Sen. Tate Re: 1312

Attachment Z

PLEASE ASK CDPHE EMPLOYEE - or bill sponsor if you run out of time with CDPHE

How many databases are mentioned in this bill?

Which databases can parents opt their children out of?

Which database does not have an opt-out?

Can a parent prevent the data from being put in the database in the first place?

Is there a separate data base that the exemption information goes into?

Can parents opt out of the exemption data base?

Can a parent prevent their children's PII from being uploaded or submitted to the state data base? The exemption data base?

Are there any limitations on how CDPHE can use information gathered through the exemption process?

How do you intend to help CDPHE protect all children's personal identifying information from any data mining or cyber threats? How will you do this when CIIS is listed as a non-HIPAA entity?

Given the history of form creation with CDPHE, and given the House amendment that includes the phrase "but not limited to" in addressing compelled speech, how will you protect parents from being forced to sign forms that have compelled speech especially in light of the 5th Amendment which protects us from self-incrimination?

Representative Mullica has clarified that parents can opt out of CIIS, but not out of the database that houses the exemptions. What will the penalty be if this data is breached or misused?

Representative Mullica has clarified that parents can opt out of CIIS, but not of the database that houses the exemptions. How would we know if the data is breached or misused?

Representative Mullica has clarified that parents can opt out of CIIS, but not of the database that houses the exemptions. There is nothing in the bill about data retention or deletion. How long will this data be in the data base? Will it ever be deleted? Will children be in this data base forever? Why doesn't this bill address that?

Can someone show me the form you are voting on today?

GENERAL QUESTIONS:

REGARDING ADDITION OF NEW VACCINES

The CDC catch up schedule for Rotavirus states:

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.

Does this mean that any school child over 8 months old who did not receive the Rotavirus vaccine as a baby will have to use an exemption for Rotavirus? What will this do to our exemption rates? There is nothing in this bill that would explain this to schools. Will all children without the Rotavirus vaccine be sent to the Health Department for their exemption certificate? Why would this bill seek to add Rotavirus to the required for school entry list when the maximum age to receive it is 8 months?

Why was Rotavirus added to the list of required vaccines, and does that mean that any child who never had the Rotavirus vaccine needs to fill out an exemption. Representative Mulllica stated that it would just "drop off" if they didn't have that vaccine. What does that mean? Why would that one even be required when it's an infant vaccine?

Pertaining to the addition of the 3 newly required vaccines, did adding these follow the state board of healths requirements or process, or was this a bypassed process? How did Representative Mullica decide which vaccines to add, are these based on his personal opinions of what's needed? What is the process for adding required shots for students in our state?

The addition of three new vaccines to the required school schedule is bypassing the stakeholder process we have in place. Is this proper policy making?

What was the role of stakeholders and when were the conversations with them in deciding to add three vaccines to the required list for Colorado?Where is the Stakeholders report so we can see who was invited and who participated and what the result of the vote was? Or was this process bypassed by this legislation?

How do you reconcile the decision to add the meningitis vaccine into the required school vaccination schedule when the decision from the required stakeholder process a few years ago was to NOT include it due to costs and a risk/benefits analysis?

REGARDING STRIPPING THE MEDICAL EXEMPTION TO ACIP NARROW GUIDELINES

EDUCATIONAL MATERIALS AND SAFETY

Why are physicians stripped of their traditional role of determining medical exemptions, in an intimate and complex doctor-patient relationship? How is this not an insult to doctors' professional opinions? And If the stated goal of the bill is to 'modernize immunization requirements', then what exactly does this modernize?

If the State values the doctor patient relationship, will doctors who give medical exemptions have their information added to the database (CIIS or otherwise) and if so, have you considered how they will respond to knowing they too are entered into a tracking system?

Why are pharmaceutical companies required by law to print & ship the vaccine inserts that list the risks associated with each vaccine, but care providers are not required to furnish them to the patient unless the parent/patient knows to request them, and "education" regarding vaccines cited in this bill does not include this critical information?

