

AGENDA
CONNECTICUT MEDICAL EXAMINING BOARD
Friday, September 24, 2021
8:30 a.m.

Department of Public Health
410 Capitol Avenue, Hartford Connecticut

CALL TO ORDER

OFFICE OF LEGAL COMPLIANCE

- A. Sue McIntosh, MD - Petition No. 2021-674
Presentation of Motion for Summary Suspension – Joelle Newton, Staff Attorney, DPH

ADJOURN

This meeting will be held by video conference at the following link

Connecticut Medical Examining Board via Microsoft Teams

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

+1 860-840-2075 - Phone Conference ID: 943 539 522#

SUMMARY SUSPENSION COVER SHEET

In re: Sue McIntosh, MD

Petition No. 2021-674

1. Sue McIntosh of Durham, Connecticut ("respondent") graduated from the University of Tennessee College of Medicine in 1969 and was issued a Connecticut physician and surgeon license in 1971. She is certified by the American Board of Pediatrics with a subspecialty in Hematology-Oncology.
2. On July 30, 2021, the Department of Public Health received an anonymous complaint alleging that the respondent was providing "fraudulent vaccine exemptions through the mail."
3. On or about September 16, 2021, respondent provided through the mail signed forms absent a patient name providing exemptions for COVID-19 masks, COVID-19 vaccine, general vaccine, and COVID testing without examining, identifying, or evaluating the patient.
4. For the foregoing reasons, the Department believes that respondent's continued practice of medicine represents a clear and immediate danger to the public health and safety. The Department respectfully moves the Connecticut Medical Examining Board to summarily suspend respondent's physician and surgeon license until a full hearing on the merits can be held.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Sue McIntosh, MD

Petition No. 2021-674

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health ("the Department") moves, in accordance with Connecticut General Statutes §§4-182(c) and 19a-17(c), the Connecticut Medical Examining Board to summarily suspend Sue McIntosh's Connecticut physician and surgeon license. This motion is based on the attached Statement of Charges, affidavits, supporting documentation, and on the Department's information and belief that respondent's continued practice of medicine represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut on September 17, 2021.



Barbara Cass, RN, Branch Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Sue McIntosh, MD

Petition No. 2021-674

STATEMENT OF CHARGES

Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health ("the Department") brings the following charges against Sue McIntosh:

1. Sue McIntosh of Durham, Connecticut ("respondent") is at all times referenced in this Statement of Charges, the holder of Connecticut physician and surgeon license number 014864.
2. On or about September 16, 2021, respondent provided signed, blank COVID-19 mask, COVID-19 vaccine, general vaccine, and COVID testing exemption forms without examining, identifying, or evaluating the patient.
3. Respondent deviated from the standard of care in one or more of the following ways, in that she:
 - a. failed to properly diagnose, examine and/or evaluate the patient;
 - b. failed to obtain a medical history for the patient;
 - c. failed to establish a patient/health care provider relationship;
 - d. failed to comply with the Centers for Disease Control and Prevention guidelines;
 - e. provided medical advice and/or direction that was potentially harmful; and/or
 - f. failed to maintain appropriate medical records.
4. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-13c, including but not limited to §20-13c(4).

THEREFORE, the Department prays: _____

The Connecticut Medical Examining Board, as authorized by Connecticut General Statutes §§20-13c and 19a-17, revoke or order other disciplinary action against respondent's physician and surgeon license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut on September 17, 2021.



Barbara Cass, RN, Branch Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

EXHIBIT INDEX

Department of Public Health, Investigative Report dated September 16, 2021	pages 1-3
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State of Connecticut
Department of Public Health
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

INVESTIGATIVE REPORT
September 16, 2021

Investigation of Petition # 2021-674

Respondent's Name: Sue McIntosh, MD

Petitioner's Name: Anonymous

Address: 6 Center Street
Durham, CT 06422-2831

Licensure Information:

License No. 1.014864
Issued: 02/17/1971
Expires: 12/31/2021

Investigated by: James Augustyn, Health Program Associate
Practitioner Licensing & Investigations Section

Allegation(s):

1. Respondent is providing COVID-19 mask and vaccine exemptions to individuals without an exam or evaluation.

Introduction

On July 30, 2021, the Department received an anonymous complaint that the respondent is providing COVID-19 mask and vaccine exemptions without performing an exam or evaluation. If an individual sends a self-addressed stamped envelope to her address she provides signed documentation "certifying" an allergy (*Exhibit A*).

