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Attorneys for Petitioners

UNITED STATES DISTRICT COURT OF CALIFORNIA

EASTERN DISTRICT - SACRAMENTO

Joy Garner, individually and on behalf of The Control Group; Joy Elisse Garner, individually and as parent of J.S. and F.G.; Evan Glasco, individually and as parent of F.G.; Traci Music, individually and as parent of K.M. and J.S., Michael Harris, individually and as parent of S.H., Nicole Harris, individually and as parent of S.H.,

Petitioners,

v.

DONALD JOHN TRUMP, in his official capacity as PRESIDENT OF THE UNITED STATES OF AMERICA,

Respondent.

Case No.: 2:20−CV−02470−WBS−JDP

DECLARATION OF TINA KIMMEL, PHD IN SUPPORT OF MOTION FOR PRELIMINARY INJUNCTION, OR IN THE ALTERNATIVE REQUEST FOR ORDER TO SHOW CAUSE

Date: February 22, 2021
Time: 1:30 PM
Courtroom: 5
Judge: William B. Shubb

Tina Kimmel, PhD Declaration

I, Tina Kimmel, PhD, MSW, MPH, hereby declare:

1. I make this Declaration based on my education and professional experience.

Professional Background

2. I hold a PhD, a Master of Social Welfare, and a Master of Public Health degree, all from UC Berkeley. As part of my career as a Research Scientist for the California Department of Public Health, I worked in the Immunization Branch 1990-1996. While there, I was the coordinator of California's Personal Belief Exemption program. I have maintained familiarity with the literature concerning mandatory vaccination and public health responses to infectious disease.

3. I have written extensively on the subject because as a professional, one of my responsibilities for approximately 20-years has been to educate decision-makers on the perils of mandatory vaccination (i.e., perpetuating chronic illness epidemics caused by vaccination).

4. A true and correct copy of my *Curriculum Vitae* is attached hereto as Exhibit A with more details. On the basis of my education and working experience, I am qualified to provide the professional opinion in this declaration.

Petitioners Are Likely To Succeed on the Merits

5. In December 2020, I professionally examined the following materials filed in this lawsuit:

- Petitioners' Verified Petition
- Petitioners' Requests for Judicial Notice (Appendices 1-2)
- The Graph Exhibits Attached to Petitioners' Request to Utilize Demonstrative Evidence In Support of Motion for Preliminary Injunction
- The Declaration and Exhibits of Vicky Pebsworth, PhD in Support of Motion for Preliminary Injunction
- The Exhibits attached to the declaration of Petitioner Joy Garner In Support of Motion for Preliminary Injunction

6. The materials in this case provide inconvenient truths, but truths nonetheless. They are credible and congruent with my review of the scientific literature.

7. American children are not in any statistically significant danger of suffering and/or dying from infectious diseases. This is confirmed for example by Petitioners' judicial notice evidence (especially PRJN2, sections 43-44) as well as Petitioners' demonstrative evidence graphs entitled "20th Century Disease Mortality Reductions Caused by Improved Living Conditions Prior to Vaccines". The pattern holds true for all diseases that are the subject of mandatory vaccination in America. It is disability and death from *chronic* diseases that are so steeply on the rise in America.

8. As a group, the unvaccinated are neither harming others nor shedding diseases (i.e., the unvaccinated do not transmit infections at a higher rate than the vaccinated do, but rather the rate is lower after taking into account transmitted infections that are not targeted by the vaccine in question). For every single vaccine on the CDC schedule, there is a zero to approximately zero risk of remaining unvaccinated in America today in relation to the risk of vaccination. This can be shown mathematically using the government's own data, and I can provide a detailed supplemental declaration upon this point, built upon judicial notice (as evidenced by the chart below in this paragraph 8). For example, when we calculate the differential risk of unavoidable serious adverse effect (SRIU), which is estimated, based upon CDC disease notification data for the years 2010-2018 in the United States, vaccination coverage estimates, vaccination efficacy estimates (of the total differential risk, during the age range of 6 months to 19 years, of an unvaccinated child), we find: (1) the risk of being diagnosed with diphtheria in the United States today is less than 1 in 4.8 million, and (2) the risk of dying from diphtheria in the United States today is less than 1 in 42 million. Here is a table featuring such results derived from US government data, which table is representative of every vaccine-targeted disease in America, because the results show in each instance that there is a zero to approximately zero risk of remaining unvaccinated in America today in relation to the risk of vaccination:

Diphtheria totals and averages in 2010-2018, approximated						
Age Group	**6 – 11 mths (DTaP)**	**1-6 yrs (DTaP)**	**7 – 10 yrs (DTaP)**	**11 – 19 yrs**		**Average / Total**
				Td / Tdap	**DTaP / DTP / DT / Td**	
DRP (annual)	0	~ 1 / 1,144,507,977	~ 1 / 390,720,808	~ 1 / 788,472,120		1 / ~723,386,418
VC	≤ 86%	~ 94.7% / ~ 94.9% / ~ 94.75%	~ 95.1%	~ 86.3% (“VC1”)	~ 95.9% (“VC2”)	95.1%
VE	≤ 97.5 %	≤ 92.0% / ≤ 95.7% / ≤ 93.2% **Error! Bookmark not defined.**	≤ 93.1%	≤ 92.1% (“VE1”)	≤ 81.1% (“VE2”) / 91.0%	92.3%
DRU (annual)	0	≤ 1 / 133,621,765	≤ 1 / 44,760,922	≤ 1 / 100,712,074		≤ 1 / 87,283,797
DRIU (annual)	0	≤ 1 / 143,336,109	≤ 1 / 48,089,859	≤ 1 / 109,361,401		≤ 1 / 94,051,498
SRIU (=DRIU) total over age range	0	≤ 1 / 23,889,351	≤ 1 / 12,022,465	≤ 1 / 12,151,267		**≤ 1 / 4,823,154**
SRD: Case fatality rate	≤ 20%	≤ 16.7%	≤ 10%	≤ 10%		≤ 11.4%
SRIU (death):total over age range	0	≤ 1 / 143,336,109	≤ 1 / 120,224,649	≤ 1 / 121,512,667		**≤ 1 / 42,316,761**

