

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-2019
BILL #: HB 1312
PRIME SPONSORS: Mullica

NAME: Cynthia Dalton
PHONE #: 303-725-5274
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

I am turning this testimony in for my friend who is very passionate about this issue but she could not be here. She is against bill 1312

PRINT NAME: Cynthia Dalton

SIGNATURE: I can't sign up for my friend.

April 15, 2019

Dear Colorado State Legislators:

Re: **Opposition of HB 1312**

Please vote NO on HB 1312. Science does not support a ONE SIZE FITS ALL vaccine approach. Most people are not 100% PRO VAXX OR 100% ANTI VAXX. **We must retain the freedom to choose what is right for our families.** If we had safe, limited number of vaccines and a delayed schedule, there would be less resistance to vaccinate. The current schedule is not safe. There is no public health urgency to compel us to implement this dangerous and overzealous program.

Vaccination Schedule – Today's schedule includes ~ 38 vaccinations before the age of 5 and ~ 70 by the age of 18! In the 1980's, when many of you grew up – it was ~ 10! The current excessive CDC vaccine schedule is harmful to many children due to varying abilities to detox harmful ingredients, immune system frailties, food and environmental sensitivities, mitochondrial disorders, and inflammatory conditions. **1 in 36 children today is diagnosed with autism, and we also have seen an incredible jump in ADHD, food allergies, asthma, and autoimmune conditions that were not seen in during previous generations. Vaccinated children today are less healthy than in the past.** Today the new normal includes EPI pens due to peanut allergies and 1 out of 6 children requiring special education programs. The long-term costs will be staggering to support children with autism as they become adults. Is this what we want for our children and next generation of adults?

Medical Exemptions - The CDC list of eligible medical exemptions is totally inadequate and does not consider biochemical differences. How can one trust the CDC when they have **financial conflicts of interest?** CDC owns approx. 17 vaccine patents and recently, CDC executives have resigned due to admitted investments in Big Pharma stocks. Others have quit after being told to suppress negative study effects. In addition, many pediatricians collect kickbacks for administering vaccines and refuse patients who will not comply. Do we want to feed into this system of corruption at the expense of our children? I prefer a study done by the European Forum for Vaccine Vigilance available on the Internet called **Pathways for Vaccine Damage** - from which the Italian Military developed their own vaccination policies and exemptions. Please check it out. This is an excellent document to begin to understand medical implications.

Safety – Today's vaccines are not safe. How can a thinking person rationally consider that aluminum, formaldehyde, polysorbate 80 and mercury (flu shots) is safe being injected into our children – especially 70 vaccines? Traces of glyphosate, strange bacteria, cancer cells and fetal tissue have also been found in vaccines. Despite CDC rebuttal, adequate testing has not occurred individually and/or synergistically with the entire schedule. What's most disturbing is that Big Pharma is "immune" from injury to patients. In 1986, Congress passed this legislation, which actually instigated the rolling out of endless vaccines. No risk! No incentive to make them safe! Lots of profits.

Costs – Has a thorough review of the costs associated with the implementation and management of such a program will cost the state? I suspect additional employees will be required. And who are the lawmakers to decide which future vaccines should be dispensed?

Loss of Liberty –Measles is rarely a deadly disease. In fact there have been fewer deaths from measles than from the vaccines to prevent measles. It is not TB, yellow fever, malaria or comparable to other deadly diseases. Our government should not be mandating a medical procedure on its' citizens for a common childhood disease. If we begin mandating such vaccinations, then what will be next?

It is imperative that we retain the choice to vaccinate or not. But, we should also rigorously pursue safe vaccines and a safe schedule to keep Colorado citizens amongst the healthiest in the country.

Cynthia Dalton, MNT
Master Nutrition Therapist
Lone Tree, CO

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-19

BILL #: HB19-1312

PRIME SPONSORS: Mullica, Gonzalez, Priola

NAME: ADAM KRACL

PHONE #: 970-930-0060

FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

I oppose this bill simply because it is a violation of my rights as a human being. Whether a risk is known, or unknown. There should be a choice as to what I put in my body and as a father, what is put in my child's body.

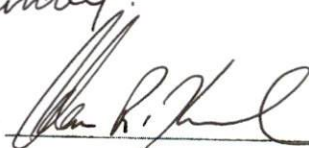
Although small, my son was affected by his MMR booster at 5 years old. Our fun energetic 5 year old suddenly became depressed, lethargic, and acting out. My wife and I researched and sought all we could and came to the conclusion that it was a reaction to the vaccines. I have listened to many testimonies today that cite all of the science.

All of that science is backed by "Big Pharma" money. Of course the science is going to support their claims! The number of cases and deaths seem consistent with U.S. population in terms of percentages. School shootings kill more people per year than vaccine preventable disease. My life and my child's life is ~~not~~ just as significant as someone who is choosing to vaccinate and put faith in our trusting Big Pharma industries. Don't take my right to choose for my family away.

PRINT NAME:

ADAM R. KRACL

SIGNATURE:



HOUSE WRITTEN TESTIMONY SHEET

DATE: 04/15/19
BILL #: HB 19-1312
PRIME SPONSORS: _____

NAME: Carmen Burke
PHONE #: (949) 394-8031
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

I am a dentist in Boulder and I oppose this legislation. I was a dentist in Colombia for 10 years. I got my DDS in Loma Linda University Dental School. We left California because my healthy children were denied access to an education due to their vaccine status. I am afraid CO is moving down this path of removing all vaccine exemptions. In my practice I see families every day and vaccine injury is more common than people think... IT IS REAL! My work allows me to talk to people every day and everybody seems to know somebody with a vaccine injury. IT'S NOT JUST KIDS, IT'S ALSO ADULTS. I have a patient who had a life changing reaction to travel vaccine. Not everybody responds the same to medical intervention. For instance, in my practice I don't use the same local anesthetic for everyone, certain anesthetics make some people sick. I have to listen to my patients and give them a choice. They know their body better than me. There are some genetic predispositions that people have that if haven't been tested but they know what triggers a reaction. Having in consideration that our response is different in each person and vaccines can be very detrimental. We should have a choice and protect our kids. Please Vote NO

PRINT NAME: Carmen Burke

SIGNATURE: 

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4/15/19
BILL #: HB 13:12
PRIME SPONSORS: myself

NAME: Ilene Arvey
PHONE #: 303-906-6314
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

Madam Chair;


In 1986 prior to the explosion of the Vaccine Shedule
only 12.4% of American's children had a chronic
disease. Today 54% of children have chronic disease.

This is a real concern! I urge you all to
Vote No on HB 13:12. I believe this Bill
is a discrim. tactic to Non Vaccinated families.

The people for this Bill have no rights to loose,
but us non-HB 13:12 have everything to loose.
This Bill takes our rights away. We live in
America and ~~do~~ not want our rights taken away.

Our Representatives are to Represent the people
and with 500 testimonies to Deny this HB 13:12
I beg you to Deny this Bill.

PRINT NAME: Ilene Arvey

SIGNATURE: 

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-18-19BILL #: HB19-1312PRIME SPONSORS: MullicaNAME: E. CalderinPHONE #: 505.908.7287FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

Personally, I am against this bill because there are just too many unanswered and unclarified aspects and guidelines. The standardized exemption letter does not yet exist that parents would have to fill out with our health department. Even the proponents of the bill stated that there is no outbreak so what exactly is the threat (especially if vaccines are so ^{safe} effective.)? The fact that the bill wants to adopt the ACIP recommendations is an extreme infringement on our already loaded vaccine schedule. Changing or limiting our ability to claim a medical exemption is ironic because if vaccines do cause injury or harm we won't be able to know or record them because people will only be able to claim personal belief. I am confident that no parent using a personal belief exemption writes it on a napkin or on a 'back of piece of paper', the state exemption has language that is incriminating and places liability on the parents exclusively - which is why parents write their own exemptions. Thank you for your time.

