred) were all statistically significant."

All of which establishes a likely association between those reported deaths and vaccination, Miller argues. In addition, the fact that these are only compiled from VAERS reports says nothing about non-VAERS reported deaths because many SIDS deaths following vaccination are undoubtedly not reported, some say by as much as a factor of 100.

And that's not all. A raft of other doctors and researchers have pointed to possible links between SIDS and vaccination for decades, many of which will be reviewed in a future article. But in one example, cited by Miller, in 1982, William Torch, the then director of Child Neurology in the Department of Pediatrics at the University of Nevada School of Medicine, presented a study about the relationship between the DPT (diphtheria, pertussis, tetanus vaccine) and SIDS.

"Preliminary data on the first 70 cases studied shows that two-thirds had been immunized within 21 days prior to death," Torch wrote. "In the DPT-SIDS group, 6.5 percent died within 12 hours of inoculation, 13 percent within 24 hours, 26 percent within three days, and 37 percent, 61 percent and 70 percent within one, two and three weeks, respectively."

Vaccine proponents like to point out that SIDS and early vaccination occur in the same early period of life by definition, so there are bound to be temporal though not necessarily causative associations, but Torch also found that unvaccinated babies who died from SIDS did so most often in the fall or winter while vaccinated babies died most often at two and four months — the same ages when initial doses of DPT were given to infants regardless of the season.

"DPT may be a generally unrecognized major cause of sudden infant and early childhood death, and the risks of immunization may outweigh its potential benefits," Torch wrote.

Torch later produced a second work buttressing his findings, which are supported by least nine other studies. To be sure, opposing studies have found no clustering, but critics say some of them are weighted with potential methodological flaws (primarily by overlooking diagnostic shifting in the classification of SIDS deaths over the years), and freighted even more by conflicts of interest.

For example, one 1987 study clearing vaccinations, by Dr. A. M. Walker, was funded by, among others, the federal Food and Drug Administration; Burroughs Welcome Co.; Ciba-Geigy; Glaxo Inc.; Hoftmann; La Roche Inc.; Lederle Laboratories; Lilly Research Laboratories; and Pfizer Inc.

The truth is, the alleged link between SIDS and vaccination is much like the link between autism and vaccination: There are a multitude of peer-reviewed studies on both sides, about equal in number between those showing a correlative link and those showing no link, and those who say there is no correlation have their own methodological problems with opposing studies.

The issue was perhaps best framed by Dr. Motoki Osawa of the Tokai University School of Medicine in his own 2019 paper in *The American Journal of Forensic Medicine and Pathology:* "Sudden infant deaths might be attributable to adverse reaction to vaccination, but separating them from coincidental occurrences is difficult."

At the very least, it's an open debate, though it's not presented that way in the corporate media, which uniformly touts the pharmaceutical corporate perspective.

The stacked deck

All of which leads inevitably to claims made to the national Vaccine Injury Compensation Program (VICP), where there are but a narrow set of injuries and conditions that are automatically presumed to be caused by vaccination if they occur within a short time after vaccine administration. Those are known as Table Injuries.

Given the polarized findings about any association between SIDS and vaccines, it's not surprising that SIDS is not listed by the government as a Table Injury, though critics of the program say it should be (more about that later).

Still, if one believes an injury or death was caused by vaccination, there is an alternative route that can be taken to gain a favorable judgment, and a number of SIDS cases have followed that route.

It's called the Althen test — named as a shortened expression of a 2005 court case, *Margaret Althen v. Secretary of Health & Human Services* — a three-pronged appraisal that petitioners must navigate to receive compensation.

To make a long story short, petitioners must establish all three prongs to be successful: (1) a medical theory causally connecting the vaccination and the injury; (2) a logical sequence of cause and effect showing that the vaccination was the reason for the injury; and (3) a showing of a proximate temporal relationship between vaccination and injury.

