



OPPOSE SAPHE 2.0

Strike Public Health SAPHE 2.0 Language - Lines 3362-3521 (page 155-162) from the Economic Development Bill S2869

SAPHE 2.0 is a complex 7-page Public Health Bill that was drafted without input from, or knowledge of, the people of Massachusetts whose lives will be affected. This bill has dangerously broad language* and **will compel Massachusetts cities and towns to comply with National Public Health Standards if they wish to receive federal grant money.**

“The bill would empower the PHAB, a private corporation, to decide the “minimum set of public health services” for Massachusetts. This is the very antithesis of the accountability that the separation of powers established in Article 30 is designed to promote.” - **Attorney Peter Vickery, Massachusetts**

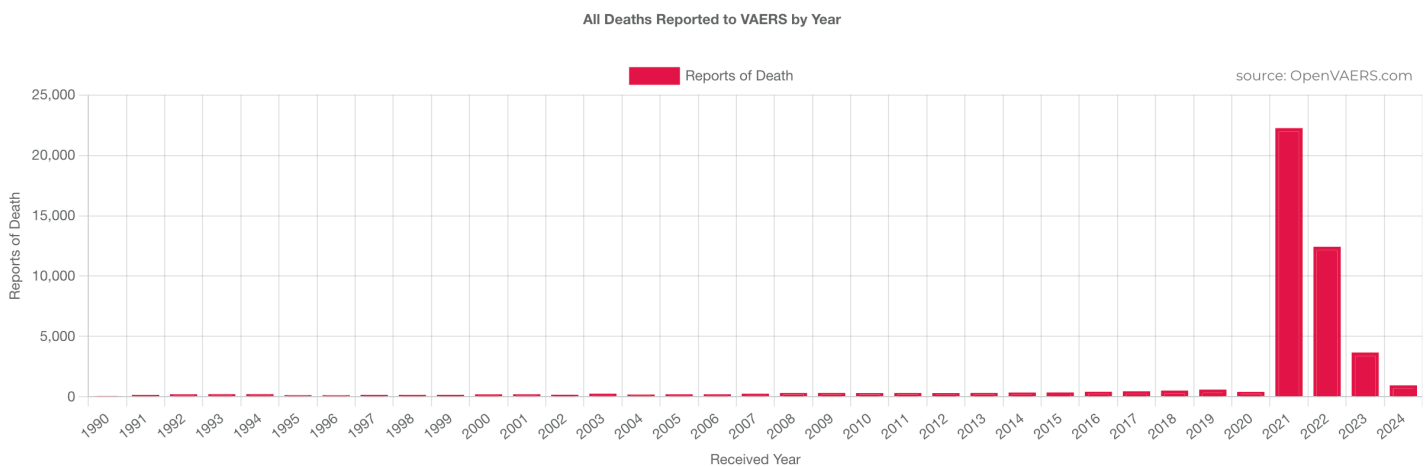
"In the definition section, foundational public health services was defined as - a nationally recognized framework for a minimum set of public health services including but not limited to, public health programs and foundational capabilities. And **this definition really matters because it's not solid it's a moving target. And the entity that decides what it means. It's not the legislature. It's not even the Department of Public Health. It's some other entity at the national level that's not accountable to anybody....**It's a kind of self appointed organization or group of organizations that decide what the term foundational public health services means. And one of the problems with that is not only what they come up with as foundational public health services, but just as a as a constitutional matter, the General Court of Massachusetts should not be contracting out to some self appointed organization in another state, the business of defining what a term in Massachusetts law means." - **Attorney Peter Vickery, Massachusetts**

*** DANGEROUSLY BROAD LANGUAGE** Lines 3491 -3495

(i) **If an outbreak of a disease or health care situation important to the public health occurs, as determined by the commissioner or the commissioner of environmental protection, affecting more than 1 board of health, the department may coordinate the affected boards of health, assemble and share data on affected residents and organize the public health response** within and across the affected communities.

- Outbreak of a disease? Any disease?
- “Health care situation important to the public health?” That could be anything!
- As determined by the commissioner or the commissioner of environmental protection? Both unelected! May coordinate and organize the public health response. That could mean anything!
- No checks, no time limits? And all in line with National Public Health Standards.

It is now known that many COVID pandemic mandates and restrictions—despite bold promises of benefit to the public made at the time—ultimately proved ill-advised and harmful to individuals and the community. Lost jobs, bankrupted businesses, physical injury, psychological distress, isolation of dying family members, neglect of routine health maintenance care, and delays in children’s development are among the harmful effects. **Caution, discernment, and localized responses are needed going forward, not increased powers for unelected officials to enact widescale mandates that bypass individual and community decision-making.**



This chart speaks for itself. This is just a fraction of the damage caused when we followed National Public Health Standards during COVID. This is the last 30 years of deaths reported to VAERS, the government's own Vaccine Adverse Event Reporting System. The famous Lazarus report from Harvard Pilgrim Health Care inc. in 2009 revealed that in general only 1% of adverse events from vaccines is being reported: See: <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>