

March 28, 2017

Testimony before the Oregon Senate Health Committee re. SB869, SB580, SB914

Presented by Ann Durrant, DC

Thank you, Senators Monnes-Anderson, Kruse, Beyer, Knopp, and Steiner-Hayward for conducting this hearing. I am in favor of all 3 of the bills being heard this afternoon. It's a challenge to address all 3 at a single time, except that they all address the issue of informed consent.

Vaccine policies and medical training are based on the dogmas that vaccines are "safe and effective," and "the science is settled." Any information to the contrary is dangerous to the "greater good." As Cammy Benton, MD, and other medical doctors and nurses have stated, "In medical school, we are trained that vaccines are safe and effective and to ignore adverse reactions listed in the manufacturer's vaccines inserts...."

So, I struggle with the "Informed" part of Informed Consent. It is a difficult concept when many practitioners aren't informed themselves. Reviewing the vaccine package insert and sharing it with patients would be a start. It would also help practitioners' ability to identify and report adverse events and ultimately to identify some risk patterns and contribute to increased vaccine safety.

It is acknowledged by the Federal Government that vaccines are "unavoidably unsafe." Severe and permanent vaccine injuries and deaths have been recorded since the practice of mass vaccination began with smallpox. There is a profound and growing body of science in peer reviewed scientific and medical journals regarding the complexity of artificially altering immunity, the myriad adverse reactions to vaccines that result in diseases and disabilities, and the phenomena of vaccine failures. The principal of informed consent is essential when a pharmacological intervention is mandated or recommended for whole populations, and there are substantial associated risks to susceptible individuals due to genetic, biological, or environmental conditions or exposures that may not be identifiable. An adult or parent of a minor child must be given as complete and accurate information as is possible about benefits *and* risk of each vaccine and be able to make a voluntary decision without harassment, coercion, or sanctions such as being denied school attendance, public benefits, jobs, or medical care.

I would like to specifically address the HPV vaccine, particularly Gardasil, with respect to SB869, which would require a health care practitioner to obtain informed consent from the parent of a child before administering a vaccination, as there has been a current push to administer the HPV vaccine to minors without parental consent.

Articles published in the Journal of Law and Medical Ethics and the American Journal of Public Health point out how the Gardasil manufacturer (Merck) fast tracked it, aggressively influenced public health policies regarding Gardasil by using their own science and data, aggressively and non-transparently lobbied legislators to mandate their vaccine, drafted legislation, and made financial contributions to law makers.

Teenagers are being told in the media and by authority figures in school that this vaccine will make them, "One less," and that it "will protect them from cancer." Children and their parents, and even the well meaning practitioners administering the vaccine, are probably not informed that cervical cancer is responsible for less than 1% of cancer deaths, and those occur primarily in unscreened populations, and that there is currently NO evidence that Gardasil prevents cervical cancer. Most do not know that there are more serious adverse events reported (VAERS) for Gardasil than for all other vaccines, and they include permanent disability, prolonged hospitalization, ER visits, and death. Gardasil has been linked to severe autoimmune reactions including MS, ALS, paralysis, convulsions, Gullian Barre , chronic pain and paraesthesia, chronic fatigue, fibromyalgia, orthostatic intolerance, and premature ovarian insufficiency and failure. Although it has been found that younger girls may have a higher antibody response to Gardasil than older females, that effect wanes and may not offer any protection by the time the girl is sexually active. On the other hand, the HPV vaccine has negative efficacy and may exacerbate cervical disease in females who were exposed to HPV strains prior to being vaccinated..

It is not ethical to administer this vaccine to a minor, who has been confronted with social pressure and "informed" by pretty commercials, without parental consent. Besides the right of the parent to make health care decisions in the best interest of their child, it is important for the parent to be able to knowingly observe and take appropriate action for their child should the child receive the vaccine and manifest any adverse effects.