Critics say that claimants face a stacked deck from the start: The most straightforward path is to establish a Table Injury, but the government keeps that list short so it precludes most claims from consideration. Then, too, families trying to navigate the Althen process face more hurdles — a government employing an army of experts to contest claims and delay the process, not to mention special masters (the judges in the cases) who often seem disinterested, uninformed, or hostile. And there are aggressive appeals when the claimants do prevail.

All for a program created by Congress as a way to reduce adversarial proceedings and give aggrieved families justice in exchange for protecting the pharmaceutical companies from lawsuits.

Sometimes it works that way, critics say; most often it doesn't.

To demonstrate just how tilted in the government's favor the vaccine court can be, it's useful to revisit Family A from the last story. To recap that case, the petitioners' child was born between 2010 and 2015, was healthy at birth, and, prior to vaccination, had been very healthy with the exception of some previous slight jaundice, which turned out to very common breastfeeding jaundice that rarely needs attention, and that did not in that case.

After receiving six vaccines at two months, including DTAP, the male child reportedly screamed and cried in a short burst, then fell asleep and slept more than usual that afternoon and evening. The baby also ate less than normally.

At about 11 p.m. that night, after being fed and put down to sleep, the child died suddenly. The coroner subsequently ruled the cause of death as SIDS, with no obstruction or suffocation or any other reason involved.

Later in vaccine court, the family's attorney tried to argue that vaccination had caused two Table Injuries — encephalopathy and anaphylaxis — all in vain, producing no real evidence to establish either.

The attorney then attempted to argue that vaccination caused a Non-Table injury, but only proffered a vague and generic statement from a pediatrician in support of the Althen prongs, writing that "[t]he baby possibly would not have died had he not received multiple vaccinations on the same day. The vaccinations could have been a factor. Medicine is an imperfect science. No doctor could state conclusively that the vaccination caused the baby's death."

Inexplicably, despite the coroner's conclusion that the child died from SIDS, and despite repeated exhortations from the special master to do so, neither the attorney nor the pediatrician offered any specific "medical theory causally connecting the vaccination and the injury," as prong 1 of Althen requires.

Indeed, the special master in the case dismissed the claim based on failing the very first prong, and conducted no other analysis. The master observed that the petitioners' "expert" believed the administration of multiple vaccines at once was a "possible" cause of death, but the master found that belief to be bereft of any actual medical evidence.

It's important to remember that prong 1 of the test does not require the medical theory to be related to the specific case at hand — that proof comes in the later prongs — only that it offers a sound theory that vaccinations have caused or can cause the specific injury or condition in some infants, in this case that vaccinations have caused infants to die of SIDS, or that a sound medical theory exists that vaccinations could trigger SIDS.

The special master concluded in this case that the evidence wasn't even close.

"This article fails to document any causal link between multiple vaccinations and an infant's death or SIDS," the decision stated of the evidence the family's attorney presented. "These mere generalized possibilities, with no explanation of how vaccines can cause injuries that progress to the point of death, are wholly insufficient as a medical theory proving the vaccines caused-in-fact [the child's] death."

The special masters

There's no arguing that, in Family A's case, there was a legitimate basis for dismissal, especially if a traditional court's rules of evidence are followed: Like a judge, the special master hears the evidence presented and makes a decision.

But, in fact, a special master is not a traditional judge, and the strict rules of fact-finding and other court proceedings are not necessarily followed, and for a purpose.

That is to say, the special masters have flexibility federal judges do not have. In fact, they don't even have to hold a hearing on a claim if they decide not to, or they can suspend proceedings to seek additional information.

Indeed, Congress wanted a swift, expedited, and non-adversarial process, and they wanted special masters to develop expertise and broad knowledge in vaccine-injury claims.

They also wanted special masters to use that flexibility to get to the truth and level the playing field. If a family was outgunned against the government's expertise and money — as most would be — the special master was a safety valve designed to get to the truth.