Will the immunization information presented to the SMART act include vaccine injury rates? This bill only talks about exemption rates. Isn't it important to have a clear overall picture of all immunization data?

How many of these retired doctors and new doctors that are testifying here today have ever given a child the full CDC recommended schedule of 53 shots in their career?

. The bill states in section 3 (a) (I) that a student qualifies for a medical exemption if their health care provider indicates "that the physical condition of the student is such that one or more specified immunizations would endanger his or her life or health or is medically contraindicated due to other medical conditions." Later is says that the state board of health shall adopt medical exemption recommendations based on contraindications as described by the Advisory Committee of Immunization Practices or any "successor entity".
is the child's physician or health care provider allowed to use his or her own judgment to give a medical exemption? Early in the bill it sounds like they are, but then it says ACIP only.

COSTS

Why is this bill a $0 fiscal note? We have information from the local health departments stating that they had a conference call with CDPHE and that CDPHE will be going to the Joint Budget Committee next year to ask for money to implement this program. How is this fair to Colorado taxpayers to pass a bill and then ask for money? The Larimer County health department alone estimates it will take at least 1,150 hours to implement the requirements of this bill and that is just for one county.

Section 4, 25-4-904 states that the Dept of Public Health and Environment shall administer and enforce the immunization requirements. How will it do that? How will any administration of vaccines and enforcement of the requirements cost nothing? The fiscal note states this will all be free. How is this all free?

Who is going to pay for the paper/ink/printer/employee needed to print off these "certificates". Will this be factored into the budget for this bill? Why is there a $0 fiscal note? Is it really fair to ask the Joint Budget Committee for money next year instead of having an accurate fiscal note before it passes?

Who is going to pay for the materials distributed to health facilities? What facilities will be part of the "in" group getting the materials? Just pediatric offices, or all clinics/urgent care facilities, family practice offices, hospitals, health departments? How much will it cost to update these materials every year as the bill requires?

What is the cost if CDPHE is allowed to add vaccines not on the ACIP list, which this bill would allow? What is the cost for taxpayers in Colorado for each vaccine added? Anything not on the ACIP list has to be paid out of the state share of medicaid and private insurance payers, copays and deductibles.

The cost benefit analysis for the rotavirus does not exist. Why are we requiring a vaccine for such a rare disease that mainly occurs in infants. The CDC states that only 400,000 patients went to a doctor for this condition. This is only .000025?% of the population.

Have you truly considered the cost to CDPHE to receive the parents in person, care for and protect the data, shred the paperwork and ensure children's rights? Have you evaluated the costs associated with adding three vaccines to the recommended immunizations?

OTHER - PII - SAFETY OF MINORITY GROUP

What protections will you put in place to ensure that a very small minority in Colorado does not experience discrimination due to the need for exemptions to one or more vaccines?

How does PII aide in the management of a potential disease outbreak as opposed to mass communication about the situation. And in what ways is this better than the current system of sending information through the schools? Children are most intimately involved with their school and it is THE MOST LOCAL and expeditious way to get information to families. Certainly much more efficient than relying on a bureaucratic agency.

Has there been any significant lobby from local schools, saying that the current exemption system is such a burden to them, that state agencies need to take over? I haven't heard of any. Seems to be a lot of confusion as to the purpose of this bill.

Vaccine Excipient & Media Summary

Excipients Included in U.S. Vaccines, by Vaccine

In addition to weakened or killed disease antigens (viruses or bacteria), vaccines contain very small amounts of other ingredients – excipients or media.

Some excipients are added to a vaccine for a specific purpose. These include:
Preservatives, to prevent contamination. For example, thimerosal.
Adjuvants, to help stimulate a stronger immune response. For example, aluminum salts.
Stabilizers, to keep the vaccine potent during transportation and storage. For example, sugars or gelatin.

Others are residual trace amounts of materials that were used during the manufacturing process and removed. These include:
Cell culture materials, used to grow the vaccine antigens. For example, egg protein, various culture media.
Inactivating ingredients, used to kill viruses or inactivate toxins. For example, formaldehyde.
Antibiotics, used to prevent contamination by bacteria. For example, neomycin.