9. The Pilot Survey in this Control Group case is another compelling proof of causation that vaccines being promoted to fight *infectious* diseases are actually causally linked to the increase of *chronic* disease. The Pilot Survey results provide a numerical method to verify the extent of that causal link. Specifically, the pilot survey "99% confidence interval" is [5.95,5.99] *without* finite

population correction and the pilot survey "99% confidence interval" is [5.96,5.98] *with* finite population correction, evidence the accuracy of the data (which was achieved in part due to the harmony of results between (A) CA, (B) NY, and (C) remaining 46 States). In other words, the pilot survey proves 99% confidence that the true population mean (a measure of hypothetically repeated random samples) is between 5.95 and 5.99 (without FPC) or 5.96 and 5.98 (with FPC). In still other words, the pilot survey proves we can be 99% confident that the interval between x (5.95/6-[margin of error] and y (5.99/8+[margin of error]), capture the true mean proportion of the unvaccinated population that would report at least one chronic illness. This implies that were the sampling process to be repeated over and over with random samples from the same population (of unvaccinated Americans), then 99% of the calculated intervals would be expected to contain the true value. The true value is of course unknown, which is the reason why we do this statistics formula, to estimate it in the most reliable manner possible. Here, the Control Group Pilot Survey produced a most remarkable reliability, because of the *internal* consistency in reporting between CA, NY, and the other 46 States.

10. Likewise, Petitioners' calculated Pearson correlation coefficients show the consistently very high correlation between chronic disease in America and the number of vaccine doses recommended by the CDC. I agree with Petitioners that vaccines are more than a reasonable suspect in the pandemic of injured and dysfunctional immune systems. Based on my review of the scientific evidence, vaccines are the primary cause. While there are certainly other factors (i.e., lifestyle) that account for some upticks in chronic illness, it would be functionally impossible for factors other than vaccination to account for the exponentially wide variance between the health of the vaccinated versus unvaccinated – this is proven by Petitioners' calculated p-values showing the odds that the large group of unvaccinated Americans would be exponentially healthier than vaccinated Americans by mere chance. Because Petitioners surveyed a wide cross-section of Americans (i.e., Americans with different lifestyles), it would be functionally impossible for Petitioners to obtain these p-values that point to vaccination whilst some other 'chance' factor is really driving the results. And this is especially true given that in the modern history of public health, no study has ever accounted for the great disparity in health outcomes between vaccinated

and unvaccinated (for example, there is no evidence in public health literature that variances in diet among unvaccinated or unvaccinated populations could be responsible for the dramatic increased risk values reported in the Statistical Evaluation of Health Outcomes In the Unvaccinated (Full Report), section 10). Petitioners' Control Group Survey is the first of its kind (unvaccinated survey) to be so thorough and reliable in its mathematical presentation of the evidence.

11. Petitioners' calculation methods are standard in this field of public health research, and I consider their pilot survey results to be highly reliable. While Petitioners may have intended to only conduct a "pilot" survey, the actual results are above 99% statistically reliable. Petitioners' results exceed the reliability of countless CDC-funded studies with lower population sizes that are used to set public health policy. But the number of participants is also commensurate with other reliable studies. See e.g., 1,550 participants in "Study of Families With Twins or Siblings Discordant for Rheumatic Disorders" https://clinicaltrials.gov/ct2/show/NCT00055055 (last updated posted November 16, 2020). See also https://clinicaltrials.gov/ct2/search/browse?brwse=cond_cat for examples of thousands of volunteer trials where we find, for example:

- Comparing the Incidence of Preeclampsia Between Pregnant Women Receiving Tdap Vaccinations at Week 28 or at Week 36
  - 1600 participants
- Bordetella Pertussis Carriage in College-aged Students
  - 150 participants
- TDAP Safety in Pregnant Women
  - 375 participants
- Tdap Vaccination for Infant Caregivers
  - 102 participants
- Pertussis Vaccine in Healthy Pregnant Women
  - 80 participants
- Study of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine Adsorbed in Healthy Subjects
  - 1363 participants
- Safety and Immune Response of Different Pediatric Combination Vaccines.
  - 2167 participants
- A Trial to Evaluate the Safety and Immunogenicity of ADACEL® Vaccine in Persons 65 Years of Age and Older
  - 1564 participants
- Safety and Immunogenicity of Tdap Vaccine Compared to DTaP Vaccine in Children 4 to 6 Years of Age
  - 1045 participants
- Safety and Immunogenicity of GSK's Tdap Vaccine (Boostrix) in Adults Aged 19 to 64 Years
  - 2337 participants

- Immunogenicity and Safety of Kinrix + (Measles Mumps Rubella) MMR Vaccine With and Without Varicella Vaccine in Healthy Children 4-6 Years
  - 478 participants
- A Phase 4, Placebo-Controlled, Randomized Study to Evaluate the Immunogenicity and Safety of HPV and Tdap When Administered With MenACWY in Adolescents
  - 801 participants
- Adapting Motivational Interviewing for Maternal Immunizations (MI4MI)
  - 1500 participants

Moreover, there are many methods to determine the statistical power of a study in testing a hypothesis. For example,

- Immunologic response to influenza vaccination ClinicalTrials.gov ID (NCT number): NCT03614975 Protocol Date: September 20, 2018. https://clinicaltrials.gov/ProvidedDocs/75/NCT03614975/Prot_SAP_000.pdf ("Power calculations show the need to enroll 40 per vaccine arm with 74 per vaccine arm preferred for publication; we have noted 90 enrolled per arm to account for possible attrition. A one-sided, two-sample t-test with group sample sizes of 40 and 40 achieves 98% power to detect a ratio of 2.0 when the ratio under the null hypothesis is 1.0. The coefficient of variation on the original scale is 1.0. The significance level (alpha) is 0.050. A one-sided, two-sample t-test with group sample sizes of 74 and 74 achieves 80% power to detect a ratio of 2.0 when the ratio under the null hypothesis is 1.0. The coefficient of variation on the original scale is 4.0. The significance level (alpha) is 0.050.")
- A Prospective, Randomized, Open-label Clinical Trial to Assess Fever Following Simultaneous versus Sequential Administration of 13-valent Conjugate Pneumococcal Vaccine, Diphtheria Toxoid, Tetanus Toxoid, and Acellular Pertussis Vaccine and Inactivated Influenza Vaccine in Young Children. March 2, 2018. https://clinicaltrials.gov/ProvidedDocs/81/NCT03165981/Prot_SAP_000.pdf ("6.1 Sample Size and Power Estimation: Allowing for a 10% drop out rate given an initial N=280, there should be approximately 252 children enrolled into the study. If the true proportion of children who have fever on day 1 and/or day 2 after the first and/or second visit in the simultaneous group is 36% and the true proportion in the sequential group is 18%, then there is 90% power to reject the null hypothesis of no

difference with N=126 per group with a two-sided alpha 0.05 level. This is based upon using a Mantel-Haenszal statistic in a stratified analysis to control for sites.")

