Dr. Ann Durrant, DC on behalf of Oregon Chiropractic Association

SB 132 TESTIMONY

February 19, 2012

Dear Sen. Monnes Anderson and members of the Senate Health Committee:

I am Dr. Ann Durrant and I am speaking on behalf of the Oregon Chiropractic Association. As a unified chiropractic association, we support a parent's right to choose which vaccinations their child shall receive. We oppose the premise and intent of SB132.

The Oregon Immunization Program Study found that parents who exempt their children from vaccinations are associated with a high level of education, yet SB132 infers that parents who exempt their children need to be educated. Further, the education offered by SB132 is to inform parents "about the risks associated with not immunizing their child and others in the community." It says nothing about explaining risks, contraindications, or the Vaccine Adverse Event Reporting System.

Parents who have witnessed severe damage or the death of their child after vaccination, only to be told that the vaccines are not responsible, have become activists, done their own research , and have formed coalitions. Other parents see the increasing epidemic of children with mild to severe and lifelong levels of autoimmune and neurological disease as the vaccine schedule gets longer and longer. They are concerned about what really can happen when we bypass the normal protective role of the mucosal immune system and inject biological material, including remnants of human or animal tissue or recombinant DNA, and other vaccine ingredients, directly into the bloodstreams of their children.

Pharmaceutical companies, governmental bodies, and health care providers are exempted from any liability associated with vaccine damage. Obviously, pharmaceutical companies have a huge financial incentive to develop vaccines that get on the recommended or mandated vaccination schedules. Vaccine trials tend to be short term. Safety is determined by comparison with active placebos that contain most of the same ingredients of the vaccine being tested. Representatives of the vaccine industry sit on government advisory panels. Vaccine policy makers within the CDC and FDA commonly have ties to the vaccine industry, interweaving in and out of corporate positions, receiving grant monies, or owning stock. Julie Gerberding, the former CDC Director is now president of Merck's vaccine unit, which makes 14 of the 17 children's recommended vaccines.

There exists a conflict of interest for the FDA, CDC, and IOM to conduct objective safety research on the vaccines that they have approved and promoted. The American Academy of Pediatricians is highly funded by Merck and other pharmaceutical companies. The responsibility and liability for adverse effects of vaccinations, including lifelong afflictions, lies with parents. As vaccinations are a one-size-fits-

all, routine medical procedure from hours of birth, about 5% of Oregon parents are following the precautionary principal.

Their concerns start with the 2001 mandated Hepatitis B. This vaccine is given to newborns within hours of birth, though Hepatitis B is primarily an adult disease transmitted through infected body fluids. High risk populations are needle using drug addicts and sexually promiscuous adults. Babies can contract it through infected mothers; these cases are rare in the United States and can be screened for.

Over 66,654 hepatits B vaccine related adverse events have been reported to the federal Vaccine Adverse Events Reporting System (VAERS), including headache, irritability, extreme fatigue, brain inflammation, convulsions, rheumatoid arthritis, optic neuritis, multiple sclerosis, lupus, Guillian Barre Syndrome, and neuropathy. There have been more than 1500 infant deaths reported, including deaths classified as SIDS.

The most recent Oregon mandate, and legitimate cause for parental questioning of the risk:benefit ratio for their child, is for 2 doses of Hep A vaccine before entrance into preschool. Hepatitis A is a viral liver infection spread through contamination of food or water by fecal waste. Hep A is self limiting, and may or may not be symptomatic. The CDC reports that about 30% of Americans have evidence of past Hep.A infection, and so are immune. A 2009 report from the CDC shows no deaths reported in the US in at least 10 years.

In 2009, 19 cases of acute Hepatitis A were reported in Oregon. Yet, this newly mandated vaccine is given to children at 1 and 2 years of age.

Both HepB and HepA vaccines, and most others, contain aluminum adjuvants, one concern of exempting parents. Aluminum is put into vaccines to trick the body into responding more actively and for a longer time to the weakened or killed virus or bacterial particles. It was increased in some vaccines when Thimersol was removed. Our Public Health Division information assures us that aluminum is the most common metal found in nature, and is present in breast milk and baby formula, so it is not a danger. It's true that aluminum is ubiquitous in our environment, though it has no role inside of our bodies and is a known neurotoxin. It's also true that aluminum exposure has become more of a problem since industrialization has caused an increased amount to be in air, water, and food sources. Despite its presence in our environment, our digestive tract allows only .3% of ingested aluminum to be absorbed. With vaccines, we are bypassing this filter and injecting it directly into the bloodstream. Of aluminum that is absorbed, 60% is excreted by healthy kidneys in adults, but only 25% is excreted by babies. Furthermore, babies do not have a mature blood-brain barrier, so it is easier for aluminum to pass to their brain. It has been found that any more than 10 micrograms of aluminum per day in a preemie's IV's allowed toxic levels to accumulate in their bones and brains and cause neurologic damage. Thus, the FDA daily limit for aluminum in an IV is 10-25 mcg. Yet, a newborn gets 250 mcg in a Hep B vaccine at birth, followed later by multiple doses of 250 mcg in Hep A, 170-625 mcg in a TDap, 225 mcg in Hib, and 125 mcg in a pneumococcal vaccine.