A. On September 16, 2021, Christian D. Andresen, MPH, CPH, Section Chief Practitioner Licensing & Investigations Section, received returned correspondence from the respondent (*Exhibit B*).

1. Analysis:
 - a. The respondent provided a signed medical exemptions form for masks and vaccines. There was a note that the receiving individual may copy and distribute as many forms as they wish. There were instructions to keep blank copies for future use.
 - b. The instructions indicated to fill in the name and date with black ink and circle the reason for the mask exemption.
 - c. The respondent indicated she does not provide personalized exemptions.
 - d. A form entitled "Medical Contraindications for Facial Masks," signed by the respondent was included.
 - e. A form entitled "Medical Vaccine-Exemption-covid," signed by the respondent was included.
 - f. A form entitled "Medical Vaccine-Exemption-general," signed by the respondent was included.

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- g. A form entitled "Exemption for Routine Invasive Covid Testing," signed by the respondent was included.
- B. On September 16, 2021, Christian D. Andresen, MPH, CPH, Section Chief Practitioner Licensing & Investigations Section, provided an affidavit (*Exhibit C*).**
- 1. Analysis:
 - a. On September 11, 2021, he mailed a self-addressed stamped manila envelope with his home address to the respondent.
 - b. On September 16, 2021, he received the self-addressed stamp envelope which included the following documents:
 - i. Instructions for Medication Exemptions that included the respondent's name, address, and contact information.
 - ii. A form entitled "Medical Contraindications for Facial Masks" was signed by the respondent.
 - iii. A form entitled "Medical Vaccine-Exemption-covid," was signed by the respondent.
 - iv. A form entitled "Medical Vaccine-Exemption-general," was signed by the respondent.
 - v. A form entitled "Exemption for Routine Invasive Covid Testing," was signed by the respondent.

Statement of facts related to allegations:

- 1. On July 30, 2021, the Department received an anonymous complaint that the respondent is providing COVID-19 mask and vaccine exemptions without performing an exam or evaluation.
- 2. On September 16, 2021, Christian D. Andresen, MPH, CPH, Section Chief Practitioner Licensing & Investigations Section provided a sworn statement that identified the following:
 - a. On September 11, 2021, he mailed a self-addressed stamped manila envelope with his home address to the respondent.
 - b. On September 16, 2021, he received the self-addressed stamp envelope which included the following documents:
 - i. Instructions for Medication Exemptions that included the respondent's name, address, and contact information.
 - ii. A form entitled "Medical Contraindications for Facial Masks" was signed by the respondent.
 - iii. A form entitled "Medical Vaccine-Exemption-covid," was signed by the respondent.
 - iv. A form entitled "Medical Vaccine-Exemption-general," was signed by the respondent.
 - v. A form entitled "Exemption for Routine Invasive Covid Testing," was signed by the respondent.

Exhibit Legend:

- Exhibit A: Complaint
- Exhibit B: Information received by Christian Andresen
- Exhibit C: Christian Andresen's affidavit

Communication Log:

1. Sue McIntosh, MD (Respondent)

Address: 6 Center Street
Durham, CT 06422-2831



Please fill out and return to:

State of Connecticut
Department of Public Health
Practitioner Investigations Unit
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134-0308

Petitioner/Complainant	
Name: <u>Anonymous Tip</u>	DOB:
Address:	
Telephone Numbers: Home	Work
Relationship to patient complained about: self <u>parent</u> spouse son/daughter Other* (please explain)	
*If Legal Guardian please provide court documents	

Patient information (complete this section if Patient is not the same as Petitioner)	
Name: <u>Anonymous Tip</u>	
Address:	
Telephone Numbers:	DOB:

Respondent/Healthcare Provider (subject of the complaint)	
Name: <u>Sue McIntosh</u>	
Practice Address: <u>6 Center Street Durham CT 06422</u>	
Profession/specialty (i.e. physician/cardiology, dentist/general) <u>General</u>	
Telephone Number: <u>203. 535. 8601</u>	