- Academic Achievement in Children With Asthma. May 7, 2019. https://clinicaltrials.gov/ct2/show/NCT02228499?type=PReg&cond=asthma&u_sap=Yes&draw=2&rank=2 ("The study will be powered on the proportion of patients in each group with a grade point average >3.0. The overall proportion of DC public middle school students in the 2012-2013 school year with a GPA >3.0 was approximately 35%. Assuming that this figure is similar for children without asthma (controls), we will need 70 cases and 70 controls to have 80% power detect a 20% absolute difference in the proportion of children with asthma (cases) with a grade point average >3.0 (alpha = 0.05, two-sided). We have chosen to include 120 children in the expansion of this original study, as we expect that less than 50% of all included patients will return their final year report cards via the self-addressed, stamped envelope.")

As confirmed in the Survey Statistical Evaluation of Health Outcomes In the Unvaccinated (Full Report), at approximately 1,500 participants, the statistical reliability of the TCG American Survey is confirmed by multiple metrics.

12. The medical literature contains other examples as well showing causation through this method, where it has been found that vaccinated children had higher rates of both chronic *and infectious* diseases. See e.g., Hooker BS, Miller NZ (2020). Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders. *SAGE Open Medicine*. doi:10.1177/2050312120925344.

13. I strongly agree with Petitioners' judicial notice evidence proving that improved sanitation, nutrition, housing, transportation, and personal health precautions are responsible for the precipitous drops in both infectious disease cases and mortality in the 20th Century. Vaccines are routinely and falsely given the credit for such radical improvements, even though the medical literature highlights vaccines might only be responsible for only approximately 1% to 3.5% of such improvements. But when we offset such approximately 1% to 3.5% improvements by the chronic

illness harm caused by vaccines themselves, it is already plain that vaccines will eventually go down in history among the worst public health debacles hoisted upon mankind, essentially in the same pseudo-scientific category as bloodletting. Bloodletting persisted as conventional medical practice for decades after it was conclusively proven dangerous and ineffective, such that the only thing that kept bloodletting in practice was the dogmatic ignorance of so-called "experts". The name for this well-known phenomenon is called "scientism". It represents public trust in "scientific authority" rather than in science and evidence itself.

14. To sustain the artifice that vaccines were the savior of mankind, the scientism community took certain infectious diseases such as polio and measles and actually engaged in wholesale re-definition of cases (i.e., Acute Flaccid Paralysis and Atypical Measles). Such redefinition created the illusion that vaccines were reducing disease when in reality vaccines were transferring disease. For example, in the Supplementary Material for Petitioners' Exhibit 418, we read:

> "In 1959, a re-analysis of the reported cases of paralytic poliomyelitis from 1951 to 1954 using the revised diagnostic criteria concluded that 60% of those cases were false positives and recorded an annual average of 9,000 paralytic poliomyelitis cases [42]."

In other branches of science, this is referred to as an "accounting trick" or "fraud". But in vaccinology, scientism glosses over such obvious lack of scientific defensibility. And indeed, history is repeating itself with Covid-19, whereby PCR test cycling in the 30 CT range has been held scientifically defensible, but other ranges (both up and down) eventually become arbitrary and capricious. A public health scientist can falsely claim to Covid-19 is eradicated by decreasing the cycling to 20, or that same scientist can falsely grab emergency powers by increasing the cycling to 40, especially if only one gene is tested. Good public health policy must not allow a public health officer the discretion to choose 10 cycles in either direction, thereby unilaterally deciding the course of an American's constitutional rights. There is no precedent for such an arbitrary and capricious scientific position, other than in the realm of "scientism". Another recent example of this phenomenon occurred on March 24, 2020, where the CDC allowed Covid-19 death diagnosis by

assumption even without testing. https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf. And this was exacerbated further by public health policies financially reimbursing hospitals with exponentially larger sums if patients are treated (i.e., put on a ventilator) for Covid-19 rather than other respiratory conditions.

15. Vaccines also have a wide range of clinical "efficacy" in individuals, but that can't explain their often poor results. At least one recent flu vaccine went to market with an average 15% effectiveness. Vaccine scandals abound in the medical literature and in common medical experience, which further supports the substantial likelihood of Petitioners' prevailing on the merits. My only reservation in making this assertion is that if the Petitioners presented *all* the evidence of vaccine harm and mismanagement, the trial itself would continue beyond the lifetimes of every participant and therefore relief would be impossible, violating the legal maxim that for every wrong there is a remedy. Similarly, the purpose of my declaration is to highlight key points of interest as factually exemplary rather than unnecessarily exhaustive.

16. Petitioners' Requests for Judicial Notice also correctly prove that vaccine trials never use a true control group. Therefore, vaccines do not comply with the scientific method for proof of safety. Instead, US government regulators allow the manufacturers to compare children injected with a vaccine to ones injected with another substance of the manufacturer's choosing (i.e., another vaccine or other harmful substance such as aluminum solution). This makes the final results easy to tweak -- which they do.

17. By looking at the larger picture, you can see that the claim that vaccines are uniquely necessary and sufficient to fight diseases -- and therefore we should not question them -- is simply not true. So, unfortunately, making such a statement seems designed to manipulate science rather than protect the public.

18. Petitioners' evidence shows that vaccines cause autism, which is further confirmed by the US government recognizing vaccine-autism link, for example, as in the 2008 case of Hannah Poling, a girl who suddenly changed from lively and normal to permanently autistic. She began deteriorating the day she received 5 injections containing 9 full doses of vaccine into her 19-month-

old body. The VICP program will be providing her support for the rest of her life, estimated at $20+ million.

19. I personally witnessed first-hand the corruption that drives vaccine mandates in California, when I worked as a Research Analyst for the California Department of Public Health's Immunization Branch in 1990-1996.

20. First I'll give some background: the disease Hepatitis B is a rarely fatal, usually self-limiting, viral disease of the liver, uncommon in the US. It is blood-borne, which means you could get it from your infected mother during the birth process, or, later, from an infected sexual partner, sharing needles during illicit drug use, or a needle-stick accident in a healthcare setting.