PRINT NAME: Ethel CalderinSIGNATURE: 

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-18
BILL #: HB 19-1312
PRIME SPONSORS: _____

NAME: Louisa D'hondt
PHONE #: 248 766 4273
FOR: _____ AGAINST: V

WRITTEN TESTIMONY:

Good afternoon,

I'm here to represent children with chronic health issues who currently have a medical exemption.

My 2 daughters who have been vaccinated on schedule developed an autoimmune disease triggered by strep throat called PANDAS and later developed PANS. (Pediatric Acute on set (Pediatric Auto immune Neuropsychiatric Disorder with streptococcal infection) Neuropsychiatric Syndrome) Kids with autoimmune diseases have an abnormal immune response to healthy cells. In case of PANS healthy brain cells are being attacked. A simple cold for example will cause a PANS flare which includes anger, anxiety, depression with suicidal thoughts, OCD, eating restrictions, motor and vocal tics, ... PANS doctors recommend that kids with PANS should not be vaccinated. Not as a precaution but to avoid aggravation of their symptoms. Suicidal thoughts could turn into suicidal attempts, anger into rage, occasional flare ups would turn into daily flare ups, ...

Kids who need a medical exemption should have the right to get one. That could last weeks, months, years

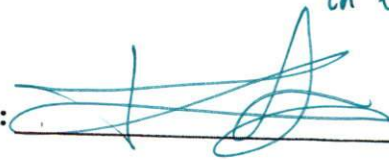
PANS/PANDAS is not listed on the CDC/ACIP contraindications list. Please, look up section 3, pg 8, lines 9-15

The new bill proposal narrows medical exemptions.

Kids with severe autoimmune diseases should not be forgotten.

Please, vote no. I'm a registered Democrat but have a hard time with Democrats pushing this bill. Today's vote will affect how I choose to vote in the future.

PRINT NAME: Louisa D'hondt

SIGNATURE: 

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4.15.19

BILL #: HB 1312

PRIME SPONSORS: Kyle Mullica

Julie Gonzales
Kevin Priola

WRITTEN TESTIMONY:

NAME: Annette Terhune-Kracl

PHONE #: 910.930.0062

FOR: _____ AGAINST:

This bill is eroding our federal rights and putting the future - Our Children - at risk. My son, now 14 yrs. old suffered injury from the MMR vaccine @ the age of 4. We did extensive research and learned the risks of injecting these TOXIC ingredients into the bloodstream of young - HEALTHY - children.

We later learned our son (both children) have the MTHFR Gene Mutation. The vaccine industry knows about this genetic mutation, and chooses to not allow medical exemptions for such individuals. This is sinister, as people w/ MTHFR and other genetic mutations are overlooked and ignored. These people are susceptible to severe vaccine injury. You know this. And yet, we are supposed to take one for the team to honor this illusion of "herd immunity."

I oppose this bill.

PRINT NAME: Annette Terhune-Kracl SIGNATURE: Annette Terhune-Kracl

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-19

BILL #: HB 1312

PRIME SPONSORS: _____

NAME: Ariella Wells

PHONE #: 970-412-8993

FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

Thank you for your time today. I would ask that you vote no on HB1312. This bill makes it harder to obtain vaccine exemptions. Also this bill would actually INCREASE the number of vaccine exemptions as many families decide to opt out of flu, hpv, + hep B vaccinations. If you are looking to decrease exemptions this will actually increase with the extra vaccines being required.

This bill the CDPHE could then add whatever vaccines they want without anyone to hold them accountable. Also there would be no consequences. When in federal law do we have the right to sign off on someone's personal beliefs?? The purpose of this bill, it makes parents sign forms that have questionable language admitting that we are abusing our children + others by opting out. It leads to a slippery slope of what may happen in the future.

My Jewish brothers were put on a registry in Nazi Germany + then rounded up + killed. This bill is a discrimination against a minority of people + is unconstitutional.

PRINT NAME: Ariella Wells

SIGNATURE: Ariella Wells

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4.15.19
BILL #: HB 312
PRIME SPONSORS: _____

NAME: Anella Wells
PHONE #: 970.412.8993
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

I personally was vaccine damaged by the hep B series. I was young, only 18. And at this point had all of my vaccinations. I went to get these vaccines at the request of my mom. After the second in the series I ended up with liver damage. Doctors told me they could not help me. At that time I was not wise enough to try to go to court to pursue the issue but it has impacted my life immensely.

Until vaccines come with zero potential side effects bills like this should not be introduced or signed into law

PRINT NAME: Anella Wells

SIGNATURE: Anella Wells

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4.13.19
BILL #: HB 1312
PRIME SPONSORS: _____

NAME: Matt Wells
PHONE #: 970.412.8724
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

I oppose HB 1312

PRINT NAME: Matt Wells

SIGNATURE: _____

Hello,

My name is Joyce Regier. I developed Irritable Bowel Disease from my childhood shots and suffered a major flare-up for many years after my pre-college shots. My family has a history of autoimmune disease. Because of my family history, I intend to use one of the exemptions to protect my children from auto-immune disorders often caused by the adjuvants. (Schoenfeld)

This bill will cause exemption rates to rise because it will add HPV and the flu shot to the required school schedule in addition to several others. These 2 shots are the ones most avoided by the general public because of their side effects. Please do not promulgate the CDC schedule. (Pg 9, Line 16)

Governor Polis has stated in news reports that he does not want to encourage mistrust of the government through this type of legislation. This bill will encourage mistrust of government by tracking a fraction of the population who choose to protect their children in alternative ways. By the wording in this bill, there is no way to fully opt out of the Dept of Health tracking system. This is very concerning to me, as a government database was the foundation for corralling all American-Japanese into the internment camps during WWII. Please provide a way to completely opt partially or non vaccinated children out of the database if we so choose. (Pg8, Lines1-8)

If you really want to lower exemption rates, then look at the bill just introduced in Texas. It places a moratorium on vaccines until they are proven to be safe, including:

- "True saline placebo testing

My name is Joyce Reiter. I developed irritable bowel disease from my childhood
shots and suffered a major flare-up for many years after my pre-college shots. My
family has a history of autoimmune disease. Because of my family history, I
intend to use one of the exemptions in favor of my children from autoimmune
disorders of a class 1 by the adjacent (Schedule)

The bill with cause exemption rates to rise because it will add the V and the shot
which are not school schedule in addition to several others. These 2 show the
exemption rates to be lowered by the general public because of their side effects. Please do
not present to the DC schedule (Pg. 2, Line 16)

Governor Polis has stated in news reports that he does not want to encourage mis-
trust of the government through this type of legislation. This bill will encourage
mis-trust of government by tracking a fraction of the population who choose to
protect their children in alternative ways. By the wording in this bill, there is no
way to fully opt out of the Dept of Health tracking system. This is very concerning
to me as a government database was the foundation for creating all of our an-
ticipated into the vaccination camps during WWII. Please provide a way to
completely opt partially or non vaccinated children out of the database if we so
choose. (Pg. 2, Line 3)

If you really want to lower exemption rates, then look at the bill just introduced in
Texas. It places a moratorium on vaccines until they are proven to be safe
including:

• "true saline placebo testing"

- studies to identify potential of causing autoimmune, neurological or chronic health conditions up to a year after administration
- evaluated for ability to
 - cause cancer
 - mutate genes
 - affect fertility or cause infertility
 - cause autism spectrum disorder"

If vaccines are truly proven to be safe by those guidelines, then force and pressure would not need to be used to improve exemption rates and we would be more than willing to consider them a viable option.

We all have the same goal, healthy kids and a healthy community.

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4/15/19
BILL #: 19-1312
PRIME SPONSORS: _____

NAME: Sandi Knowles
PHONE #: 970-310-6444
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

My husband and I make the CHOICE to vaccinate our children because we think it is best for our kids. Parents need to be free to make medical decisions for our children without excessive interference from the state.

Requiring parents to submit a specific non-medical exemption form in person for a signature from a state employee is unreasonable and excessive interference.