Indeed, the VICP's Guidelines for Practice lays out those expectations for special masters, observing that the special master's role "differs slightly from that of an adjudicator in traditional litigation."

"The special master may be more actively involved in the early stages of proceedings than is usually the case with a judge in a traditional civil proceeding," the guidelines state. "The special master may confer frequently with the parties in informal status conferences. *In these status conferences, the special master may identify information that is needed, and, where appropriate, may assist a party in obtaining it* [emphasis added]."

Then, too, the special master may ask the parties to clarify their positions, and work actively with the parties to develop a streamlined method for resolving the case.

"Further, in recognition of Congress's intent that the special masters be more 'inquisitorial' than judges in typical litigation, the special masters may ask for more documents when such a need is determined, file medical articles that appear relevant, question witnesses where appropriate, and inform the parties concerning what additional evidence is necessary," the guidelines state.

Special masters have even ordered medical testing to be performed.

Of course, as the guidelines suggest, the special masters' "inquisitorial powers" do not relieve the burdens of the parties. And the key word about what the special master can do is 'may,' not 'shall': They may research and file medical articles, based on the expertise they supposedly developed, they may identify what is specifically needed, and they may assist the parties in finding and obtaining it.

But they don't have to, and critics say that's a flaw.

In the case of Family A, the special master did none of those things, choosing instead to issuing minimal caution that a relevant theory of medical causation was lacking but without attempting to use the supposed expertise of the special master to identify that theory and/or assist the family in finding it.

Instead, the family got a three-paragraph dismissal on the easiest Althen prong to satisfy.

If only Family A knew what Family B did

In the case of Family A, it would have been one thing if no plausible medical theory existed linking SIDS and vaccination.

But as it turns out, a powerful theory did exist, and the vaccine court — if not the special master — for Family A knew about it. Indeed, a medical theory presented in another SIDS case by Family B was so strong that the family did not merely survive prong 1 but won their case for compensation.

To be sure, their victory was short-lived, being overturned on appeal,

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which in itself sparked vociferous dissent and calls for reform from critics who said the appeals decision exposed even more flaws in the vaccine compensation program.

Still, the 55-page decision delivered in favor of Family B was a far cry in effort and scope from the nine-page decision — and three-paragraph prong 1 determination — rendered in the case of Family A.

The bottom line was, Family A clearly lacked adequate legal representation and was assigned a special master who felt no need to move beyond what that legal representation offered the court.

To make matters worse, Family A's case was adjudicated the same year as Family B's, and the facts of death were similar: Like Family A's child, Family B's child was healthy and acting normally during the well-child visit where the vaccines were administered, "smile and cooing," but it was a different story after the visit.

No more laughing or cooing. He "was not moving as much [and] he seemed quiet and withdrawn." He would not eat.

He died the next day, after being left alone for about 10 minutes. The cause of death was found to be SIDS.

The decision year was different but the proceedings coincided temporally but not substantively. Family B's representatives presented a powerful causative theory connecting SIDS and vaccination, in part using research that had existed for years.

In contrast to Family A, the special master for Family B dove into the expert opinion and medical literature, observing in the decisions that a special master "must consider the entire record and is not bound by any particular piece of evidence," nor by any "diagnosis, conclusion, judgment, test result, report, or summary" contained in the record, and that a special master "must weigh and evaluate opposing expert opinions, medical and scientific evidence," as well as the evidentiary record.

At the end of the day — or months — the records in the case of Family B were deep and thick, with the special master noting that the parties had submitted "voluminous literature" to explain what is understood about sudden infant death syndrome, the potential role of inflammatory cytokines generated by vaccines in acting as a necessary trigger, and the epidemiology of SIDS.

And what passed muster before the special master was indeed a plausible medical theory linking SIDS and vaccination, embodied in what the medical community since 1994 has called the Triple Risk Factor. According to this model, "SIDS occurs when: (1) an infant in a critical development period; (2) possessing an underlying vulnerability; (3) encounters an exogenous stressor," and SIDS only occurs when all three factors are present.