21. When I started working at the Immunization Branch in 1990, the 3- or 4-shot pediatric Hep B vaccine series was given only to refugees from countries with relatively high Hepatitis B rates. And, it was mainly given to specific newborns whose mothers either tested positive for Hep B, or hadn't taken the test. This seemed reasonable to me at the time.

22. The Immunization Branch used to receive a vaccine-industry newsletter. One issue which was circulated early in 1991 had a huge headline: "Hep B: Highest Profit Ever". This caught my eye, because I had naively believed vaccines were produced in a non-profit environment, since they were a "public health good".

23. Then, just a few months after that headline appeared and was still on my mind, we were suddenly told by our bosses/purse-strings at CDC that *all* newborns (in California and the rest of the country) should now get the Hep B series. Mothers would not even be tested to see whether their infants were actually in *any* danger of perinatal transmission.

24. Everyone in my Immunization Branch was in shock. We all knew this was unnecessary. It would add another administrative burden to everyone in the vaccine chain. Since about half of all pediatric vaccines are purchased by Medicaid, it would cost taxpayers a lot of pointless money. And worse, it meant that whatever dangers there were in taking the vaccine, each of the 500,000 children a year born in California would be exposed to it -- completely unnecessarily. It was scientism, not science.

25. But of course we just did what we were told, and added Hep B to the schedule of recommended vaccines.

26. Not long afterward the Hep B series quietly became part of the *mandated* pediatric vaccine schedule. It had followed the route of all vaccines that don't cause too much trouble while they are only "recommended"; they move up to becoming "required" for entry into daycare or school. This happens *regardless of any change in the actual danger of contracting or spreading the disease*. There are currently approximately 70 recommended, including 33 required, vaccine doses for school children in California.

27. Recently I ran a risk-benefit analysis, using CDC's own figures. In 1991, Hep B disease rates were plummeting, as were all other infectious diseases -- without any help from vaccines -- as I discussed earlier. So at that time, there were only about 30 cases a year of Hep B disease in small children in California, and no deaths.

28. Hep B *vaccine*, on the other hand, causes about 30 serious vaccine reactions *and one death* in small children in California every year. Thus, even when it was first introduced, the *Hepatitis B vaccine was more dangerous than the disease it was purporting to prevent.*

29. By now -- since the actual disease incidence has continued to drop -- there are only about 5 cases of Help B a year in small children in California, and no deaths. Yet the morbidity and mortality from the vaccine remains the same, so the balance of risk is now gruesomely skewed *against the vaccine*. And remember that the State of California has made this dangerous vaccine series *required* for entry into daycare or school. All for the sake of profit, apparently. How much profit exactly? It's notoriously difficult to get these figures, but estimates are $100/shot x 3 or 4 shots/child = up to $400 *pure profit* per child (this is in addition to the cost of research and development, manufacturing, and administration). Four million births/year in the US = $1.6 billion profit on Hep B vaccine *alone*. And remember this is a truly captive audience, creating a guaranteed profit stream (half -- nearly $1 billion/year -- is from taxpayers), and no liability for the manufacturer.

Petitioners Are Likely To Suffer Irreparable Harm in the Absence of Preliminary Injunction

30. While I was working as a Research Analyst at the California's Immunization Branch, I was the coordinator of the Personal Belief Exemption (PBE) program from approximately 1994 - 1996. I answered questions from parents and school secretaries about how to fill out the proper forms to claim a PBE.

31. The purpose of the Personal Belief Exemption is for parents to exercise their right to give -- or withhold -- their *informed consent* to their child receiving any specific medical care. (Note that consent is technically called "assent" when it's given for someone else.)

32. Proponents of forced vaccinations claim that even without the PBE, parents who are concerned about one or more of the mandated doses of vaccines (such as Hepatitis B, as discussed above) will still be able to exercise their right to withhold their consent to that vaccination. But, as observed in California with SB277 then SB276/714 referenced in Petitioners' Request for Judicial Notice, unless their school district has an Independent Study Program, or their child qualifies for a Medical Exemption, they will then be forced to *homeschool* their child -- since both public and private schools will be required by law to exclude them. Some families will be unable to make that adjustment in the face of the denial of their child's constitutional rights (i.e., to education).

33. If parents are financially or for other reasons unable to homeschool their child, then they will be *forced* -- on pain of truancy and potential loss of custody -- to give their "consent" to treatment they believe to be dangerous. But coerced consent is not informed consent.

34. If unabated by court order, irreparable harm to control group numbers will occur. The unvaccinated will rapidly dwindle and the Petitioners' requested national study and survey cannot take place. Even if Covid-19 mandatory vaccine roll outs are hodge-podge, entire regions of the United States may be unavailable for scientific inquiry, which is a threat of imminent irreparable harm.

35. Threats of warp speed mandatory vaccination for Covid-19 are already present throughout the United States. State and local governments are hastily drafting vaccine plans. Employers are hastily drafting vaccine policies. Americans are making their own quick plans, praying for the protection of their Constitutional rights. In all my years of public health service, I have never seen anything as dramatic as the overreaction of public health authorities to Covid-19

toward a quasi-dystopian future. Often it is the independent media and independent scientists, rather than corporate-sponsored news and pharma-funded scientists, that does the heavy lifting to collate authoritative citations and report on the full implications of vaccine harm for Americans. But in the case of Covid-19, the draconian measures of public health authorities are so dramatic that alarms are ringing in both corporate sponsored as well as independent media. It does not require an advanced degree in Public Health to discern the frighteningly draconian nature of recent proposals:

A. **Immunity Certificates and Biometric ID.** Rodriguez, A. (April 16, 2020). COVID-19 Chaos: Perfect Cover For Mandatory Biometric ID? https://www.usatoday.com/story/news/health/2020/04/16/covid-19-fauci-says-immunity-certificates-possible-what-they/2987765001/ ("Harald Schmidt, assistant professor at the University of Pennsylvania, compared immunity documents to crosses that marked the homes of those infected with plague in Europe in centuries past**.** An immunity certificate would be a 'badge of honor,' he said, and those without one would be marginalized." See also, Alliance for Human Research Protection (March 4, 2020). Micro-Chip Technology Resurrects Tattoo Identification + Medical Surveillance. https://ahrp.org/micro-chip-technology-resurrects-tattoo-identification-medical-surveillance/ ("An invasive microchip tattoo was designed specifically to facilitate enforcement of children's vaccination. It was developed at the personal request of Bill Gates. Ultimately, such tattoos will facilitate enforcement of vaccination dictates. Those with a major financial stake in medical products and services view patient 'non-compliance' as a major stumbling block to the uninterrupted, steady flow of cash. Nowhere is compliance more intensely sought to ensure the steady flow of cash, than vaccines. Vaccine manufacturers want to monitor compliance with vaccination schedules that have been crafted to ensure highest utilization of new vaccines clusters. As a result, vaccines have become the profit engine for giant vaccine manufacturers.")