The following table lists all components, other than antigens, shown in the manufacturers' package insert (PI) for each vaccine. Each of these PIs, which can be found on the FDA's website (see below) contains a description of that vaccine's manufacturing process, including the amount and purpose of each substance. In most PIs, this information is found in Section 11: "Description."

All information was extracted from manufacturers' package inserts.
If in doubt about whether a PI has been updated since this table was prepared, check the FDA's website at:
http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

Vaccine	Contains
Adenovirus	human-diploid fibroblast cell cultures (strain WI-38), Dulbecco's Modified Eagle's Medium, fetal bovine serum, sodium bicarbonate, monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, plasdone C, anhydrous lactose, microcrystalline cellulose, polacrilin potassium, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye
Anthrax (Biothrax)	amino acids, vitamins, inorganic salts, sugars, aluminum hydroxide, sodium chloride, benzethonium chloride, formaldehyde
BCG (Tice)	glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, iron ammonium citrate, lactose
Cholera (Vaxchora)	casamino acids, yeast extract, mineral salts, anti-foaming agent, ascorbic acid, hydrolyzed casein, sodium chloride, sucrose, dried lactose, sodium bicarbonate, sodium carbonate
DT (Sanofi)	aluminum phosphate, isotonic sodium chloride, formaldehyde, casein, cystine, maltose, uracil, inorganic salts, vitamins, dextrose
DTaP (Daptacel)	aluminum phosphate, formaldehyde, glutaraldehyde, 2-phenoxyethanol, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion
DTaP (Infanrix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80)
DTaP-IPV (Kinrix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, VERO cells, a continuous line of monkey kidney cells, Calf serum, lactalbumin hydrolysate, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B
DTaP-IPV (Quadracel)	modified Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, formaldehyde, aluminum phosphate, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, MRC-5 cells, normal human diploid cells, CMRL 1969 medium supplemented with calf serum, Medium 199 without calf serum, 2-phenoxyethanol, polysorbate 80, glutaraldehyde, neomycin, polymyxin B sulfate