Recent studies have correlated multiple syndromes with aluminum-containing vaccines, including cellulitis, seizure, fatigue, pain, and autism. These studies recognize and evaluate the confounding and synergistic factors of environmental pollutants, multiple vaccines, and the varying degrees of genetic or environmental vulnerability individuals may have to toxic metals such as aluminum and mercury. We need more research that considers this whole picture. Dr. Bernadine Healy, former head of the National Institute of Health and member of the Institute of Medicine, has admitted that public health officials have intentionally avoided researching whether subsets of children are susceptible to vaccines side effects; afraid the answer will scare the public.

Pertussis outbreaks on Oregon are being used as an impetus for SB132, insinuating that exempted children are to blame for the last two years' increase in recorded pertussis cases. According to Oregon statistics, 200 cases were reported in 2002, 600 cases in 2005, 2006, and 2007, 100 in 2008, and an increase in 320 in 2011, and 338 by May of 2012. This fits with the cyclical nature of pertussis outbreaks despite vaccination rates, but also mirrors a concurrent worldwide increase of reported pertussis cases. Blaming exempted children for Oregon's numbers is shoddy reasoning on several fronts.

Scientists are realizing that the effects of the TDaP are not lasting. They seem to be waning much more quickly than the older DTP vaccine. That very reactive, whole cell DPT vaccine was discontinued due to its associations with too many cases of high fever, collapse/shock, convulsions, brain inflammation, and brain damage, and was replaced by the current TDaP. Children are injected with 5 doses of TDaP by kindergarten; at 2 months, 4 months, 6 months, between 15-18 months, and between 4-6 years old. A recent study in the New England Journal of Medicine reported waning of pertussis antibodies soon after the fifth dose of TDaP. The researchers estimated that the odds of acquiring pertussis is increasing by an average of 42% per year after the fifth dose. Most people, not just vaccine exempted children, are walking around without vaccine produced pertussis antibodies.

Second, a new strain of pertussis, not covered by the vaccine, has emerged and has been found to be responsible for recent pertussis infections. In Australia, whose current epidemic started 4 years ago, 31% of cultures taken from infected people were found to contain the new strain between 2000 and 2007. Currently, 86% of Australian cultures test positive for the new strain.

These strains are also being identified in the U.S.

Third, another Bordetella organism not covered by the vaccine, parapertussis, can cause whooping cough. Parapertussis symptoms are often milder, but similar to and mistaken for pertussis. It is estimated that 30% of pertussis cases are actually caused by parapertussis.

The current recommendations are to increase boosters of TDaP for older children and adults. Pertussis vaccines have been involved in half of the 2,480 awards for vaccine injury and death, totaling $2billion in federal Vaccine Injury Compensation awards, and even though its ability to

provoke an immune response doesn't last long, and it isn't effective against emergent strains, the current solution is to vaccinate more.

In an attempt to make the world free of infectious disease, we may have perceived some immediate gain, but other forms of unintended human injury and suffering have emerged. Injuries and deaths following vaccines have been reported; 12,000-14,000 per year, while it's estimated that between 90 and 99% go unreported. More than $2 billion has been paid out to severely injured children under the National Vaccine Injury Compensation Program. We have a modern epidemic of chronic, disabling illnesses in children…autism, arthritis, asthma, diabetes, chronic fatigue, and cancers. We are right to be concerned about the role of environmental toxins with these conditions, but the correlations with what we are injecting directly into our children's bodies cannot be ignored.

We have shifted some generally well tolerated childhood diseases to older populations where they are less well tolerated, or to infants who are no longer protected by maternal immunity.

As some vaccines are resulting in emerging new strains of disease- causing organisms, we need to review our experiences with antibiotics. We do not fully understand the complexities of the immune system, yet we have bypassed the first part of the human defense and immune system by injecting organisms and toxins directly into the bloodstream, and manipulated its function with manmade antigens, including GMOs, and adjuvants.

We need to conduct safety studies that actually compare vaccinated to unvaccinated children. We need long term studies and independent research that has not been funded by drug companies and government agencies that are simultaneously spending money on the development of more vaccines and the programs mandating them.

Considering that parents have legitimate concerns, and that vaccines are injected drugs, I urge you to continue to respect the right of parents to be fully informed about the risks of each disease and vaccine, and to be able to decline any vaccine for their baby or child based on their knowledge, personal beliefs, practices, or ethical values. SB132 does exactly the opposite.

Thank you for your consideration.

Sincerely,

Ann Durrant, DC

Public Health Committee Chair

Oregon Chiropractic Association

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