B. **Military Issued Covid-19 Vaccination Cards.** Bonifield, J. (December 3, 2020). Vaccination cards will be issued to everyone getting Covid-19 vaccine, health officials say. https://www.cnn.com/2020/12/02/health/covid-19-vaccination-kit-record-card/index.html

("The Department of Defense released the first images of a Covid-19 vaccination record card and vaccination kits Wednesday…. 'Everyone will be issued a written card that they can put in their wallet that will tell them what they had and when their next dose is due'…. Vaccination clinics will also be reporting to their state immunization registries what vaccine was given, so that, for example, an entity could run a query if it didn't know where a patient got a first dose.")

C. **Corporate Biotracking of Civilians.** Moncef Slaoui, the chief scientific adviser for Operation Warp Speed, dubbed the coronavirus vaccine czar, said in an interview with The Wall Street Journal that the Covid-19 vaccine rollout will include "incredibly precise … tracking systems." And in an interview with The New York Times, Slaoui described it as a "very active pharmacovigilance surveillance system." Google and Oracle, multinational computer technology corporations have been contracted to "collect and track vaccine data" as part of the Operation Warp Speed surveillance systems, a partnership Slaoui revealed in his Wall Street Journal interview. Mercola, J. (December 1, 2020). The Plan Is Unfolding for How Vaccines Will Be Monitored. https://articles.mercola.com/sites/articles/archive/2020/12/01/operation-warp-speed-vaccine-monitoring.aspx

a. Tracking systems should be understood in the greater context that biotechnology has already reached a dystopian stage of biological alteration tethered to social control. See e.g., Trafton, A (December 18, 2019). Storing medical information below the skin's surface http://news.mit.edu/2019/storing-vaccine-history-skin-1218 ("Storing medical information below the skin's surface, Specialized dye, delivered along with a vaccine, could enable "on-patient" storage of vaccination history...The researchers showed that their new dye, which consists of nanocrystals called quantum dots, can remain for at least five years under the skin, where it emits near-infrared light that can be detected by a specially equipped smartphone... The research was funded by the Bill and Melinda Gates Foundation"). It is relatively clear at this point that biotechnology companies are developing microneedle technology for future vaccine

implementation worldwide. See e.g., Kim, E et al. (2020) Microneedle array delivered recombinant coronavirus vaccines: Immunogenicity and rapid translational development. *EBioMedicine* 55 (2020) 102743. https://www.thelancet.com/pdfs/journals/ebiom/PIIS2352-3964(20)30118-3.pdf.

D. **Covid-19 Vaccine Danger.** When asked by Fox News on December 2, 2020, "So you think the COVID-19 vaccine is unnecessary?" world-renowned microbiologist (and author of bestselling book Corona: False Alarm?) Sucharit Bhakdi, MD replied: **"**I think it's downright dangerous.**"** Bhakdi also described as "utter nonsense" Dr. Anthony Fauci's claim on the same channel that 75% of Americans would need to be vaccinated against COVID-19 in order to achieve herd immunity. Bhakdi stated regarding Fauci, "Someone who says this has not the slightest inkling of the basics of immunology." These statements are confirmed by the high number of reported side effects in short-term clinical trials, and the complete absence of any long-term data. See e.g., Caceres, M. (December 6, 2020). Pfizer, Moderna COVID-19 Vaccines Produce 'Significantly Noticeable' Side Effects. https://thevaccinereaction.org/2020/12/pfizer-moderna-covid-19-vaccines-produce-significantly-noticeable-side-effects-in-up-to-15-percent-of-users/ ("Arnold Monto, MD, professor of epidemiology at the University of Michigan School of Public Health notes that these rates of severe reactions are higher than the public is used to. 'This is higher reactogenicity than is ordinarily seen with most flu vaccines, even the high-dose ones,' Dr. Monto says…. While Dr. Slaoui observed that the vaccines have produced short- to medium-term reactions, he indicated that there is no way to know what longer-term side effects such as autoimmune diseases may be. '[T]he very long-term safety [of the vaccines] is not yet understood by definition,' Dr. Slaoui said.")

E. **Covid-19 Vaccine Is Inadequate.** "'Our trial will not demonstrate prevention of transmission,' Zaks [Chief Medical Officer at Moderna] said, 'because in order to do that you have to swab people twice a week for very long periods, and that becomes operationally untenable.'" Doshi, P. (October 21, 2020). Will covid-19 vaccines save lives? Current trials aren't designed to tell us. BMJ 2020;371:m4037. "'They do not show that they prevent you

from potentially carrying this virus transiently and infecting others,' Zaks told Axios." Al-Arshani, S (November 24, 2020). Moderna's chief medical officer says that vaccine trial results only show that they prevent people from getting severely sick — not necessarily that recipients won't still be able to transmit the virus. https://www.msn.com/en-us/health/medical/modernas-chief-medical-officer-says-that-vaccine-trial-results-%20only-show-that-they-prevent-people-from-getting-severely-sick-—-not-necessarily-that-recipients-wont-still-%20%20%20be-able-to-transmit-the-virus/ar-BB1biIL8. As stated logically in Petitioner Garner's report, A Critical Risk Assessment of Vaccination in the USA, "this experimental vaccine that does not prevent transmission or infection, but instead, actually causes an infection, and is sure to cause sickness, due to the infection that's caused by injecting it. But this apparently provides a 'compelling government interest' in eliminating the citizen's rights, and is being seized upon for just this purpose before the 1st vaccine has even hit the market." Such report provides excellent insights on the Covid-19 vaccine racket and dangers of public health authorities overstepping authority.

36. Because vaccinology so far is devoid of safety studies comparing the vaccinated to true unvaccinated controls, all vaccination is experimental. Covid-19 vaccination is openly experimental.