Vaccine	Contains
DTaP-HepB-IPV (Pediarix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, glutaraldehyde, modified Stainer-Scholte liquid medium, VERO cells, a continuous line of monkey kidney cells, calf serum and lactalbumin hydrolysate, aluminum hydroxide, aluminum phosphate, aluminum salts, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B, yeast protein.
DTaP-IPV/Hib (Pentacel)	aluminum phosphate, polysorbate 80, sucrose, formaldehyde, glutaraldehyde, bovine serum albumin, 2-phenoxyethanol, neomycin, polymyxin B sulfate, modified Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin. MRC-5 cells (a line of normal human diploid cells), CMRL 1969 medium supplemented with calf serum, Medium 199 without calf serum, modified Mueller and Miller medium
Hib (ActHIB)	sodium chloride, modified Mueller and Miller medium (the culture medium contains milk-derived raw materials [casein derivatives]), formaldehyde, sucrose
Hib (Hiberix)	saline, synthetic medium, formaldehyde, sodium chloride, lactose
Hib (PedvaxHIB)	complex fermentation media, amorphous aluminum hydroxyphosphate sulfate, sodium chloride
Hep A (Havrix)	MRC-5 human diploid cells, formalin, aluminum hydroxide, amino acid supplement, phosphate-buffered saline solution, polysorbate 20, neomycin sulfate, aminoglycoside antibiotic
Hep A (Vaqta)	MRC-5 diploid fibroblasts, amorphous aluminum hydroxyphosphate sulfate, non-viral protein, DNA, bovine albumin, formaldehyde, neomycin, sodium borate, sodium chloride
Hep B (Engerix-B)	aluminum hydroxide, yeast protein, sodium chloride, disodium phosphate dihydrate, sodium dihydrogen phosphate dihydrate
Hep B (Recombivax)	soy peptone, dextrose, amino acids, mineral salts, phosphate buffer, formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, yeast protein
Hep B (Heplisav-B)	vitamins and mineral salts, yeast protein, yeast DNA, deoxycholate, phosphorothioate linked oligodeoxynucleotide, phosphate buffered saline, sodium phosphate, dibasic dodecahydrate, monobasic dehydrate, polysorbate 80
Hep A/Hep B (Twinrix)	MRC-5 human diploid cells, formalin, aluminum phosphate, aluminum hydroxide, amino acids, sodium chloride, phosphate buffer, polysorbate 20, neomycin sulfate, yeast protein
Human Papillomavirus (HPV) (Gardasil 9)	vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein
Influenza (Afluria) Trivalent & Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, sucrose, neomycin sulfate, polymyxin B, beta-propiolactone, thimerosal (multi-dose vials)
Influenza (Fluad)	squalene, polysorbate 80, sorbitan trioleate, sodium citrate dehydrate, citric acid monohydrate, neomycin, kanamycin, barium, egg proteins, cetyltrimethylammonium bromide (CTAB), formaldehyde
Influenza (Fluarix) Quadrivalent	octoxynol-10 (TRITON X-100), α-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sodium phosphate-buffered isotonic sodium chloride
Influenza (Flublok) Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20 (Tween 20), baculovirus and *Spodoptera frugiperda* cell proteins, baculovirus and cellular DNA, Triton X-100, lipids, vitamins, amino acids, mineral salts
Influenza (Flucelvax) Quadrivalent	Madin Darby Canine Kidney (MDCK) cell protein, phosphate buffered saline, protein other than HA, MDCK cell DNA, polysorbate 80, cetyltrimethlyammonium bromide, and β-propiolactone, Thimerosal (multi-dose vials)
Influenza (Flulaval) Quadrivalent	ovalbumin, formaldehyde, sodium deoxycholate, α-tocopheryl hydrogen succinate, polysorbate 80, thimerosal (multi-dose vials), phosphate-buffered saline solution
Influenza (Fluzone) Quadrivalent	formaldehyde, egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, thimerosal (multi-dose vials)

Vaccine	Contains
Influenza (Fluzone) High Dose	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, formaldehyde
Influenza (FluMist) Quadrivalent	monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, ovalbumin, gentamicin sulfate, ethylenediaminetetraacetic acid (EDTA)
Japanese Encephalitis (Ixiaro)	aluminum hydroxide, protamine sulfate, formaldehyde, bovine serum albumin, host cell DNA, sodium metabisulphite, host cell protein
Meningococcal (MenACWY-Menactra)	Watson Scherp media containing casamino acid, modified culture medium containing hydrolyzed casein, ammonium sulfate, sodium phosphate, formaldehyde, sodium chloride
Meningococcal (MenACWY-Menveo)	formaldehyde, amino acids, yeast extract, Franz complete medium, CY medium
Meningococcal (MenB – Bexsero)	aluminum hydroxide, *E. coli*, histidine, sucrose, deoxycholate, kanamycin
Meningococcal (MenB – Trumenba)	defined fermentation growth media, polysorbate 80, aluminum phosphate, histidine buffered saline
MMR (MMR-II)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, vitamins, amino acids, fetal bovine serum, sucrose, glutamate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, sodium phosphate, sodium chloride
MMRV (ProQuad) (Frozen)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, MRC-5 cells, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Refrigerator Stable)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, MRC-5 cells, sucrose, hydrolyzed gelatin, urea, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate, recombinant human albumin, sodium bicarbonate, potassium phosphate, potassium chloride, neomycin, bovine serum albumin
Pneumococcal (PCV13 – Prevnar 13)	soy peptone broth, casamino acids and yeast extract-based medium, CRM197 carrier protein, polysorbate 80, succinate buffer, aluminum phosphate
Pneumococcal (PPSV-23 – Pneumovax)	phenol
Polio (IPV – Ipol)	Eagle MEM modified medium, calf bovine serum, M-199 without calf bovine serum, vero cells (a continuous line of monkey kidney cells), phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B
Rabies (Imovax)	human albumin, neomycin sulfate, phenol red indicator, MRC-5 human diploid cells, beta-propriolactone
Rabies (RabAvert)	chicken fibroblasts, β-propiolactone, polygeline (processed bovine gelatin), human serum albumin, bovine serum, potassium glutamate, sodium EDTA, ovalbumin, neomycin, chlortetracycline, amphotericin B
Rotavirus (RotaTeq)	sucrose, sodium citrate, sodium phosphate monobasic monohydrate, sodium hydroxide, polysorbate 80, cell culture media, fetal bovine serum, vero cells *[DNA from porcine circoviruses (PCV) 1 and 2 has been detected in RotaTeq. PCV-1 and PCV-2 are not known to cause disease in humans.]*
Rotavirus (Rotarix)	Vero cells, dextran, Dulbecco's Modified Eagle Medium (sodium chloride, potassium chloride, magnesium sulfate, ferric (III) nitrate, sodium phosphate, sodium pyruvate, D-glucose, concentrated vitamin solution, L-cystine, L-tyrosine, amino acids solution, L-glutamine, calcium chloride, sodium hydrogenocarbonate, and phenol red), sorbitol, sucrose, calcium carbonate, sterile water, xanthan *[Porcine circovirus type 1 (PCV-1) is present in Rotarix. PCV-1 is not known to cause disease in humans.]*
Smallpox (Vaccinia) (ACAM2000)	African Green Monkey kidney (Vero) cells, HEPES, 2% human serum albumin, 0.7% sodium chloride USP, 5% Mannitol USP, neomycin, polymyxin B, 50% Glycerin USP, 0.25% phenol USP
Td (Tenivac)	aluminum phosphate, formaldehyde, modified Mueller-Miller casamino acid medium without beef heart infusion, ammonium sulfate, sodium chloride, water