PLEASE INDICATE NATURE OF YOUR COMPLAINT

- | | | |
|--|---|--|
| <input type="checkbox"/> Quality of care | <input type="checkbox"/> Unlicensed practice | <input type="checkbox"/> Unsanitary conditions |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Failure to release patient records | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Sexual contact with patient | <input type="checkbox"/> Insurance fraud | |

HAVE YOU COMPLAINED ABOUT THIS TO ANY OTHER ENTITY?
Yes No

INSTRUCTIONS FOR MEDICAL EXEMPTIONS

Enclosed is your signed medical exemption form for mask and vaccine exemption.

You may copy and distribute as many forms as you wish to anyone. Keep blank copies for yourself for future use.

Medical Contraindications for Facial Masks


To Whom It May Concern:

There are several medical exclusions to wearing of facial masks, recognized by the World Health Organization and the Centers for Disease Control. These include precipitation of anxiety with panic attacks, dangers of hypercapnia (headache, dizziness) from repeatedly breathing exhaled carbon dioxide, chronic pulmonary disease and general inferiority of poorly oxygenated air compared to outside or ambient air for respiratory needs.

_____ has such issues. They know to practice hygiene, including sneezing or coughing into an elbow, handkerchief or clothing.

Date _____

Sincerely,


Sue McIntosh M.D.
CT 014864
203-535-8601

MEDICAL VACCINE EXEMPTION—covid

I certify that _____ has a history of anaphylaxis to polyethylene glycol and cannot be vaccinated.

Signed Sue McIntosh MD

Sue McIntosh M.D.

CT lic. 014860

6 Center Street, Durham CT 06422

Email: mcintosh.sue@comcast.net

Cell: 203-535-8601 t/c

Date _____

MEDICAL VACCINE EXEMPTION—General

I, Sue McIntosh M.D., certify that _____ is highly allergic to aluminum (Roberts, Janine, *The Vaccine Papers*, Impact Media, 2010 and Shoenfeld, Yehuda, et al., eds, *Vaccines and Autoimmunity*, Wiley Blackwell, 2015) and mercury and cannot be vaccinated.

Signed Sue McIntosh MD

Sue McIntosh M.D.

CT14864

6 Center Street

Durham CT 06422

203-535-8601

Date _____

EXEMPTION FOR ROUTINE INVASIVE COVID TESTING

To Whom It May Concern:

Invasive nasopharyngeal swabs for covid testing can produce headache, sinus infections and congestion, spinal fluid leakage, brain abscess, etc.

The Centers for Disease Control has announced that many PCR test kits for covid are unreliable because they cannot distinguish between covid and influenza. In addition, the CDC has never been able to supply a pure culture of covid virus to scientists.

Some investigators have found toxic graphene in test swabs.

I, Sue McIntosh M.D., exempt _____ from routine testing for covid.

Sincerely yours,



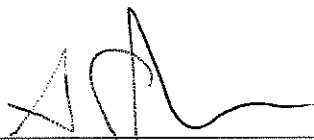
Sue McIntosh M.D.
CT lic. 014864
6 Center Street
Durham CT 06422
203-535-8601

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF PRACTITIONER LICENSING AND INVESTIGATIONS
HEALTHCARE QUALITY & SAFETY BRANCH**

AFFIDAVIT OF STEPHEN CARRAGHER

The undersigned being duly sworn, hereby state:


1. I am over the age of eighteen years and believe in the obligation of an oath.
2. The information in this affidavit is true to the best of my knowledge and belief.
3. A portion of my duties includes the responsibility for supervising a database which includes the address of record for health care providers licensed by the Connecticut Department of Public Health.
4. Sue McIntosh's address of record is 6 Center St, Durham, CT 06422-2831.



Stephen Carragher, Public Health Services Manager
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

State of Connecticut }
 }ss: Hartford
Country of Hartford }

Subscribed and sworn to me before on September, 17, 2021.



Notary Public

ALEJANDRO RODRIGUEZ
Notary Public, State of Connecticut
My Commission Expires Oct. 31, 2022