37. As confirmed in Petitioners Requests for Judicial Notice, vaccines today are produced utilizing genetically modified ingredients, and using methods that can manipulate the human genome. Vaccine package inserts confirm that vaccines are untested in humans for carcinogenic and mutagenic potential, or for impairment of fertility.

38. An example of vaccines as experimental biological alteration is the pharmaceutical industry's use of cancerous "immortal cell lines" in vaccines that are mandated upon the American public. The cell lines used in vaccines are cancerous because they are literally derived from cancerous tumors and have chromosomal abnormalities (mutations) that allow them to continually divide and spread throughout the host's body. Public health authorities recently decided to *begin* a purported "investigation" into whether or not a so-called "safer" method of cultivating disease-causing agents for the vaccine industry might be possible. This comes *after* billions of doses of

these cancer-tumor cell lines ("immortal" cell lines) have *already* been injected into Americans. There is zero plan by public health authorities to halt the use of these experimental vaccines *while* they claim to "investigate" "safer" alternatives (to injecting millions of Americans with cancer tumor cells). This use of cancerous cell lines in vaccines amounts to a human experiment upon the American people, whereby Americans are permanently biologically altered without their knowledge or consent. Public health authorities continue to claim, without support of any numerical justification, that injecting Americans with cancer is "worth the risks" because of the "therapeutic benefit" of the pharmaceutical company's "treatment". Petitioners provide numerical proof that injecting Americans with cancer causes harm and is not beneficial to individuals and the Nation. Biological alteration via dangerous vaccines without numerical proof of safety does not promote a compelling government interest. Nor is the vaccine program narrowly tailored to meet a compelling government interest -- vaccination is a one-size-fits-all biological alteration experiment upon the entire populace. Vaccination programs are also targeted to disparately impact protected classes, as public health authorities customize their advertising and distribution strategies based on such factors as race, religion, age, gender, and health conditions. A recent example of this protected class targeting is a document entitled Interim Framework for COVID-19 Vaccine Allocation and Distribution, which is cited by the CDC for its nationwide COVID-19 vaccine-allocation strategy. See Center for Health Security at John Hopkins (August 2020). Interim Framework for COVID-19 Vaccine Allocation and Distribution. https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200819-vaccine-allocation.pdf. This report reveals that ethnic and racial minorities, those over sixty-five, and those who make up part of the "essential" workforce, are set to be the first to receive experimental COVID-19 vaccines. I have observed public health authorities are engaged in a pattern and practice of targeting protected classes who demonstrate what they label "vaccine hesitancy", for the purpose of eliminating distinctions among Americans with regard to vaccination uptake.

The Balance of Equities Weighs in Petitioners' Favor.

39. Petitioners' Pilot Survey evidence is the first of its kind. For the entire duration of American history and to the present day, no scientist or institution has ever before published

conclusive mathematical data proving the long-term cumulative health effects of vaccines recommend by the United States government. Consequently, it has been mathematically impossible for any public health official in America to specify reliable risk/benefit ratios in deciding whether or not this class of pharmaceutical product is, in the aggregate, helping or damaging public health.

40. In other words, Petitioners present hard numerical evidence regarding the exact long-term risk factors of vaccination. And the medical establishment has zero evidence regarding the exact long-term risk factors, because of a systemic refusal to study the unvaccinated for such illogical reasons that it is "unethical" to ask health questions to the unvaccinated unless they will consent to be vaccinated. In this, the balance of equities and logic weighs in Petitioners' favor.

41. I strongly support the Petitioners' goal to preserve a control group of unvaccinated Americans for a confirmation nationwide survey. Based on my experience, I am certain that such a survey can be conducted ethically and scientifically to inform public policy. And at this critical juncture of America in the throes of a National health crisis, it is absolutely needed.

42. I also strongly support an order protecting Americans from discrimination based on vaccination status. It is necessary to ensure the scientific method can be fulfilled, for without a true control group it becomes impossible to calculate the numerical extent of vaccine injuries, especially long-term.

The Requested Relief is Genuinely in the Public Interest

43. Control group science is the last hope for the preservation of our Nation, to illustrate that vaccines are the cause of the National Health Pandemic. The unvaccinated population in America is <1% of the total population and must remain free from discrimination and coercion in the areas of livelihood, travel, education as well as all other areas of their lives.

44. What about the supposed need to be vaccinated in order to protect the rest of the community, i.e., to contribute to high "herd immunity"? There is not even a set definition for herd immunity. I've seen 60%, 80%, 90%, and 95%. In practical terms for vaccinology it is inexact science, and subject to vaccine manufacturer demand for higher uptake/sales. But natural immunity provides the right answer for human biology, and is completely objective/neutral. Naturally

acquired immunity is lifetime immunity. It is exponentially superior to vaccine-induced artificial waning immunity.

45. Healthy infants carry their mothers' immunities for many months, particularly if they are breastfed. They don't need to be vaccinated. And in fact, that is *why* they are "too young to be vaccinated". The vaccine schedule is set up as it is because, interestingly, babies their age are generally *immune* to the *vaccine* virus or bacteria, so the vaccine won't be able to "take" enough to produce any *vaccine- acquired* immunity to the related target disease.

46. Breastfeeding babies are additionally covered. The mother's body manufactures natural immunities to any pathogens within hours of *her* exposure, which are then passed on immediately to her baby, through the healing and nurturing qualities of breastmilk.

I declare under threat of penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that this declaration was executed on the date set forth below in Oakland, California.

Tina Kimmel

Dec 11, 2020

Tina Kimmel, PhD, MSW, MPH Date

Exhibit A

TINA KIMMEL, PhD, MSW, MPH
719 Aileen Street, Oakland, CA 94609
c (510) 910-3927 • tinakimmel@motherlove.org

RESEARCH AND POLICY INTERESTS

To promote the well-being of individuals, families, and communities through programs and research which embody enlightened, prevention-oriented policy-making.

EDUCATION

May 2007 **Doctor of Philosophy** in Social Welfare, University of California Berkeley
May 1987 **Master of Social Welfare** (Social Welfare Planning for Children and Families), UC Berkeley
May 1987 **Master of Public Health** (Social and Administrative Health Sciences), UC Berkeley
August 1980 **Bachelor of Arts in Psychology**, Adams State College, Alamosa, Colorado

DISSERTATION and QUALIFYING RESEARCH PAPERS:

Kimmel, Tina (2007). The Milk of Human Kindness: Social Welfare and Breastfeeding Policy in the US http://pqdtopen.proquest.com/#abstract?dispub=3275471 Chair William MacKinley Runyan, PhD. Analyzed 189,000 records for the effects of the Federal welfare program on breastfeeding rates (using JMP/SAS).
Kimmel, Tina (2005). "Should Welfare Work Requirements Take Breastfeeding into Consideration?"
Kimmel, Tina (2005). "Newborns and their Mothers Need Each Other's Touch"
Kimmel, Tina (2003). "Are Co-Sleeping Children More Securely Attached?"

