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February 17, 2015

Members of the Health Committee,

RE: Hearing on SB 422

I'm writing in opposition to the proposed amendment in SB 422 that would eliminate all but medical exemptions and require vaccinations for children attending childcare or school.

I have so many concerns about this legislation that it is hard to know where to start. I am a well-educated parent of an unvaccinated child. I was, at one time, quite pro-vaccine. Concerns with my own health and the health of my family members compelled me to study further. After countless hours of researching books and journals, I came to the decision to delay or forgo most vaccines, primarily due to auto-immune concerns, as this is a very common and debilitating problem in my family. There are certain circumstances when I might consider vaccination. For example, if my daughter doesn't acquire natural immunity to Measels, Chickepox, or Rubella before her teenage years, I would discuss those vaccines with her, as risk from these illnesses increases significantly when pregnant. We'd decide this together, with her input, as it is HER body. I do not take her health lightly. I follow medical research very closely and consider the risks and benefits of all options. I make sure she is well nourished with nutrient-dense foods and takes well-researched supplements that support good health. Though she is nearly three, I still breastfeed for the nutrition and immune benefits. When she is sick, I keep her home. Her baby sitter thanks me for being so proactive. I keep abreast of the best treatments for illnesses and keep those treatments on hand. If anything, I'm over-prepared. There is nothing more important to me than my daughter's health and safety.

The American Medical Association (AMA) lists "Informed Consent" in its code of medical ethics. Opinion 8.08 says, "Informed consent is a basic policy in both ethics and law that physicians must honor, unless the patient is unconscious or otherwise incapable of consenting and harm from failure to treat is imminent." The patient, or patient representative (in this case the parent) should be informed of the risks and benefits of medical intervention and be able to decide on the course of treatment. Patients should not be coerced or compelled to accept treatment unless, as the AMA opinion states, the patient is unconscious AND harm is imminent. Compulsory vaccination does not meet these criteria. It is unethical to force (or effectively force) medical treatment on an unwilling participant (without *consent*.) All medications have both risks and benefits. The patient (or patient representative) should have the final say in whether he/she is willing to accept the risks. The government should

not intrude on this very personal medical decision. I sincerely believe this bill would be a violation of human rights.

I can sympathize that the authors of this bill are concerned about the health of children and want to act to protect them. I share this concern. I don't wish illness upon any child. However, this bill is not the way to achieve this goal. I understand that the medical establishment feels frustrated that parents are opting out of vaccines. Rather than try to FORCE parents to vaccinate, I urge you to LISTEN to what these parents are saying. I've heard individuals on the pro-vax side get frustrated that their attempts to educate parents about the value of vaccines do not produce results. Rather than continue to give the same messages and hope they will believe them, listen to the concerns. Address the concerns. The vaccine program is not perfect. People have legitimate concerns. Please don't brush these aside and strong-arm them.

Just a sampling of the concerns that I have about the vaccine program and/or compulsory vaccination:

- The vaccine schedule is a one-size-fits all program. Dosage isn't dependant on size or weight. Often, prematurity isn't even considered. NO medication is right for all people all the time. There is very little research done on what makes some individuals more sensitive to side effects and reactions than others. No testing is done before vaccination to see if that individual is susceptible to reactions or has an underlying medical condition that would make vaccination dangerous. For example, those with MTHFR gene mutations are at greater risk of reaction, but children are not tested for this first. Want to get more parents on board? Take these concerns seriously. Press for more research to figure out who is vulnerable from vaccines.
- Vaccines, like all medications, have a risk of side-effects. Though the pharmaceutical companies and government tell us these risks are very low, parents who delay or decline vaccines have little confidence in this assessment. Why? Because so many claims of side-effects are brushed off with no evaluation. Parents go to the doctor with concerns, but they are often ignored or told they are coincidental. VAERS is a voluntary database and doctors are not required to report adverse events. Many parents don't even know this reporting system exists. In addition, vaccines are studied for only a short time, so longer-range side-effects go completely unnoticed. More parents would trust the vaccine program if doctors were required to report all adverse events to VAERS and if vaccine monitoring was more long-term.
- New and repeated vaccines are continuously being added to the schedule. There are many other vaccines in development. If this bill passes, will parents be compelled to submit to any and all new vaccines that are created? Is this a "blank check?" Are parents being asked to accept all new vaccines sight unseen?