With risk of oversimplifying, the critical development period is the first year of life, and more often considered the first six months of life. The second risk factor is a vulnerable infant, due to either environmental or genetic factors.

Through the years, the most significant risk factor identified by scientists is a brain stem abnormality "in the neuroregulation of cardiorespiratory control," in other words, a neurochemical abnormality focused on a child's serotonin system.

That's important, because that system is key to a body's internal environmental controls, the ability to maintain a constant internal environment, allowing "survival over a wide range of external environmental conditions."

The lead researcher in developing this model was Dr. Hannah C. Kinney, who posited that "deficits in the … system will lead to imbalances in respiratory, cardiovascular, and/or metabolic regulation — including in response to stress — in the pediatric age range, particularly in the first days and months following birth."

And, the researchers have written, "insufficient function of the 5-HT [serotonin] system, which is necessary for breathing, leaves an infant vulnerable to a variety of crisis situations."

Of course, there must also and always be a "critical exogenous factor" causing that insufficient function, according to the model. As the special master in the Family B case observed, "prone sleep position, face-down position, covered face in the supine position, soft bedding, bed sharing, over-bundling, elevated room temperature, and minor infection at the time of death," have all been identified as such stressors, which, the literature suggests, act as triggers.

Are there other triggers?

In 2009, Kinney and her colleagues wrote that a causal role for mild infection in sudden infant death was suggested by reports that in approximately half of SIDS "the infants have a seemingly trivial infection around the time of death …."

The theory is, such infections stimulate a cytokine response. Elevated cytokine levels suppress the serotonin system, and can, in those infants with an underlying abnormality, trigger a fatal response, essentially an inability to process carbon dioxide in the system.

And, if that's the case, the special master asked and the petitioners alleged, could vaccinations, which cause cytokine levels to spike, have triggered the same tragic perfect storm:

"In infants who die unexpectedly of infection, the given organism may precipitate a lethal cytokine cascade or toxic response," the special master wrote. "The question arises as to whether the cytokine response stimulated by vaccination can have the same effect as a mild or trivial infection in a baby who presumably has a defect in the medullary 5-HT system."

Obviously, the special master decided the answer was yes, after plowing through more than a score of studies and taking into consideration the expert testimony on both sides. But whatever the other two prongs — actually showing a logical and temporal path to causation — the medical theory existed, with at least enough research to make it a plausible question, as the special master concluded:

"[Dr. Douglas Miller] said that we know that when a child gets a vaccine or a whole group of vaccines all at once, as occurred in this case, it evokes a response which includes the production of cytokines; that among those cytokines are IL-6, TNFα, and IL-1β. Those levels go up in the blood. We know that IL-1β can inhibit the activity of the 5-HT neurons in the medulla. If you take an infant who has a defective medulla with a defective 5-HT system already, you put in a stress situation with elevated carbon dioxide or low oxygen, and there is a vaccination which further shuts down the 5-HT system, and you can get a complete failure of response and therefore a death. He concluded that the mechanism is plausible."

So prong 1 satisfied, no matter what occurred in prongs 2 and 3. The problem is, the theory existed during the year Family A adjudicated their claim, but never once was it brought into play or even looked into not only by the family's representatives but by the special master, either because of the special master's simple unwillingness to help the family, or perhaps a lack of effort due to the increasing workload of special masters or other reasons, or perhaps the special master lacked the expertise that a master is supposed to have or had already prejudged the case.

In any event, there were major similarities, and a major difference in initial outcome.

The cases cry out for reform, especially in the role of the special master, both in terms of truly acquiring the knowledge necessary to adjudicate vaccine claims, as well as to fulfilling a congressionally-intended role that assures a level playing field and balanced distribution of expert testimony, resources, evidence, and research.

Family B's short-lived win, the theory linking SIDS and vaccination, the appeals court reversal dissent — all that is next.

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