Because parents who submit immunization records are not required to submit those records in person for a signature, this proposed requirement is discrimination and imposes unnecessary hardship on parents who are acting lawfully.

I strongly oppose the proposed change to force the CDPHE to adopt the full ACIP Schedule and mandate those vaccines in Colorado. This would remove all choice regarding which vaccines are required for children in Colorado to attend school. New vaccines are continuously under development and the CDPHE, along with the citizens will not be free to carefully consider which should be required. The wholesale approval of current and future recommendations constitutes the failure of the CDPHE to do its duty to make these decisions on behalf of the citizens of Colorado.

PRINT NAME: Sandi Knowles

SIGNATURE: Sandi Knowles

HB19 – 1312 Testimony

Thank you, Madame Chair and Representatives. My name is Katy LeVasseur and I'm representing myself, my two kids, and my husband. I oppose and ask that you vote no to HB19 – 1312. I have been one of many who have been emailing and calling you all. What is being heard over and over is that this bill is very benign, it doesn't take any of the exemptions away, it won't come between the doctor/patient relationship, and that all the bill is trying to do is formalize the exemption process with the goal of increasing vaccination rates in Colorado. Ultimately, those who oppose this bill and those who support this bill actually have the same goal in mind: The health and safety of Colorado children.

However, for my family, being fully vaccinated does not equal health and safety. My kids had all their vaccines by kindergarten. Not too long after that, my daughter was diagnosed with Type 1 diabetes, a life-threatening autoimmune disease that she will have for the rest of her life. Type 1 is listed as an adverse effect on the insert of the MMR. Maybe this is the reason my daughter developed Type 1, maybe not. Regardless, she is immunocompromised, and her brother is obviously a sibling of someone with 'immune system problems' as the CDC mentions in a list of those who shouldn't receive certain vaccines. The availability of a medical exemption moving forward is extremely important to my family.

The bill summary on page two states that the state board of health is required to adopt the medical exemption and immunization recommendations of the CDC and ACIP, AND the state board of health may add to the immunization schedule as they see fit. So I ask this.....if with this bill there is no threat to medical exemptions staying between doctor and patient, then why are these restrictive and scary state board of health medical exemption statements in the bill? The strangers at this government agency should have NOTHING to do with what is or is NOT injected into my kids' bodies! That decision should remain between myself and my husband and my kids' physician.

For those who support this bill, I realize that you believe that higher vaccine rates mean better health and wellness for our children. Higher vaccine rates do not equal healthier children. You'll see that in much of the testimony you hear today, but to add to that, here are the US stats from the Vaccine Adverse Event Reporting System (VAERS) for 2018:

← → C https://wonder.cdc.gov/controller/datarequest/D8 ☆

Quick Options More Options Top Notes Citation Query Criteria

Messages:
 ▶ These results are for 55,605 total events.

Event Category ↓	Events Reported ↑↓	Percent (of 55,605) ↑↓
Death	438	0.79%
Life Threatening	613	1.10%
Permanent Disability	1,249	2.25%
Congenital Anomaly / Birth Defect *	28	0.05%
Hospitalized	4,386	7.89%
Existing Hospitalization Prolonged	93	0.17%
Emergency Room / Office Visit **	872	1.57%
Emergency Room *	4,433	7.97%
Office Visit *	13,400	24.10%
None of the above	34,758	62.51%
Total	60,270	108.39%

Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).
 * These values are only available from VAERS 2.0 Report Form, active 06/30/2017 to present.
 ** These value are only available from VAERS-1 Report Form, active 07/01/1990 to 06/29/2017.

Top Options Notes Citation Query Criteria

Notes:
Caveats: DISCLAIMER: VAERS staff at CDC and the Food and Drug Administration (FDA) follow up on all serious adverse event reports to obtain additional medical, laboratory, and/or autopsy records to help understand the circumstances. However,

And to shed a little light on measles rates here in Colorado:

Colorado.gov

Data

- [Colorado reportable disease data.](#)

Year	Cases
2014	1
2015	1
2016	2
2017	0
2018	0
2019	1*

*As of Feb.27, 2018

Please vote NO on HB19-1312. Thank you.

8:27

www.vaccines.gov

Vaccines Protect Your Community

Did you know that when you get vaccinated, you're protecting yourself and your community?

This concept is called **community immunity**, or herd immunity. And it's an important reason for you and your family to get vaccinated — so you can help keep yourselves and your community healthy.

How does community immunity work?

Germs can travel quickly through a community and make a lot of people sick. If enough people get sick, it can lead to an outbreak. But when enough people are vaccinated against a certain disease, the germs can't travel as easily from person to person — and the entire community is less likely to get the disease.

That means even people who can't get vaccinated will have some protection from getting sick. And if a person does get sick, there's less chance of an outbreak because it's harder for the disease to spread. Eventually, the disease becomes rare — and sometimes, it's wiped out altogether.

Who does community immunity protect?

Community immunity protects everyone. But it's especially important because some people can't get vaccinated — certain diseases — such as people with some serious allergies and those with weakened or failing immune systems (like people who have cancer, HIV/AIDS, type 1 diabetes, or other health conditions).

Community immunity is also important for the very small group of people who don't have a strong immune response to vaccines.

If vaccines have wiped out some diseases in the United States, can we stop getting vaccinated for them?

No. Many vaccine-preventable diseases that we don't see much in the United States still make people sick in other countries. So it's possible for travelers to bring these diseases back to the United States, where they could then spread. If we stop getting vaccinated, we won't be protected from these diseases — community immunity protects us only if enough people continue to get vaccinated.

If you're traveling outside of the United States, you may need to get vaccines to keep you healthy and safe. Learn more about travel vaccines.

Community immunity at work: Pneumococcal vaccines

Pneumococcal disease can cause serious infections of the ears, lungs, blood, and brain. Although it's common in young children, older adults are most at risk for serious pneumococcal infections.

Since the pneumococcal vaccine was approved for use in children, the number of older adults hospitalized for pneumococcal disease has gone way down. This tells us that vaccinating infants protected older adults from the spread of serious pneumococcal infections before a vaccine for older adults was available.

LAST REVIEWED: DECEMBER 2017

Was this page helpful?

Yes

...

www.ncbi.nlm.nih.gov

The above listed vaccine side-effects are indicative of systemic instability affecting most physiological systems — temperature (chills and fever), excretion (inflammation of the lymph glands), blood cell content (low platelet count), excretion (diarrhoea), digestion (poor appetite, vomiting), sleep (coma), and metabolic rate (tiredness, lowered levels of consciousness). In addition there is evidence of altered sense perception, indicative of problems with the autonomic nervous system, which affects hearing, visual perception (abhorrence of bright lights), smell and touch.

Significant vaccine side-effects have been linked to swine flu vaccine (Guillain-Barre paralysis); in RSV vaccine[138]; in the measles mumps and MMR vaccines[139]; hepatitis A and B vaccine[140]; rubella vaccine; smallpox vaccine; polio vaccine; pertussis vaccine[141], etc. The incidence of vaccine side-effects may now be sufficiently great to question the claim that the risks from the disease exceed that of vaccines[109].

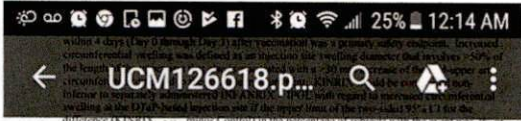
The MMR vaccine has been linked to autism, Crohn's disease, inflammatory bowel disease[142,143] and other serious chronic stomach problems[144], epilepsy, brain damage including meningitis[145,146], cerebral palsy, pancreatitis[147] and diabetes mellitus[148-150], encephalopathy, encephalitis[151,152], hearing and vision problems, arthritis, behavioural and learning problems, chronic fatigue syndrome, diabetes, Guillain-Barre syndrome, idiopathic thrombocytopenic purpura, subacute sclerosing panencephalitis (SSPE), leukaemia, multiple sclerosis, and death.

