

**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.

A handwritten signature in blue ink, appearing to read "Barbara Cass", is written over a horizontal line.

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.



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

**EXHIBIT INDEX**

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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



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**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

<b>Petitioner/Complainant</b>	
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	

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

<b>Respondent/Healthcare Provider</b> (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

Describe your concerns below. Include as many specific details as possible (who, what, when, where, why).

Sue McIntosh is providing fraudulent  
Vaccine Exemption forms, via the mail. - I believe

- As I understand, all one must do is send  
a self addressed stamped manila envelope to  
her address for every person you would like an  
exemption for, and she will mail signed documentation  
for you to fill out "certifying" an allergy.

• Included will also be an instruction form showing how  
to fill out the mask / vaccine exemption. This  
sheet will also suggest sharing these forms with  
anyone.

- Again, Sue McIntosh is providing signed blank  
vaccine exemption forms for COVID + general vaccination  
as well as medical contraindication for mask use.  
By mail. Without ~~to~~ meeting a patient.

- She does not provide "personalized" exemptions -

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Attach additional sheets if necessary.

I would suggest attempting to receive  
the forms by mail.

As I understand it, she does not answer the phone  
or take guests.

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH  
Acting Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### Practitioner Licensing & Investigations Section

#### Affidavit of Christian D. Andresen

Re: Sue McIntosh, M.D.

Petition No. 2021-674

Christian D. Andresen, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am employed by the Practitioner Licensing and Investigations Section within the Department of Public Health (hereinafter "the Department") as a Public Health Section Chief.
4. On September 10, 2021, I learned that an anonymous complaint was submitted to the Department alleging that Sue McIntosh, M.D. of Durham, CT is providing signed blank vaccine exemption forms for COVID-19 and general vaccinations, and medical contraindications for mask use by mail without meeting a patient. The anonymous complainant wrote that "all one must do is send a self-addressed stamped manila envelope to her address for every person you would like an exemption for and she will mail signed documentation for you to fill out certifying an allergy."
5. On September 11, 2021, I mailed a self-addressed stamped manila envelope that included my home address to Sue McIntosh M.D. at 6 Center Street, Durham, CT 06422. The envelope was mailed through the United States Postal Service.
6. On September 16, 2021, I received the self-addressed stamped envelope through the United States Postal Service at my home address. Included in the envelope were the following documents:
  - a. Instructions for Medical Exemptions that included Sue McIntosh, M.D.'s name, address and contact information
  - b. A form entitled "Medical Contraindications for Facial Masks," signed by Sue McIntosh, M.D.



Phone: (860) 509-7414 • Fax: (860) 707-1984  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*





- c. A form entitled "Medical Vaccine Exemption-covid," signed by Sue McIntosh, M.D.
- d. A form entitled "Medical Vaccine Exemption-General," signed by Sue McIntosh, M.D.
- e. A form entitled "Exemption for Routine Invasive COVID Testing," signed by Sue McIntosh, M.D.

September 16, 2021

Date



Christian D. Andresen, Section Chief  
Practitioner Licensing and Investigations Section

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

Subscribed and sworn to before on September 16, 2021.



Notary Public

my commissioner expires on  
5/31/2024

## 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.

Fill in the name and date with black ink. Circle your reason on the mask exemption.

PEG, or polyethylene glycol, is widespread in skin care products, ear and eye drops, etc. Anaphylaxis is an acute life-threatening reaction—gasping, swelling, fainting, etc.

Aluminum toxicity is widespread and includes lethargy and fatigue reactions, autoimmune diseases, cancers, autism spectrum disorders, fibromyalgia and other chronic fatigue syndromes, dementias, paralysis, etc. In some vaccines, notably flu, aluminum is combined with mercury, giving both metals synergistic neurotoxicity. Re covid vaccines, nano-aluminum is an important component in the GRAS (FDA's "Generally Recognized As Safe") components, which is proprietary and may not be included on the medical vaccine insert. The enclosed aluminum toxicity exemption can be used for any vaccine.

I do not provide personalized exemptions.

Let freedom ring!

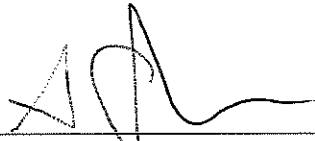
Sue McIntosh M.D.  
6 Center Street  
Durham CT 06422  
Email: [mcintosh.sue@comcast.net](mailto:mcintosh.sue@comcast.net)  
Cell: 203-535-8601

**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