PROFESSIONAL RESEARCH EXPERIENCE

2010 **Quality Assurance Enumerator** - 2010 Census *$22/hour*
US Census Bureau Local Oakland Office, 1814 Franklin Street, Oakland, CA 94612 (510) 250-4340
Supervisor: Yoshiko Kennedy
I interviewed selected households door-to-door, in order to validate previous interviews. Since I use US Census data extensively, I found it useful to participate in the primary data collection for this nationwide dataset.

2008-2009 **Research Scientist** I – Maternal, Child, and Adolescent Health Program *$5831/mo*
California Department of Public Health, Division of Family Health
1615 Capitol Ave. MS-8304, Sacramento, CA 95899-7420 (916) 650-0438
Supervisor: Mike Curtis, PhD
I conceived, analyzed using SAS, and internally published reports to stakeholders on various maternal and infant health issues. I used the Birth Statistical Master File, Census data, and other large databases. These included reports on breastfeeding, Cesarean section, preterm delivery, low birthweight, prenatal care, and teen birth, analyzed with respect to race, income, and geographic indicators, including trends over time.
I also updated health indicators for annual Federal Title V funding reports. Prepared tables of results from the latest Maternal and Infant Health Assessment survey for publication. Did data abstraction on confidential SIDS cases. Analyzed a provider survey for the California Domestic Violence Program for presentation to a stakeholder meeting. I served as Research Advisor to the CA Child Development Screening Academy, advising on best practices. Met with contractors to redesign the data-driven Improved Perinatal Outcome Data Reports website.

Exhibit A

1996-1999 **Research Scientist** II – Diabetes Control Program and Epidemiology Unit *$5480/mo*
California Department of Health Services (now Public Health), Division of Chronic Disease and Injury Control
601 North 7th Street, MS-725, Sacramento, CA 94234 (916) 449-5700
Supervisor: Curt Weidmer, MD

I developed a statewide surveillance program for diabetes mortality, morbidity, and costs using Excel. Presented the data to scientific and lay audiences, through the "CA Diabetes Program County Fact Sheets".

I was the data manager and analyst for a statewide randomized controlled trial to study the effect of intensive case management on health indicators and diabetes complications in a low-income population. Converted this project from Epi-Info to Filemaker Pro, including trainings on data collection, as well as for compiling, analyzing, and presenting the resultant data.

I also developed the data aspects and evaluation plan of the successful $2.5M CDC grant. Assisted in the development of the Diabetes Control Program Web page and health education materials in several refugee languages, and provided consultation on other epidemiology and data analysis projects.

1990-1996 **Research Analyst** II – Immunization Branch *$4346/mo*
California Department of Health Services (now Public Health), Division of Communicable Disease Control
2151 Berkeley Way, Room 712, Berkeley, CA 94704 (510) 620-3737
Supervisor: Loring Dales, M.D.

I served as lead researcher for the Immunization Branch's annual assessment of toddler immunization rates using a complex retrospective analysis of kindergarten records, using Filemaker, Excel, and mainframe programs.

Conducted an annual survey of each of the state's 9,000 kindergartens using mainframe programs, and planned and supervised an annual on-site audit of a sample of CA schools, using Filemaker.

I provided consultation to schools and parents on immunization entry requirements, including the use of the Personal Belief Exemption (PBE). Created annual reports on the use of the PBE.

I assisted and trained the Immunization Coordinators in each county, and student interns under my direction. Our findings were presented to CDC and other interested parties in charts, graphs, maps, text, and internet.

1989-1990 **Research Analyst** I – Refugee Health Program *$2638/mo*
California Department of Health Services (now Public Health), Preventive Medical Services Division
601 North 7th Street, Sacramento, CA 94234 (916) 552-8252
Supervisor: Barry Dorfman, M.D.

I gathered, compiled, and analyzed data which tracked local health departments' finding and treatment of adult and child refugees in California who were diagnosed and treated for tuberculosis or hepatitis B, using Excel. Created regular reports on refugee infants who received Hep B vaccines.

Created a report on the proportion of refugees, parolees, asylees, immigrants, and other categories of U.S. entrants who receive initial health assessments. Reviewed funding proposals, and held data collection trainings with local staff. I observed a traditional Hmong treatment of a child ill with TB.

EDUCATIONAL RESEARCH EXPERIENCE

2003 **Graduate Student Researcher** III – Center for Labor Research and Education *$16/hr*
UC Berkeley Institute of Industrial Relations
2521 Channing Way #5555, Berkeley, CA 94720 (510) 642-0323
Supervisors: Carol Zabin, PhD, and Arindrajit Dube, PhD

I gathered (and prepared for presentation) complex data in Excel on public cost, participation levels, and eligibility rules for all the major means-tested government subsidy programs in California, including Medi-Cal and Healthy Families, for use in Congressional testimony regarding low-wage employment practices.

Exhibit A

1999-2002 **Graduate Student Researcher** III – CA Social Work Education Center (CalSWEC) *$16/hr*
UC Berkeley School of Social Welfare
120 Haviland Hall, Berkeley, CA 94720-7400 (510) 642-9272
Supervisors: Sherrill Clark, PhD, and Susan Jacquet, PhD
I designed, maintained and updated the statewide CalSWEC Student Information System database, which tracks and reports on all students ever enrolled in the Title IV-E Child Welfare Stipend Program at the 14 enrolled universities in California. Converted this system from Foxpro to Filemaker Pro, and did statewide trainings.
I also contributed to CalSWEC's Child Welfare Worker Retention Study, which surveys child welfare workers regarding burnout issues. Used qualitative research techniques to analyze text portions of this survey. I worked with CalSWEC's Board of Directors stakeholder group to create analyses they desired.