- Though many say, “the science is in, vaccines are safe,” there is a serious lack of independent research. First, most studies are conducted by those with a vested interest in the vaccine’s success. There have been zero studies to evaluate the combination of vaccines given. They’ve only been studied individually. There may be a synergistic effect. This needs to be studied. Most vaccine studies are short-term and don’t look for the long-term impacts. Also, vaccines are not studied in true double-blind, placebo trials. They are evaluated with other vaccines or vaccine ingredients instead of a true placebo. There has been no long-term study to compare the health of fully vaccinated versus unvaccinated children or adults to see if there is difference in long-term health outcomes. There ARE peer-reviewed studies that show a concern about vaccine safety. Those cannot just be brushed aside. Instead of mandating vaccines, push for better research in these areas. Demand that vaccine studies look beyond a few short weeks for side effects.
- Changes in thinking: The science is never “in.” We are always learning new things. Just in vaccines, so much has changed in the last 50 years. Scientists used to think 50% vaccination rate would provide herd immunity. Then, they decided 80%. Then 85%. Then 90%. Now we are at 95%. (Where does it end?) Scientists used to think that MMR needed to only be given once. Then it was revised to twice. Now there is discussion of adding a third dose. What scientists think now might be wrong or need revision. We are constantly learning new things and there are no guarantees that what they say now is absolutely accurate.
- There are significant concerns regarding conflict of interest. Many of those who sit on the Advisory Committee on Immunization Practices, which advises the FDA on new vaccines, have a conflict of interest and stand to gain financially from adding new vaccines to the schedule. For example, in 2000, the chairman of the ACIP owned 600 shares of Merck. The Department of Health and Human Services released a report that, in 2007, 64% of doctors serving on the ACIP committee had potential conflicts of interest that were undisclosed or unaddressed. In addition, there is a virtual “revolving door” between the CDC, FDA, and pharmaceutical companies. The most noteworthy is Dr. Julie Gerberding. She headed the CDC from 2002-2009 – until she was hired by Merck to head their vaccine division. These are just a few of many concerns. Power and money have the potential to corrupt even the noblest of humans. It is dangerous that the government has such a cozy relationship with the pharmaceutical companies. These conflicts cast serious doubts on the trustworthiness of these institutions. To get more parents to trust the CDC’s vaccine schedule, press for changes to this system. Press that the CDC’s Committee on Bioethics policies be enforced. Demand that individual with conflicts of interest disclose those conflicts and abstain from participating in meetings– and especially voting– when a conflict exists. Better yet, create rules that prohibit sitting members to gain financially from vaccine. This would go a long way to build trust and faith in the CDC’s recommendations.

- Fraud- There have been numerous cases of fraud and abuse by pharmaceutical companies. In just the last 5 years, there have been *billions* of dollars in fines and penalties. Currently, there are 2 vaccine-related cases in the courts of significant concern. One involves accusations that Merck defrauded the government by overstating the effectiveness of the MMR vaccine (in particular, the Mumps portion.) In the other, a former CDC scientist, Dr. Thompson (who has whistleblower status,) claims that he and the CDC hid and manipulated data to hide a connection between the MMR vaccine and Autism in African American boys. Don't mandate vaccines until these problems have been resolved. Get rid of pharmaceutical monopolies producing vaccines and end the legal protections that those companies enjoy so that there is an *incentive* for them to make better and safer vaccines. Right now, their only incentive is to hide the problems.
- Aluminum – I have serious concerns about the aluminum in vaccines. There are glaring discrepancies regarding what is allowed in vaccines and what is allowed in other medications. Depending on the specific brands of vaccines given, it is highly likely that many babies receive far more than the recommended maximum for aluminum. Since a baby's blood-brain barrier is not fully formed, this aluminum can easily get into the brain.
- Hep B – Babies are routinely given Hep B vaccines on the day of birth or the day after, even when they are at an extremely low risk of Hep B. Hep B is an illness that is transmitted sexually or through IV drug use. Unless a baby's close family member is Hep B positive, there is little-to-no chance that child will get Hep B. Furthermore, when Hep B immunity may actually be useful – when the child reaches young adulthood and the risk of Hep B increases, the vaccine is waning and does not provide full immunity. Why is this vaccine on the schedule? Why are babies injected on their first day of life, before we know if they are developing properly?
- There are unintended consequences to vaccination. Many propose that the advent of the chicken pox vaccine has contributed to the rise in shingles, as adults no longer get the natural “booster” of being exposed to children with wild chicken pox. Viruses and bacteria mutate. Just as antibiotics are creating “super bugs,” some vaccines are creating vaccine resistant strains. P<sub>o</sub> is an example of this. Newer strains are more virulent than older ones, increasing risks and necessitating ever increasing vaccines. In the case of Measles, vaccination of children is putting the burden on infants and adults, who are less equipped to handle the virus. In addition, at one time, most mothers had natural, life-long immunity to Measles, which they could pass on to their children for the first year of their life, thereby protecting them at their most vulnerable time. Now, we have a generation of mothers who do not have this same ability to protect their infants, putting them at greater risk of outbreaks. Given the very complicated nature of vaccines and possible complications, individuals deserve the right to decline.
- Measles – it is clear that much of the cause for concern and push for mandatory vaccination comes from the recent outbreak of measles. It has been completely blown out of proportion. A little over a hundred cases of

