Unfortunately, the Bill before us represents the worst in public policy defined by a **certain whimsical, somewhat magical perspective** which social scientists define as "**illogical causal reasoning**."

This is **the term that I could use** to define the **simplistic** endorsement of a "**vaccines in exchange for educational services**" mandate.

Aside from the absurdity of this type of **"voluntary/mandatory"** exchange **requirement.**

There is the question of the causal relationship between **unnecessary imposition of mandatory** vaccines and the **miraculous**, **unmitigated benefits** – **that apparently pose absolutely** – **no down-side!**"

Yet, the global spreadsheet on suspected vaccine harm can't begin to tally the massive flood of vaccine injuries afflicting children worldwide. During our Senate Health Hearing on SB 649 we received testimony with regard to a supposed lack of evidence of vaccine harm caused by vaccine bundles.

However, that's the point... until research is performed, reviewed, understood, disseminated and read, the risk-benefit calculus can still be stood on its head. Without doing this first, our policy will fast become an extended round of Russian roulette.

As this committee ponders **forcing families to unwilling submit** to injections where the **information they receive gets passed** to them only after their children have been subjected to the entire process.

That's right, without SB 649 they are handed information after they leave, not before.

The testimonial enthusiasm about "inspiring" data on vaccines and the "fantastic" and "phenomenal" progress being made on Public Health due to expanding vaccine coverage ignores other causal relationships.

To wit, vital statistics reveal that in the U.S. and elsewhere, fatalities from diseases such as <u>scarlet fever</u>—in the absence of any vaccine—had become quite rare by the mid-20th century.

Aditionally, mortality from infectious diseases such as **measles and whooping cough** also had declined rapidly, **well before** the introduction of the corresponding vaccines (see Figure 1). A meticulous <u>review</u> of U.S. mortality data from 1900–1973 concluded:

"Medical measures [such as vaccines] contributed little to the overall decline in mortality in the United States since about 1900 having in many instances been introduced several decades after a marked decline had already set in."

The same researchers, in another <u>article</u>, chastised the medical establishment for its misplaced confidence in "magic bullets" (there is that word "magic" again!).

Instead, if the decline in infectious disease incidence and mortality in the last century represented any kind of "miracle," the phenomenon was <u>attributable</u> to classic, long-term public health measures such as better sanitation and improved nutrition.

Because access to quality food, clean water, environment and sanitation are more abundant in the US than other countries, a study of 20th-century mortality trends in Italy was recently conducted.

This <u>study</u> found a significant association between increased caloric intake and declining mortality, **reflecting** "progress in average nutritional status, lifestyle quality, socioeconomic level and hygienic conditions."

These conditions, I may remind you spawn out of economic advantages produced by free markets and capitalism not through the forced manipulation of the herd.

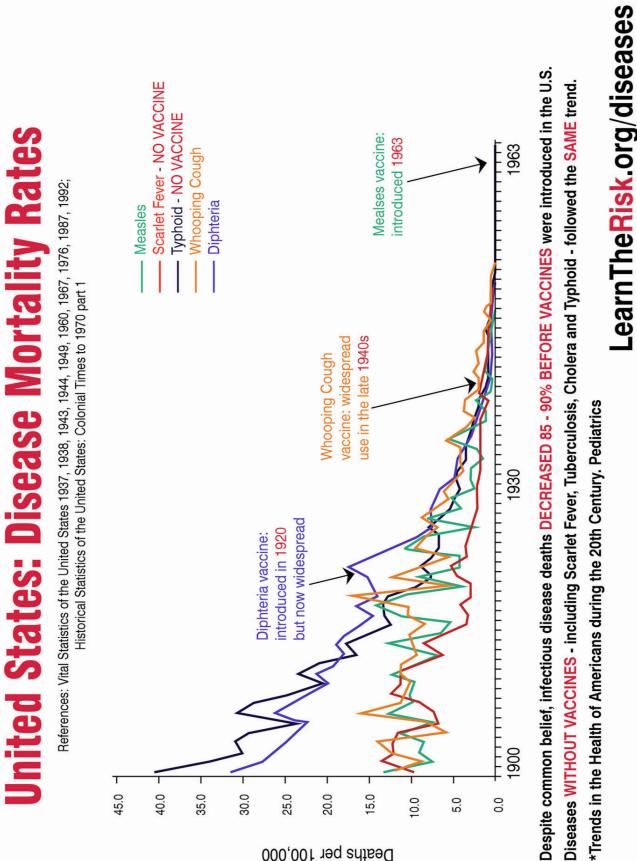
Even early 20th-century <u>epidemiologists</u> who were inclined to give some credit to vaccines recognized that other factors were at play, including changes in "human resistance and bacterial quality" as well as factors yet to be determined.



Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers - Neil Z. Miller



The Vaccine-Friendly Plan: Dr. Paul's Safe and Effective Approach to Immunity and Health-from Pregnancy Through Your Child's Teen Years Paperback – August 23, 2016



Deaths per 100,000