There is evidence that in cases of immune deficiency that viruses continue to persist in the body[143,153-155]. The measles virus is known to persist in patients with subacute sclerosing panencephalitis (SSPE), measles inclusion body encephalitis (MIBE)[156] and multiple sclerosis[157]. Since the introduction of measles vaccines, vaccine-associated SSPE has increased in the USA. Furthermore patients with B or T-cell immunodeficiencies have cognitive side-effects[27] and are advised against vaccination due to the risk of severe and/or fatal infection (Merck). That viruses persist in the body and are linked to autoimmune disorders is a feature of rubella virus[158-160], anthrax vaccination[161], hepatitis B[162], etc. There is a reported increased risk of death with combined vaccination DPT and polio[134].

In summary, vaccine's side-effects reflect the vaccine's influence upon the body's functional systems i.e. upon temperature, digestion, excretion, blood cell content, etc.

The Cumulative Effect of Vaccines There is concern that the cumulative effect of vaccines upon the body's function has not been properly assessed[127]. Unvaccinated children appear to have less exposure to disease[84,85], delaying vaccination reduces exposure to disease[163], contracting the disease naturally leads to less disease in future[164], and that excessive vaccination is considered ineffective and dangerous[165].

Vaccine-vaccine and Vaccine-drug interactions In general, vaccines may be influenced



6.1.1.5.4 Secondary Safety Endpoints

- Incidence of solicited local (pain, redness, and swelling) and general (fever, drowsiness, and loss of appetite) symptoms within 4 days (Day 0 through Day 3) after vaccination
- Increase in the mid-upper arm circumference at the DTap-containing vaccine injection site within 4 days (Day 0 through Day 3) after vaccination

KINRIX Clinical Review Page - 18 -

- Incidence of general symptoms that may be associated with MMR vaccination (fever, rash/exanthem, parotid/salivary gland swelling, and any suspected signs of meningism including febrile convulsions) within 15 days (Day 0 through Day 14) after vaccination
- Incidence of unsolicited symptoms within 31 days (Day 0 through Day 30) after vaccination
- Occurrence during the entire study period (from Visit 1 through 6 months [minimum 182 days] post-vaccination) of serious adverse events
- Occurrence during the extended safety follow-up phase (from Day 31 through 6 months [minimum 182 days] post-vaccination) of:
 - onset of chronic illnesses (e.g., type 1 diabetes, autoimmune diseases, asthma, and allergies)
 - adverse events leading to emergency room visits or to physician office visits that are not related to well-child care, vaccination, injury or common acute illnesses such as upper respiratory tract infection, otitis media, pharyngitis, and gastroenteritis

6.1.1.6 Surveillance/Monitoring

6.1.1.6.1 Immunogenicity Monitoring

A subset of subjects, equally distributed between the four treatment groups (i.e., three KINRIX lots and Control group), provided blood samples for serological analysis prior to vaccination and 31-48 days post-vaccination. This subset was referred to as the safety and immunogenicity subset and was planned to consist of the first 1,340 vaccinated subjects who agreed to be part of the subset. In case of insufficient blood sample volume to perform all assays, the assays for KINRIX antigens were prioritized as follows: polio type 1, polio type 2, polio type 3, PT, FHA, PRN, diphtheria, tetanus.

Serological assays performed for this study are listed in Table 7.

Table 7. Study 213503-048 Serological assays for KINRIX antigens

Marker	Assay method	Assay unit	Assay cut-off	Laboratory
anti-diphtheria toxin	ELISA	IU/mL	0.1	GSK Rixensart
anti-tetanus toxin	ELISA	IU/mL	0.1	GSK Rixensart
anti-PT	ELISA	EU/mL	5	GSK Rixensart
anti-FHA	ELISA	EU/mL	5	GSK Rixensart
anti-PRN	ELISA	EU/mL	5	GSK Rixensart
anti-poliovirus types 1, 2, 3	Neutralization	ED50	1:8	GSK Rixensart

6.1.1.6.2 Safety Surveillance/Monitoring

- Prior to vaccination at the first study visit, study personnel measured and recorded the length of subjects' both upper arms (from acromion to tip of elbow) and the mid-upper arm circumference (at mid-distance between the acromion and the tip of the elbow, while the arm was held parallel to the trunk and the elbow was flexed at 90° of both arms). The

gastroenteritis, and culture negative clinical sepsis and 4 cases of bronchiolitis and 5 serious sepsis cases of bronchiolitis). 5 deaths were reported among 8,088 (0.06%) recipients of PEDIARIX and 1 death was reported among comparator vaccines. Causes of death in the group that received PEDIARIX included 2 cases of Sudden Infant Death Syndrome (SIDS) observed for recipients of PEDIARIX in the German safety study was 0.2/1,000 infants (reported rate in part of the 1990s was 0.7/1,000 newborns). The reported rate of SIDS in the United States from 1990 to 1999 was 0.2/1,000 newborns. By chance alone, some cases of SIDS can be expected to follow receipt of pertussis-containing vaccines. In the US safety study in which all subjects received concomitant Hib and pneumococcal conjugate vaccines, there were 4 cases of asthma and 1 case each of diabetes mellitus and chronic neutropenia in subjects who received INFANRIX, ENGERIX-B, and IPV. In the US safety study over the entire study period, 6 subjects in the group that received PEDIARIX (N = 4,666) had a febrile seizure, 1 of whom also developed afebrile seizures. The remaining 4 subjects had infantile spasms. Two subjects reported seizures within 7 days following vaccination (1 subject had febrile seizures and 1 subject had afebrile seizures), corresponding to a rate of 0.22 seizures per 1,000 doses (febrile seizures 0.14 per 1,000 doses). No subject who received concomitant INFANRIX, Hib vaccine,

Some people should not get this vaccine

Tell your vaccine provider if the person getting the vaccine:

- **Has any severe, life-threatening allergies.** A person who has ever had a life-threatening allergic reaction after a dose of MMR vaccine, or has a severe allergy to any part of this vaccine, may be advised not to be vaccinated. Ask your health care provider if you want information about vaccine components.
- **Is pregnant, or thinks she might be pregnant.** Pregnant women should wait to get MMR vaccine until after they are no longer pregnant. Women should avoid getting pregnant for at least 1 month after getting MMR vaccine.
- **Has a weakened immune system** due to disease (such as cancer or HIV/AIDS) or medical treatments (such as radiation, immunotherapy, steroids, or chemotherapy).
- **Has a parent, brother, or sister with a history of immune system problems.**
- **Has ever had a condition that makes them bruise or bleed easily.**
- **Has recently had a blood transfusion or received other blood products.** You might be advised to postpone MMR vaccination for 3 months or more.
- **Has tuberculosis.**
- **Has gotten any other vaccines in the past 4 weeks.** Multiple vaccines given too close together might not work as well.
- **Is not feeling well.** A mild illness, such as a cold, is usually not a reason to delay a vaccine.



VIEW 10 RELATED PAGES



RUSSELL PARKER
~~303~~ 720-344-6588
AGAINST

Thank You Chairperson Lontine.

My name is Russell Parker and I've been a resident of Colorado for 27 years.

HB 1312 is a bill that's a wolf in sheep's clothing. This bill puts the State between doctor and patient. As a family we have genetic sensitivities that mean vaccines are contra-indicated. Our current medical exemption will not hold up under this bill because ACIP recommendations are so narrow that genetic contra-indication and family history are not enough for a medical exemption. To protect ALL children we must protect the doctor/patient relationship and the doctor's ability to serve each patient as an individual rather than by a narrow set of arbitrary guidelines.

Furthermore, HB1312 bases everything on ACIP recommendations, which brings up grave concerns. In 1986, when vaccine manufacturers were given immunity from all liability for vaccine injury, Health and Human Services was given the responsibility of doing biannual safety studies and reporting to Congress. FOIA requests show that HHS has NEVER done a single safety study or given a report to Congress, even though the vaccination schedule has QUADRUPLED since that time. FOIA requests to the NIH show that there has never been a gold standard, double-blind, INERT placebo-controlled study done before licensure on any of the vaccines on the childhood schedule, nor have there been any safety studies of the CDC schedule as a whole. What this means is this bill leverages federal agencies who have never done any of the mandated studies on vaccine safety for recommendations for medical exemption guidelines.