measles does not warrant this type of response. Though the CDC says so, measles was never fully eradicated. If you look at the numbers, there have been cases of measles every year since the vaccine was introduced. There are natural cycles to most contagious illnesses. Right now, there is a rise in measles world-wide, even in the most vaccinated places. Perhaps this is a natural rise in the cycle. There is no evidence that this recent uptick is in response to vaccine exemptions. If that were the case, we'd see huge outbreaks in the areas with the lowest vaccine rates. This hasn't happened. It is premature to consider mandatory vaccinations.

- The immune-compromised – there is much discussion and concern for those with little-to-no-immune systems, especially children. I am also concerned for the health of these individuals. But, mandatory vaccination will not do much for them. Making sure everyone is vaccinated will not magically make the world safe for them. There are still countless other illness that they could catch, like C. diff., MRSA, colds, stomach viruses, pneumonia, etc. Though it might *feel* like this would help, it really won't. The immune-compromised will still need to be very careful in public, stay away from crowded places, wear a mask, etc. It is unethical to ask a child to take a risk to protect another child. Why are we putting the burden on children? If we *really* want to help the immune compromised, we'd improve the laws around sick leave so that parents can stay home when their child is sick rather than send them to school. Make it so that workers can stay home when they are sick, rather than expose the public. That would be far more useful.
- I've heard many say that the unvaccinated are a risk - that they increase the risk for others. Exactly how much greater of a risk is my unvaccinated child than a vaccinated child? I would like to see the studies that specify the percentage of greater risk that an unvaccinated child is compared to a vaccinated child. Before we even consider mandatory vaccines, we need to know these numbers. Vaccines fail and many vaccines shed for up to 6 weeks. Are those recently vaccinated going to be quarantined for 6 weeks after they receive a live vaccine, as they are a known risk to the immune compromised? Are we going to start testing everyone's immunity level through titers to make sure that everyone is actually immune? If unvaccinated are barred from schools, so should all of the individuals can not prove immunity.
- The whole adult population has waning immunity from vaccines – which we once thought was life-long, but now know differently. If there is a risk to "herd immunity," it is this, not a small percentage of partially or completely unvaccinated children. Maybe the upswing in Measles is due to the fact that the adults of today don't have life-long immunity to the Measles like they used to. In previous generations, everyone had the Measles, and consequently life-long immunity. Now that virtually no one gets them anymore, the adults of today are vulnerable. Maybe this increase in Measles cases recently is actually *caused* by the vaccine program. Has that been studied? If this is a problem, what is the answer? Lifetime boosters of all vaccines? Are we ready to mandate that everyone receive vaccines and boosters throughout their lifetime? How does the risk/benefit ratio change

when we are talking about hundreds of vaccinations over the course of someone's life? Has this been studied?

*If* we had ironclad proof that the entire vaccine schedule was perfect, that there were zero side-effects, that everyone received full, life-long immunity, that it was appropriate for all children, and there was an immediate threat to the community, then, we could begin to consider mandatory vaccination. Rep Buehler said, "I'm all for freedom until it starts to do harm to others. . ." There is really no proof that skipping or avoiding vaccines does direct harm to others. The burden of proof should be iron-clad before we start removing freedoms, especially one so basic as freedom to decide what you put inside of your own body.

Thank you for considering my testimony. Please forgive me for any missteps in the format or editing of this document. This is my first time contacting the government in this way, so this is a brand new experience. I tried to keep the document short, but it was very difficult. I can provide evidence and links of everything I mentioned, but doing that here would've made this document extremely long and I would've needed several days to get that together. I only found out about this recently and had very little time to prepare. Please feel free to call or email with any questions or for follow-up.

Sincerely,

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