1985-1987 **Intern** – Chair of Board of Directors' Needs Assessment Committee *$10/hr*
Alameda County Food Bank
2287 Poplar Street, Oakland, CA 94607 (510) 635-3663
Supervisor: Robert Dilg, Executive Director
I conceived, designed, and analyzed using SPSS a needs assessment ordered by the Alameda County Board of Supervisors before funding a county Food Bank. Supervised volunteers from local churches who identified and surveyed 250+ emergency food providers. Presented results to Board of Sup's, who approved funding.
I also represented the Food Bank in the Alameda County Emergency Services Network; and helped create a food resources guide for clients based on the list we had developed.
This project became my Masters Thesis for the MSW/MPH Dual Degree Program at UC Berkeley.

PROFESSIONAL and EDUCATIONAL TEACHING EXPERIENCE

Fall 2002 **University Lecturer –** Human Behavior in the Social Environment *$3273/course*
Dept. of Sociology and Social Services, California State University Hayward (now East Bay)
3101 Meiklejohn Hall, Hayward, CA 94542 (510) 885-3173
Supervisor: Dianne Beeson, PhD
I selected the textbook and course materials, and prepared syllabus for this Human Development course; prepared and gave lectures and led class discussions; reviewed and presented audiovisual materials; wrote tests, graded papers; assigned grades, met with students. Used online assignment and grading systems.

2001-2003 **Course Reader –** Enhancing Diversity, Sensitivity, Competence; Intro to Soc Welf Policy *$10/hr*
School of Social Welfare, University of California Berkeley
120 Haviland Hall, Berkeley CA 94720-7400
Professors: Alfredo Vergara-Lobo, PhD and Neal Gilbert, PhD
I read and graded final papers submitted by undergraduate and Master's level students.

WORK WITH FAMILIES AND INDIVIDUALS

1982-1984 **Head Cook and Volunteer Coordinator** – Berkeley Emergency Food Project *$2350/mo*
University Lutheran Chapel
2425 College Ave., Berkeley, CA 94704
Supervisor: Michael O'Donnell, Executive Director
I adapted and invented recipes to prepare and 200 meat-based and 50 vegetarian meals to the largely homeless population, five nights a week. I supervised community and client volunteers in food preparation, serving, and cleanup. Helped form the Daily Bread Project to collect donated food, using volunteers. Helped create and staff the evening client Drop-In Center.

August 1969 **Head Cook and Volunteer Coordinator** - Woodstock Music Festival, White Lake NY
Helped set up Free Kitchen, then coordinate food donations, volunteers to produce 30,000 meals over 3 days

SELECTED CIVIC PARTICIPATION

2008-2018 **Precinct Coordinator** – Alameda County Registrar of Voters *$250/day*
Supervised pollworkers and inspectors at several polling places in northern Alameda County during elections.

June 2016 **Exit Poll Coordinator** – Institute for American Democracy and Election Integrity *$3300 total*
Helped to design, train, conduct, process, and analyze exit poll at polling places in the East and South Bay, CA

1994-2007 **Pollworker Inspector** – Alameda County Registrar of Voters *$150/day*
Supervised other pollworkers and assisted voters at an assigned polling place, during elections.

2011-2019 **County Council (alternate, then full elected Member)** – Green Party of Alameda County
Set policy, decide on endorsements. Helped create 16-page Voter Guide, conduct public education and outreach

2010-present **Database and media campaign volunteer** – Green Party of Alameda County
Work with 800,000-member county voter database to identify Green Party voters, send out campaigns

2002-2018 **Organizer** – Phat Beets Dover Park Community Garden
Helped create a city park, plus vegetable garden, from a rubble-filled lot in low-income Oakland neighborhood

Jan-Feb 1994 **FEMA Volunteer** – Northridge Earthquake, Los Angeles, CA *normal State salary*
Assigned to a Disaster Assistance Center to help EQ victims navigate the application process for aid programs.

SELECTED PROFESSIONAL INTEREST VOLUNTEER POSITIONS

March-April 2019 Contributed affidavits for lawsuits in Rockland County and New York City which sued to uphold the rights of healthy members of religious communities to refuse vaccines

May 2015 Organizer of Informational Panel on Vaccine Safety, Green Sunday series, Oakland CA https://www.youtube.com/watch?v=JK-R_VCCJRg

1991-2018 Speaker, conference organizer, community organizer for National Organization of Circumcision Information Resource Centers http://www.nocirc.org

1995-2005 Journal reviewer, volunteer coordinator, conference signmaker for Association for Prenatal and Perinatal Psychology and Health (APPPAH) https://birthpsychology.com

1996 Ratifier for the Coalition for Improving Maternity Services Initiative http://www.motherfriendly.org

SELECTED PUBLICATIONS

Kimmel, Tina. (2002). Co-Sleeping Is Twice as Safe: How the Stats Really Stack Up. Mothering Magazine, 114 (Special Issue on Sleeping With Your Baby: The World's Top Scientists Speak Out), 52-57. Reprinted in Informed Choice (Spring 2003), NSW Australia.

Hammond, Tim, & Kimmel, Tina. (1999). [The Relationship between Male and Female Genital Cutting]. In P. Schnull (Ed.), [Female Genital Mutilation: A Basic Human Rights Violation]. Göttingen, Germany: Pachnicke

Odent, Michel R, Lindsay McMilan, and Tina Kimmel. (1996). Prenatal Care and Sea Fish. Eur J Obstet Gynecol Reprod Biol, 68(1-2), 49-51

Odent, Michel R, Ester E Culpin, and Tina Kimmel. (1994). Pertussis Vaccination and Asthma: Is There a Link? JAMA, 272(8), 592-593

Odent, Michel R, Ester E Culpin, and Tina Kimmel. (1994). Atopic Eczema. Lancet, 344(8915), 140

SELECTED PRESENTATIONS

Kimmel, Tina (Oct 27, 2012). “The effect of immediate skin-to-skin contact on breastfeeding duration and on maternal depression: Findings from California's Maternal and Infant Health Assessment”, Poster presentation at the Mid-Pacific Conference on Birth and Primal Health Research, Honolulu HI

Kimmel, Tina (June 18, 2006). "The Effect of Welfare Reform on Breastfeeding Rates, with Policy Recommendations". Oral presentation at the Influencing State Policy Conference, Washington DC.

Kimmel, Tina (1987) “Hunger in Alameda County”. Presented maps and graphs of original research before Alameda County and Oakland City officials. These boards subsequently funded the Alameda County Food Bank, as well as two new food pantry programs, based on my recommendations.