Meanwhile, 54% of American children have a chronic health condition including an exploding auto-immunity epidemic, and no one in the US is safety testing the one product all children are given that directly effects the immune system.

one product all children are given that directly effects the immune system
an epidemic is auto-immunity epidemic and no one in the US is safely taking it.
Meanwhile 24% of American children have a chronic health condition including

recommendations for medical exemption guidelines.

who have never done any of the mandated studies on vaccine safety for
CDC schedule as a whole. What this means is this bill leverages federal agencies
vaccines on the childhood schedule, not have there been any safety studies of the
double-blind, INERT placebo-controlled study done before licensure on any of the
time. FOIA requests to the NIH show that there has never been a gold standard
Congress, even though the vaccination schedule has QUADRUPLED since that
requests show that HHS has NEVER done a single safety study or given a report to
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from all parties for vaccine injury. Health and Human Services was given the
up state concerns in 1986, when vaccine manufacturers were given immunity
Furthermore, HB 1315 bases everything on ACIP recommendations, which brings

guidelines:

to serve each patient as an individual rather than by a narrow set of arbitrary
children we must protect the doctor/patient relationship and the doctor's ability
and family history are not enough for a medical exemption. To protect ALL
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doctor and patient. As a family we have genetic sensitivities that mean vaccines
HB 1315 is a bill that's a wolf in sheep's clothing. This bill puts the state between

My name is Russell Parker and I've been a resident of Colorado for 27 years.

Thank You Chairperson Loufine.

More than 1 in 2 children with a chronic health condition is a far greater cost to Colorado taxpayers than 2 cases of measles. We owe it to the Colorado children to invest more time in the study of the science that has surfaced in the past few years.

Rushing this bill through will rob you of that time. HB1312 will not increase vaccine uptake, it will remove medical privacy, it will put the state between patient and doctor, and it turns the State government into the marketing arm of a for-profit company with no liability and no true safety studies.

Jodi Parker
303-513-1204
Against

2 MINUTE TESTIMONY

Thank you Chairperson Lontine.

My name is Jodi Parker and I'm a Colorado Native. I graduated at the top of my class from CU Boulder with a degree in psychology with an emphasis in child development and neurology, and I've been studying vaccines for 21 years.

One of HB 1312's goal is to protect children like mine—those that can't be vaccinated. We are currently part of the .2% of Coloradans that have a medical exemption. However, if this bill is passed the way it is written we will lose the protection granted to us by our doctor and our medical exemption.

It is no secret that medicine is not one-size-fits-all and should never be treated as such, and yet this bill says that CDPHE is REQUIRED to hold medical exemptions to the ACIP contra-indications for vaccines. Those recommendations are so narrow that they don't even contain the contra-indications the manufacturer insert recommends. We cannot treat children by a narrow set of guidelines and keep them safe. Let me demonstrate. There is a saying that, "An apple a day keeps the doctor away." Based on that we could mandate children eat an apple every day. And yet, no joke, my middle child is allergic to apples. It's why it is so important that this bill needs to be amended to say that Medical Exemptions are at the discernment of the practitioner and cannot be refused by CDPHE,

nor will the doctor be in any way punished for giving that exemption. It would protect the doctor, the doctor/patient relationship, the genetically-sensitive children like mine, and insure that unexpected health issues and family history can be included in the medical exemption.

As a mother who watched her 4 month old child suffer from early stages of liver failure and has spent the last 14 years adjusting our lifestyle to keep him and his siblings healthy, the idea that my doctor's protection can be usurped by the state has led to 10 days of sleepless nights. I'm scared. I'm scared that the influence of the pharmaceutical lobby has more sway over Colorado's government than its people. Please, please protect the doctor/patient relationship, the doctor's who stand up for their patients and either amend this bill or vote no. Thank you.

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4/15/2019
BILL #: HB 19-1312
PRIME SPONSORS: Mullica

NAME: Joshua Parker
PHONE #: 720 344 6588
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

My name is Joshua Parker and I'm representing myself and my family from Castle Rock. I am 14 years old and homeschooled, and HB 1312 does effect homeschoolers because of the way Colorado State law is written. I am part of the .2% of Colorado students that currently has a medical exemption. HB 1312 bases the medical exemption on A.C.I.P. guidelines. Those guidelines are so strict that they remove my medical exemption.

It is my understanding that in order to ~~understand~~ test the safety profile of a substance we must use double-blind, inert-placebo controlled study design. As I researched this, I found that A.C.I.P. is not using ~~the~~ inert-placebo, double blind studies. I watched live in 2018 as A.C.I.P. added the Hep B vaccine to the childhood schedule. One doctor asked if there ~~was~~ was any data showing if the Hep B vaccine was safe when given in conjunction with other vaccines given at the same appointment. The answer was that there was no data, but A.C.I.P.

PRINT NAME: _____

SIGNATURE: _____

HOUSE WRITTEN TESTIMONY SHEET

DATE: _____
BILL #: _____
PRIME SPONSORS: _____

NAME: _____
PHONE #: _____
FOR: _____ AGAINST: _____

WRITTEN TESTIMONY:

policy in the absence of that data is to inject the vaccine "in a different limb." I have to wonder how house bill 1312 keeps Colorado children safe when basing recommendations on "put it in a different limb." A 2011 peer-reviewed study shows that infant mortality rates increase as simultaneous vaccines are increased in number. ~~We need more science to truly~~ Based on the aforementioned information, how can we claim that HB 1312 will keep Colorado children safe? Please vote no on this bill.

PRINT NAME: _____

SIGNATURE: _____

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-19
BILL #: HB19-1312
PRIME SPONSORS: Rep. Mullica

NAME: Lynnda Trevathan
PHONE #: 303-349-0619
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

The Supreme Court, in *Bruesewitz et al vs Wyeth*, deemed vaccines as "unavoidably unsafe." You've heard the statistics on reports to the Vaccine Adverse Events Reporting System. The Harvard Report showing that those *VAERS* reports are estimated at only 1% of the actual occurrences, and the billions of dollars paid out for injury claims. Vaccines carry serious risks.

We are not talking about a seatbelt you can remove at the end of your car ride. We are not even talking about the medications on commercials, with long lists of adverse side effects, that you can simply stop taking if you experience one of those adverse effects. Once a vaccine is injected into a body, there simply is no going back.

Only MMR and Thimerosal have been studied for links to autism - not any other vaccine or ingredient or the combination in which they are given in real life. The CDC pink book shows ingredients of vaccines that are known carcinogens, known toxins, human cell lines and allergy risks. True informed consent must include information about risks.

PRINT NAME: Lynnda Trevathan

SIGNATURE: Lynnda Trevathan

HOUSE WRITTEN TESTIMONY SHEET


DATE: 4/15/19
BILL #: HB19-1312
PRIME SPONSORS: _____

NAME: Danielle Threlkeld
PHONE #: 303-562-7600
FOR: _____ AGAINST:

WRITTEN TESTIMONY:

Madam Chair and ~~House~~ Committee Members, I strongly oppose House Bill 19-1312 because this bill proposes to remove Colorado state authority by forcing the adoption of ACRP guidelines. They suggest that only after there has been a severe reaction to a vaccine would a person qualify for a medical exemption and would only be issued to the one vaccine that is suspected to have caused the reaction. When children are given multiple doses of vaccines in one office visit, it's next to impossible to determine which one caused the reaction. It is very concerning that no family history or genetic mutation is listed as an acceptable reason for medical exemption... even though the Vaccine court has already paid out billions of dollars for permanent disability or death due to ~~those~~ very reasons. The medical decisions should always stay between the doctor and the patient to make the best choice for themselves and their children. When you allow government to make these choices, doctors are not able to do their jobs. Please vote no on HB19-1312. Thank you for your time.