Vaccine	Contains
Td (Mass Biologics)	aluminum phosphate, formaldehyde, thimerosal, modified Mueller's media which contains bovine extracts, ammonium sulfate
Tdap (Adacel)	aluminum phosphate, formaldehyde, 2-phenoxyethanol, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, glutaraldehyde, modified Mueller-Miller casamino acid medium without beef heart infusion, ammonium sulfate, modified Mueller's growth medium
Tdap (Boostrix)	modified Latham medium derived from bovine casein, Fenton medium containing a bovine extract, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, sodium chloride, polysorbate 80
Typhoid (Typhim Vi)	hexadecyltrimethylammonium bromide, formaldehyde, phenol, polydimethylsiloxane, disodium phosphate, monosodium phosphate, semi-synthetic medium, sodium chloride, sterile water
Typhoid (Vivotif Ty21a)	yeast extract, casein, dextrose, galactose, sucrose, ascorbic acid, amino acids, lactose, magnesium stearate. gelatin
Varicella (Varivax) *Frozen*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, sodium phosphate monobasic, potassium phosphate monobasic, potassium chloride, EDTA, neomycin, fetal bovine serum
Varicella (Varivax) *Refrigerator Stable*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, urea, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Yellow Fever (YF-Vax)	sorbitol, gelatin, sodium chloride, egg protein
Zoster (Shingles) (Zostavax) *Frozen*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed porcine gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride; neomycin, bovine calf serum
Zoster (Shingles) (Zostavax) *Refrigerator Stable*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed porcine gelatin, urea, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Zoster (Shingles) (Shingrix)	sucrose, sodium chloride, dioleoyl phosphatidylcholine (DOPC), 3-*O*-desacl-4'monophosphoryl lipid A (MPL), QS-21 (a saponin purified from plant extract *Quillaja saponaria* Molina), potassium dihydrogen phosphate, cholesterol, sodium dihydrogen phosphate dihydrate, disodium phosphate anhydrous, dipotassium phosphate, polysorbate 80

A table listing vaccine excipients and media *by excipient* is published by the Institute for Vaccine Safety at Johns Hopkins University, and can be found at http://www.vaccinesafety.edu/components-Excipients.htm.

