

Lincoln-Lancaster County Board of Health, March 10, 2026

Comments

I'm Tracy Aksamit, from Lincoln, representing myself, and I'm here to share my perspective, questions mostly, on this Board's LB203 comments on Health Department oversight. My questions mainly focus on what consent looks like, between patient-doctor and in governance, and also on how we build the trust this Board and others expect, in a culture that disregards well-qualified experts who demand examination of vaccine safety.

Within the last several weeks, my questions have been especially shaped by these three influences: first, reading a book recommended by an Omaha doctor, *The Road to Wisdom*, written by former NIH Director, Dr. Francis Collins; second, the emotional PANS/PANDAS testimony by moms to the Legislature's insurance committee, one mom describing her child's symptoms as a "brain on fire;" and, third, a friend dismayed by an LPS notification that her well daughter would be excluded from school if measles were detected.

For context, my parents and I did not question childhood vaccines and I, and my children, received them all. However, what I've observed over the last 30 years, and as I listened to the PANS/PANDAS testimony, mom's pleading for coverage of very expensive treatments, I find myself with many more questions. Like, why is the same encephalitis condition, SSPE, a serious risk for both measles infection and the MMR vaccine? Why are there specific encephalitis warnings in the MMR package insert, but not on the patient information sheet? Why have vaccine manufactures enjoyed unique product liability protection since 1986. This protection includes a poorly administered adverse event reporting system, requiring provider reports, and a Vaccine Injury Compensation Program (VICP) fund that nearly guarantees payment of \$250,000, under certain situations, for MMR and other vaccine injuries included on the VICP Table? An excerpt from the VICP table is attached.

In Dr. Collins' book, in his discussion on vaccines he writes about Dr. Andrew Wakefield. Dr. Wakefield, you might know, is the surgeon banned from practicing in the U.K. because of a 1998 case study published in *The Lancet*. In his peer-reviewed case study of 12 children admitted to Royal Free Hospital, Dr. Wakefield's 12-person team of well-respected physicians and scientists examined a possible association between a chronic intestinal condition and neuropsychiatric dysfunction that, in most cases, occurred after an MMR vaccine. The team wrote that an association between the syndrome and MMR vaccine was not proven and then concluded, "Further investigations are needed to examine this... and its possible relation to [the MMR] vaccine."

Unfortunately, Dr. Collins writes that Dr. Wakefield advocated for suspension of the MMR vaccine without clarifying that Dr. Wakefield actually recommended single vaccinations, pending further studies. Dr. Collins also writes that dozens of safety trials have disproved an association of vaccines with autism when, in reality, no placebo-controlled trials have been performed on any currently approved childhood vaccines and settlements under VICP and retrospective studies, including the unreleased Henry Ford Health Systems birth cohort study of over 18,000 children, signal differently.

Turning now to consent in governance, I don't question public health standards, like food safety, but we would never think to give a restaurant owner liability protection from injury or death from negligent food handling, and fund a government program to pay those who are injured or killed from unsafe food-handling practices, as is done in the VICP fund.

However, similar to community input during budget reviews, I would like to see our community added to the long list of institutions and experts the Health Director consults with on big issues that directly impact us, like the measures outlined in the 2018 Pandemic Response Plan. Measure like quarantine, social distancing, and vaccination. I don't recall a media push to weigh-in on the 2018 plan.

To conclude, I've attached a list comparing established positions of Dr. Collins and the CDC, to other experts, with related study charts, references, questions, and a records review of two young girls who died in Texas early last year. I respectfully ask the Board to consider these other perspectives, and how a lack of open debate may contribute to prolonged illness, injury and death. I believe more transparent discussions can increase trust, and either confirm or deny the need to suspend healthy, unvaccinated students from school.

Thank you for your time.

Attachments

- Measles, testing, and vaccinations: perspectives and discussion on benefits and risks as presented by the CDC and Dr. Francis Collins
- MMR II Vaccine Information by Merck and the Vaccine Injury Compensation Program Table with references
- Henry Ford Health Systems study: Impact of Childhood Vaccination on Short and Long-term Chronic Health Outcomes in Children: A Birth Cohort Study, Figure 1 graph, 10-year Chronic Disease-Free Survival by Vaccine Exposure, with references and background
- Lyons-Weiler, James and Thomas, Paul. Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination. Page 14, Figure 5 Health rate differences in vaccinated versus unvaccinated, comparison of cumulative numbers of diagnoses, with references and background.
- Cosgrove, Kirstin et al. Deaths Following MMR and MMRV Vaccination in the United States. Figure 5 MMR/MMRV Vaccin-Associated Death Reports (VAERS) Versus Measles Infection-Associated Deaths in the U.S. (1995 – 2025)
- Expert medical records reviews of the two young girls in Texas who purportedly died of measles