PRINT NAME: Danielle Threlkeld

SIGNATURE: 

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-19
BILL #: HB 19-1312
PRIME SPONSORS: MollicaNAME: Starla Nicoll
PHONE #: 719-761-2340
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

I Strongly oppose this bill, I am a mother of two beautiful daughters, one who was fully vaccinated and one who has never been vaccinated. My oldest daughter, who received all of the recommended CDC vaccines from birth to Kindergarten was constantly sick during that time, she had ear infections, Colds, fevers, vomiting, etc. very often. She also has many sensory issues that got worse after her Kindergarten vaccines. When I started noticing the connection between my daughter getting sick & her sensory issues right around the time she was vaccinated and I started looking it into it more. What I found was very alarming. I found out that there had been, at the time, over 3 billion dollars paid out for vaccine injury and death & that vaccine manufacturers are not held ~~liable~~ liable since the National Childhood Vaccine Injury Act of 1986. I learned that vaccines contain aborted fetal cells, carcinogens, animal DNA →

PRINT NAME: Starla NicollSIGNATURE: Starla Nicoll

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-19
BILL #: HB-1312
PRIME SPONSORS: Mullica

NAME: Starla Nicoll
PHONE #: 719-761-2340
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

heavy metals, and other toxins. Both of my daughters show signs of being gene carriers mutation carriers which put them at a higher risk of vaccine injury. I've learned that there is absolutely nothing put into place to prevent vaccine injury & death - we do not test for allergies, gene mutations or cheek titers before vaccinating. We would not qualify for a medical exemption under this bill. I will not sign a paper saying that I'm putting them at risk when I'm protecting them. There are outbreaks in highly and fully vaccinated communities, including the current whooping cough outbreak in California, where every child who has contracted whooping cough are vaccinated. Where there is a risk, there should be a choice & this bill limits our already hard to get medical exemptions & is a slippery slope. Please vote NO on HB-1312

PRINT NAME: Starla Nicoll

SIGNATURE: Starla Nicoll

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4/15/19
BILL #: HB 13-12
PRIME SPONSORS: _____NAME: Lalik Lopez
PHONE #: 720-327-1811
FOR: _____ AGAINST: _____

WRITTEN TESTIMONY:

I, Lalik Lopez, am writing this written statement to address the vaccine bill. I am 100% against the bill as it doesn't take into consideration my religious and personal beliefs. Our family has been almost forced into being vegan due to severe allergies to meat, dairy, and eggs. Due to these issues my children can't get vaccinated due to the animal dna and by products added to the vaccines. According to the bill they wouldn't qualify for a medical exemption, therefore causing us to move to a state that allow us to live healthy. Additionally, my daughter has had severe reactions to vaccines causing her to have constant ear infections, rashes, high fever causing hospitalization, along with sleep walking and fainting. I'm tired of hearing about "herd immunity" w/ vaccines as my kids were partially vaccinated and they got diseases that they were vaccinated for. ie. My daughters got whooping cough but yet they were vaccinated against it. Again my kids can't get vaccinated due to health concerns and

PRINT NAME: Lalik Lopez

SIGNATURE: Lalik Lopez

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4/15/19
BILL #: HB 13-12
PRIME SPONSORS: _____

NAME: Lalík Lopez
PHONE #: 720-321-7811
FOR: _____ AGAINST: _____

WRITTEN TESTIMONY:

wouldn't qualify for the exemptions listed on this bill. Parents who don't vaccinate will NEVER vaccinate so where does that leave Colorado? We will leave and we will take our tax dollars elsewhere. Please reject this bill for the benefit of my children and other children like mine. End of statement

PRINT NAME: Lalík Lopez

SIGNATURE: Lalík Lopez

1. The first part of the document is a list of names.

2. The second part is a list of dates.

3. The third part is a list of locations.

4. The fourth part is a list of events.

5. The fifth part is a list of people.

6. The sixth part is a list of organizations.

7. The seventh part is a list of activities.

8. The eighth part is a list of results.

9. The ninth part is a list of conclusions.

10. The tenth part is a list of recommendations.

11. The eleventh part is a list of suggestions.

12. The twelfth part is a list of notes.

13. The thirteenth part is a list of references.

14. The fourteenth part is a list of appendices.

15. The fifteenth part is a list of footnotes.

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4/15
BILL #: HB19-1312
PRIME SPONSORS: Mullica, Gonzales, Priola

NAME: Ashley E. Orcutt
PHONE #: 720-309-5805
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

My name is Ashley Elizabeth Orcutt. I represent myself and my children. This bill is admittedly an attempt to weaken parents' ability to make important healthcare decisions for their families by making all exemptions more difficult to obtain.

It also interferes with the physician-patient relationship by severely limiting medical exemption criteria. Although religious and personal exemptions would be available, that is not satisfactory for families that cannot vaccinate for legitimate medical reasons that may not be officially recognized by the CDC or ACIP. This especially may be the case when those medical conditions were caused by vaccination. "One in a million" is not a scientific or accurate figure of vaccine injury and many parents, like myself, are not satisfied with vaccine injury monitoring systems.

In regards to philosophical and religious exemptions, Colorado currently has laws allowing parents to write their own personal statement of exemption and this is important because there are a myriad of reasons people choose not to vaccinate. It is insulting and difficult to believe that "procrastination" or "convenience", as proponents of this bill have claimed, ^{are amongst those reasons.} Rather parents arrive at this decision based on a tremendous amount of research and first hand experience with vaccine injury.

I also find it difficult to believe that a generic statement, that is as of right now, unwritten, will encompass the complexity of such a deeply personal decision.

For these reasons and many others, I oppose HB19-1312 and implore legislatures to vote no on it.

PRINT NAME: Ashley E. Orcutt

SIGNATURE: Ashley E. Orcutt

Thank you, members of the ^{Committee} ~~comity~~, for having us today. My name is Kristin Estrada ~~ESTRADA~~. I am a college educated mother of two. I came here today to oppose HB19-1312, and explain why I believe this Bill is being introduced, who this affects and who gains from the bill.

1. The goal of this bill is to get more kids vaccinated, to get the numbers up. To put limitations on medical choice to benefit industry. It would relinquish state board authority over its residents and would adopt the strict CDC schedule.

2. Everyone is affected by medical mandates, not everyone is created medically equal. Not only do mandates threaten our constitutional rights but our rights to personalized medicine. Nearly half of children have an auto immune disease, a lot of us should be personalizing our children's health routine and medication. Mandating vaccines on the general public is mandating vaccines on the immune compromised.

3. This is about profit, industry and special interests. If this was about health, doctors would write medical exemptions for kids with

auto immune disorders, but many have never even written one. With this bill, personalized medical plans would be up to the CDC, not you and your doctor. Taking away choice of vaccine schedule is medically reckless. We talk about protecting the immune compromised but they are offered fear of mandates. If this was about health, we'd be healthier. The public would have proper informed consent. Studies of vaccinated and unvaccinated would be promoted and funded. Instead, this Bill serves the interests of the one industry that manufactures the one product on the market designed to alter our immune system forever. While nearly half of our kids are sick with confused immune responses. It is easy to say correlation is not causation, but we can all see the numbers in the bigger picture and it's the industry that has the winning numbers, not the kids.

We would all be affected by medical mandates. Please work to preserve medical choice for all. I hope to promote vaccine choice. Thank you for hearing me today.