***HPV vaccine references:**

Mello, MM et al. **Pharmaceutical companies' role in state vaccination policymaking: the case of human papillomavirus vaccination.** *Am J Public Health* 2012 May

Tomljenovic L, Shaw CA. **Too fast or not too fast: the FDA's approval of Merck's HPV vaccine Gardasil.** *J Law Med Ethics* 2012 Fall

Colafrancesco S. et al. **Human papilloma virus vaccine and primary ovarian failure: another facet of the autoimmune/inflammatory syndrome induced by adjuvants.** *Immunol Am J Reprod* 2013 Oct

Kinoshita, T et al. **Peripheral sympathetic nerve dysfunction in adolescent Japanese girls following immunization with the human papillomavirus vaccine.** *Intern Med* 2014; 53

Brinth LS et al. **Is chronic fatigue syndrome/myalgic encephalomyelitis a relevant diagnosis in patients with suspected side effects to human papilloma virus vaccine?** *Int J Vaccines Vaccin* 2015;1

Brinth, L et al. **Suspected side effects to the quadrivalent human papilloma vaccine.** *Dan Med J* 2015 Apr; 62

Martinez-Lavin M. **Hypothesis: Human papillomavirus vaccination syndrome-small fiber neuropathy and dysautonomia could be its underlying pathogenesis.** *Clin Rheumatol* 2015 Jul; 34

Gatto, et al. **Human papillomavirus vaccine and systemic lupus erythematosus.** *Clin Rheumatol* 2013 Sep; 32

Tomljenovic, L. **Human papillomavirus (HPV) vaccine policy and evidence-based medicine: are they at odds?** *Ann Med* 2013 Mar; 45

I would also like to address Influenza vaccine intake as a condition of employment as it pertains to SB914. This would also apply to SB580, as the flu vaccine is one of the vaccines currently recommended and given to infants and children that is **not** required as a condition to attend school or other children's facilities. It's probably most efficient for this purpose, to simply provide a list of studies that speak for themselves and support the rights of employees, parents, pregnant women, and generally the entire population, to informed consent and right to refuse influenza vaccination:

***No evidence that vaccinating healthcare workers protects patients, elderly:**

Thomas RE, Jefferson. **Influenza vaccination for healthcare workers who work with the elderly: systematic review.** *Vaccine* 2010 Dec 16; 29(2)

Abramson, ZH. **What, in fact is the evidence that vaccinating healthcare workers against seasonal influenza protects their patients? A critical review.** *Int J Family Med* 2012;205464

***No improvement of influenza related death rates in elderly from influenza vaccinations:**

Simonsen, L. et al. **Impact of influenza vaccination on seasonal mortality in the US elderly population.** *Arch Intern Med* 2005 Feb 14

***Children more at risk after influenza vaccination:**

Cowling, BJ et al. **Increased risk of noninfluenza respiratory virus infections associated with receipt of inactivated influenza vaccine.** *Clin Infect Dis* 2012 Jun 15

***Threefold increased risk of hospitalization in children who got a trivalent inactivated influenza vaccine:**

Joshi, AY et al. in children: **Effectiveness of trivalent inactivated influenza vaccine in influenza related hospitalization a case-control study.** *Allergy Asthma Proc* 2012 Mar-Apr

***Influenza vaccination of pregnant women not supported by science:**

Ayoub DM, Yazbak, FE. **Influenza vaccination during pregnancy: a critical assessment of the recommendations of the Advisory Committee on Immunization Practices.** *J of Amer Phys and Surgeons* 2006 Summer

***Receipt of annual flu shots causes higher susceptibility to subsequent influenza or viral strains:**

Skowronski, DM et al. **Association between the 2008-9 seasonal influenza vaccine and pandemic H1N1 illness during spring-summer 2009.** *PLOS Medicine* 2010; 7

Cowling BJ et al. **Increased risk of noninfluenza respiratory virus infection associated with receipt of inactivated influenza vaccine.** *Clin Infect Dis* , 2012; 54

I ask you to support the passage of SB869, SB580, and SB914 which will help ensure safeguarding of informed consent and precautionary principle for Oregon citizens. Thank you for your time and concern.

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