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-19BILL #: 19-1312PRIME SPONSORS: Rep MullicaNAME: Rachel GatesPHONE #: 281-686-6522FOR: _____ AGAINST:

WRITTEN TESTIMONY:

I would like to express my opposition to this bill and represent myself and my family. I oppose this bill for all of the previously mentioned reasons of limiting Doctor discretion in writing medical exemptions, increasing the amount of required vaccines and adding vaccines like HPV + annual flu vaccines that have shockingly low efficacy and safety. I also oppose this bill because it eliminates the power of the legislature by creating a process for CDPHE to do whatever suits their agenda without needing permission from the legislature and gives them unlimited authority in this arena to do things like adding vaccines, determining how often children need those vaccines and who qualifies for exemption. Are our Representatives and Senators really ready to give up their power to an unelected state agency, and if they are, what is the point of having a legislature to make laws only to give that authority to a state agency? This bill also discriminates against a minority of parents who choose not to follow the one-size-fits all vaccine schedule, by requiring them to appear in person to the health department to be exempt for even 1 vaccine while parents that vaccinate do not have to appear in person. I have a masters degree, working on my doctorate in Historical Linguistics and I don't make the decision to not vaccinate lightly, but have researched extensively.

PRINT NAME: Rachel GatesSIGNATURE: Rachel Gates

HB19-1312

My name is Dakota Stoddard. I am a mom from Adams County and I oppose this bill.

I stand firmly against the idea of government deciding WHAT they will inject my child with and WHEN. I also refuse to sign a document worded in a way I don't agree with just to avoid it. As stated on page 7 lines 20-27.

We choose to exercise our freedom of religion and not vaccinate due to not believing in the ingredients and methods used to create vaccines. It is my right as a mother to word my sons exemption in a way that accurately reflects my families beliefs.

I also refuse to subject my son to a government tracking system based on his medical records. Forcing parents to hand in medical information IN PERSON for approval signatures and to be entered into the tracking system is creating distrust in our government. As stated on page 8 lines 4-8.

Please hear and understand my concern as a mother.

Vote no on HB19-1312, and protect family rights. Thank you.

Dakota Stoddard

4-15-19

Dakota Stoddard

303.501.9312

songbird4991@gmail.com

NO to HB 19-1312!!

HOUSE WRITTEN TESTIMONY SHEET

DATE: April 18, 2019
BILL #: HB 19-1312
PRIME SPONSORS: _____

NAME: Elizabeth Piper
PHONE #: 913 593 7055
FOR: _____ AGAINST: XXX

WRITTEN TESTIMONY:

Thank you for taking the time to read this. We are in a very crucial time in history right now. I personally ~~wrote~~ witnessed many friends and family members become vaccine injured. It is NOT rare. Why is infertility on the rise, why is it 1 in 8 couples? This issue has only continued to grow. Not only do I have 2 nephews with Autism. I, myself was injured and I only had 6!! (1992) My husband has a RARE condition of "AZOOSPERMIA" which means "0" sperm. He will NEVER have biological children. This has broken him in so many ways. What does this have to do with this bill? On all vaccine inserts it states "Has NOT been evaluated for infertility". When he was ~~younger~~ younger he had MANY vaccine reactions. And since there are zero studies to test the vaccines for this possible outcome - "infertility" - we don't know. This is just the TIP of the iceberg, there are many many ~~risks~~ risks and outcomes after vaccinating. This should NEVER be forced on us. IF anything push for more safety studies! And liability on vac companies. There are thousands of diseases that eventually we will have vaccines for. But we don't fear them until the vaccine comes out. Seems strange right?

PRINT NAME: Elizabeth Piper

SIGNATURE: 

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4/15/19BILL #: HB19-1312PRIME SPONSORS: Representative MullicaNAME: Beth HoffmanPHONE #: 303-760-5136FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

Madam Chair & Committee members,

I am here as a mother of 2 healthy boys asking you to oppose HB1312. We all care about the health and well being of our children. The aspect of this bill I would like to discuss today is on pg. 9 line 25-27, this states "such rules may also require the reporting of statistical information and names of the non-compliers by the schools."

To create a list, by name, of non-compliers would continue to feed a toxic environment of bullying. My son was witness to this ^{horror} ~~bullying~~ last week. In school, my 11yr. old was given an assignment to write a poem, as were the rest of the class. A fellow student wrote a poem about the flu and stupid anti-vaxxers. The child does not know my son's unvaccinated status, ~~but~~ It makes me concerned that if his name were to be revealed through this bill he would become isolated and bullied. We keep children's health status private who have Hep B or HIV or other diseases that would threaten their privacy and safety. My healthy, non-disease carrying child should not be singled out. I, as his mother, did not make this decision easily. I have done hours of research. I am always concerned about ^{how} he will be treated whenever I sign him up for summer camps which require vaccine records.

PRINT NAME: Beth M HoffmanSIGNATURE: Beth M Hoffman

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-19
BILL #: HB19-1312
PRIME SPONSORS: _____

NAME: JOSEPH D'FIENNES
PHONE #: _____
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

I AM SPEAKING ON BEHALF OF CHRISTINE SULLIVAN, SHE IS REPRESENTING HERSELF AND HER SMALL GROUP OF FRIENDS WHO CAN NOT BE HERE TODAY. SHE HAD HER CHILD HERE FOR 8 CONSECUTIVE HOURS AND SHE TOO NEEDED TO GET BACK HOME. WE ARE FAMILIES WHO CHOOSE TO VACCINATE ON AN ALTERNATIVE SCHEDULE, SKIP CERTAIN VACCINES, OR TO CHOOSE NOT TO VACCINATE ALTOGETHER. COERCION IS NEVER CONSENT, THIS BILL MAKES ME, AS A PARENT WHO DOES FOLLOW THE CDC SCHEDULE FEEL ABSOLUTELY COERCED BY REQUIRING ME TO BE SUBJECT TO AN UNDEFINED RE-EDUCATION, TO SIGN A FORM THAT - IF IT RESEMBLES THE CURRENT FORM, WILL REQUIRE ME TO MAKE AN ADMISSION THAT I AM KNOWINGLY ENDANGERING MY CHILDREN, TO REQUEST AN OPT-OUT OF A TRACKING SYSTEM, AND THEN TO TURN IN MY FORMS IN PERSON. IF ALL OF THIS IS NOT MEANT TO BULLY ME INTO VACCINATING ON SCHEDULE - THEN WHAT IS THE POINT OF THESE ONEROUS STEPS? IT IS OUR RESPONSIBILITY AS PARENTS, WITH OUR DOCTOR TO MAKE MEDICAL DECISIONS WITHOUT COERCION FROM OUR GOVERNMENT.

TO QUOTE THE BILL OF RESPONSIBILITIES HANGING OUTSIDE THIS ROOM, FREEDOM AND RESPONSIBILITIES ARE MUTUAL AND IRREPERABLE. FREEDOM FOR ALL OF US DEPENDS ON RESPONSIBILITY BY EACH OF US. WE ACCEPT THESE RESPONSIBILITIES:

TO BE FULLY RESPONSIBLE FOR OUR ACTIONS AND THE CONSEQUENCES OF THESE ACTIONS. TO RESPECT THE RIGHTS AND TO MEET THE RESPONSIBILITIES ON WHICH OUR LIBERTY REST AND OUR DEMOCRACY DEPENDS, THIS IS THE ESSENCE OF FREEDOM.

PRINT NAME: JOSEPH DFIENNES

SIGNATURE: 

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4-15-19
BILL #: HB19-1312
PRIME SPONSORS: _____

NAME: DANIELLE LAWRENCE
PHONE #: 619-246-4425
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

HERD IMMUNITY

IS A THEORY THAT IF YOU HAVE A POPULATION THAT OF WHICH 90-95% IS VACCINATED THEY WILL SOMEHOW PROTECT THE OTHERS AGAINST THAT VIRUS.

WHAT THEY TOTALLY DISREGARD IS THE THEORY ARE RISKS OF TRANSMISSION VIA THE VACCINATED (LIVE VIRUSES) OR ASYMPTOMATIC CARRIERS SUCH AS WHOOPING COUGH.

IT HAS NEVER BEEN PROVEN THAT VACCINES GIVE ANY IMMUNITY SINCE THEY WANE OVER TIME - HENCE THE NEED FOR BOOSTERS.

A.W. HEDRICK COINED THE TERM IN AN OBSERVATION PAPER WRITTEN IN 1938 IN AMERICA. JOURNAL OF EPIDEMIOLOGY - WILD CAUGHT MEASLES IMMUNITY WAS PASSED ON FROM ~~MOTHER~~ ^{MOTHER} TO CHILD IN A NATURAL SETTING

THE NOTION OF NON-VACCINATED KIDS ARE CAPABLE OF SPREADING DISEASE, SO DEADLY ITS MERE EXISTENCE IS A THREAT TO OTHERS, THEN WHY ARE THEY NOT AT HOME DYING? THEY WOULD BE SYMPTOMATIC.

HERD IMMUNITY IS BASED ON THE IDEA THAT IF THE MAJORITY OF THE HERD IS IMMUNE IT PROVIDES PROTECTION TO THOSE WHO ARE NOT. IT DOES NOT PREVENT ISOLATED CASES & HEDRICK NEVER INTENDED IT TO BE IN THIS TYPE OF SETTING. →

PRINT NAME: DANIELLE LAWRENCE

SIGNATURE: Danielle Lawrence

When it was thought that vaccines made people immune for life this made more sense. Now it is known that they ^{only} last for a few years, again hence the need for boosters. If the vaccinated population of adults is not immune anymore, then the majority of the herd does not have immunity, only the majority of children.

A child that is not up to date on vaccines is no more dangerous than a newborn that is too young for vaccines or an adult who has not been vaccinated since they were a child. They are no more of a risk than a child who has no or low immunity from vaccinations. An unvaccinated healthy child is not a risk at all. A recently vaccinated child poses a greater risk.

The definition of "herd immunity" the vaccines companies use comes from a model called REED-FROST but this model is flawed. Because there are many parameters that are impossible to account for, especially when dealing with children of school age it takes into account probabilities of contact between the infectious & susceptible during a certain amount of time.

No vaccine claims 100% effectiveness. Most are between 60-91%. For various reasons, you can't vaccinate 100% of the population, roughly only 40 to 80% would be considered immune.

People ~~would~~ would need to be checked annually to ensure the antibodies were still present in order for this theory to hold water. Adults would be having to get boosters frequently.

Good afternoon Madame Chair Lontine and committee members, my name is Melissa Wampner, a proud and devoted mother, thank you for hearing my testimony today.

Bill HB191312 page 9 lines 10-21 violates my constitutional rights to choose if a liability-free product is injected into my family. Herd immunity is just a theory, we are technically at "herd immunity" vaccinations level yet herd immunity has never been achieved. Example: currently, a navel ship- USS Ft. McHenry, has 700 sailors aboard with a mumps outbreak after being recently vaccinated with the MMR vaccine.

100% vaccination rate, quarantined ship, and yet this has still occurred. How much money has been spent on "herd immunity" with this current situation? And is Colorado going to dump money into trying to prove this theory as well? On another note no one has died from measles in the past 11 years despite all of the recent chaos over measles; it used to be a right of passage to get the measles! There was even a Brady bunch episode talking about how: "if you're going to get sick at least it's the measles!"

The MMR vaccine contains a live virus, and there have been COUNTLESS cases of individuals contracting measles from the vaccine and spreading it to others. How then, could this "herd immunity" theory ever be achieved, if the vaccine itself could create a so called "outbreak." Medicine is a personal choice.

This bill also takes away doctor authority, making it almost impossible to get a medical exemption. This bill is flawed in many ways and is in no way a good "middle ground" on this issue. Please vote "NO" on Bill HB191312.

I could discuss this issue all day because I'm so passionate about it, but I will leave you with this: vaccine reactions are not a "one in a million," I can attest to this watching my niece regress after a vaccine, and for arguments sake, if you want to say it's a "one in a million chance," when it's your person, your loved one, your whole world getting turned upside down, even that risk is too great to take when no one is being held responsible.

We all have the same goal, healthy kids and a healthy community. Thank you.

Bill# HB19-1312

Lindsay Small

TESTIMONY:

My name is Lindsay Small, mother of 2 in Highlands Ranch. I am a former elementary school teacher of 14 years. As an educator, this bill concerns me, as it is riddled with one-sided numbers and misleading information.

I oppose HB19-1312 because it is a bill that removes the doctor patient relationship and allows the state to essentially nullify current medical exemptions held by Colorado families. It will impose federal rules that are so slight, a child would be required to be severely vaccine injured BEFORE they ever be granted a medical exemption. Even if granted, it would only be for the specific vaccine that caused the adverse reaction, forcing them to continue to receive vaccines even when the risks outweigh the benefits. This bill would make opting out of even one vaccine require an exemption - requiring even families who choose to selectively vaccinate (for example, decline the flu or controversial Gardasil vaccine) to obtain an exemption. In doing so, be labeled a "non-complier" and counted in your numbers as "unvaccinated."

This bill is essentially working backwards into California's laws - it will make medical exemptions so difficult for parents to get, they are coerced into a personal or religious exemption. This bill ultimately opens the door for more restrictions and mandates in the future. This bill will not increase vaccination rates in Colorado. This bill warps Colorado into a pharmaceutical slave for a liability free company with far too much control - for a product that has not been through a real safety study in over 30 years.

I am so strongly opposed to this bill, that it is the one determining factor in how I choose to vote. I ask that you choose to protect your constituents who have nothing to gain from voicing their concerns... instead of a corrupt, for-profit industry. We cannot continue to ignore what families have gone through for a false sense of health security. Stop the madness of trying to force these parents to jump through hoops to protect their right to their own bodies and their children's bodies. If the science is settled, no questions would remain. Education is not one-size-fits all, and neither is our health.

I urge you to vote NO on HB19-1312.

HOUSE WRITTEN TESTIMONY SHEET

DATE: 4.15.19
BILL #: HB19-1312
PRIME SPONSORS: _____

NAME: Nicole Reddick RN
PHONE #: (970) 232-6888
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

My name is Nicole Reddick^{RN} and I represent my 2 sons, Christian and Leo, and myself. I have a Bachelor of Arts in English Literature and a degree in Nursing. I have worked as a Registered Nurse for 5½ years in both the hospital and surgery center setting. I oppose House Bill 19-1312 because I see my parental rights and the personal rights of my family being stripped away. This bill has some very scary language in it that eerily echoes the political ideology of past DICTATORSHIPS and, dare I say, dystopian science fiction.

The idea of using a state "registry" and/or "tracking system" to track our children's vaccination status goes against everything I've learned as a licensed healthcare provider. My son has a chromosomal disorder that comes with its fair share of health issues that affect every organ system. My main concern is not a question of whether he should get a medical exemption or a personal one (I know he'd qualify for the medical one), my MAIN CONCERN is that his name would be on a registry where his protected health information would no longer be protected and that this list of exempted individuals would serve as a way to discriminate against him and my family. HB19-1312 is a dangerous bill that would violate my family's privacy and our civil liberties. In no WAY would the passing of HB19-1312 make me change my mind and the minds of my pro-vaccine-choice parents and suddenly bring our children "up-to-date" on their vaccinations.

PRINT NAME: Nicole Reddick

SIGNATURE: Nicole

If anything, it would stiffen our resolves to keep the government out of our business.



HOUSE WRITTEN TESTIMONY SHEET

DATE: 4/15/19
BILL #: HB-19-1312
PRIME SPONSORS:

NAME: Shari Lindenberg
PHONE #: 808-937-7707
FOR: _____ AGAINST: X

WRITTEN TESTIMONY:

I want it on record that I TOTALLY OPPOSE THIS Bill.

I actually have VAXED kids but for me this IS ABOUT FREEDOM & PRIVACY!

We do NOT need someone coming ~~inbetween~~ a parent & the doctor.

(Flu)
My kids last vaccine was 6 years ago. They had 107 fevers for 1 week - the E.R. dr. stated to never vaccinate them.

They have Perfect attendance at school since we stopped the flu vaccine.

Please OPPOSE HB19-1312

PRINT NAME: Shari Lindenberg

SIGNATURE: 