Updates:

Trumenba: (added Aluminum phosphate)
RotaTeq: PI dated 2/2017
Rotarix: 6/11/18 (PI dated xx/xxxx)
Smallpox: 3/2018
Td (Tenivac): April 2013
Td (Mass Biologics): April 2009 (no change)
Tdap (Adacel): xxx/2017 (no change)
Tdap (Boostrix): 6/12/2018 (PI dated xx/xxxx) (no change)
Typhim Vi: March 2014 (added sodium chloride & buffered saline)
Ty21a: September 2013
Varicella Frozen: 2/2017
Varicella Refrigerator Stable: 2/2017
YF Vax: June 2016
Zostivax Frozen: xx/2018
Zostivax Refrigerator Stable: xx/2018
Shingrix: 10/2017

Vaccine Excipient & Media Summary

Excipients Included in U.S. Vaccines, by Vaccine

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Preservatives, to prevent contamination. For example, thimerosal.
Adjuvants, to help stimulate a stronger immune response. For example, aluminum salts.
Stabilizers, to keep the vaccine potent during transportation and storage. For example, sugars or gelatin.

Others are residual trace amounts of materials that were used during the manufacturing process and removed. These include:
Cell culture materials, used to grow the vaccine antigens. For example, egg protein, various culture media.
Inactivating ingredients, used to kill viruses or inactivate toxins. For example, formaldehyde.
Antibiotics, used to prevent contamination by bacteria. For example, neomycin.

The following table lists all components, other than antigens, shown in the manufacturers' package insert (PI) for each vaccine. Each of these PIs, which can be found on the FDA's website (see below) contains a description of that vaccine's manufacturing process, including the amount and purpose of each substance. In most PIs, this information is found in Section 11: "Description."

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Vaccine	Contains
Adenovirus	human-diploid fibroblast cell cultures (strain WI-38), Dulbecco's Modified Eagle's Medium, fetal bovine serum, sodium bicarbonate, monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, plasdone C, anhydrous lactose, microcrystalline cellulose, polacrilin potassium, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye
Anthrax (Biothrax)	amino acids, vitamins, inorganic salts, sugars, aluminum hydroxide, sodium chloride, benzethonium chloride, formaldehyde
BCG (Tice)	glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, iron ammonium citrate, lactose
Cholera (Vaxchora)	casamino acids, yeast extract, mineral salts, anti-foaming agent, ascorbic acid, hydrolyzed casein, sodium chloride, sucrose, dried lactose, sodium bicarbonate, sodium carbonate
DT (Sanofi)	aluminum phosphate, isotonic sodium chloride, formaldehyde, casein, cystine, maltose, uracil, inorganic salts, vitamins, dextrose
DTaP (Daptacel)	aluminum phosphate, formaldehyde, glutaraldehyde, 2-phenoxyethanol, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion
DTaP (Infanrix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80)
DTaP-IPV (Kinrix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, VERO cells, a continuous line of monkey kidney cells, Calf serum, lactalbumin hydrolysate, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B
DTaP-IPV (Quadracel)	modified Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, formaldehyde, aluminum phosphate, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, MRC-5 cells, normal human diploid cells, CMRL 1969 medium supplemented with calf serum, Medium 199 without calf serum, 2-phenoxyethanol, polysorbate 80, glutaraldehyde, neomycin, polymyxin B sulfate

Vaccine	Contains
DTaP-HepB-IPV (Pediarix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, glutaraldehyde, modified Stainer-Scholte liquid medium, VERO cells, a continuous line of monkey kidney cells, calf serum and lactalbumin hydrolysate, aluminum hydroxide, aluminum phosphate, aluminum salts, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B, yeast protein.
DTaP-IPV/Hib (Pentacel)	aluminum phosphate, polysorbate 80, sucrose, formaldehyde, glutaraldehyde, bovine serum albumin, 2-phenoxyethanol, neomycin, polymyxin B sulfate, modified Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin. MRC-5 cells (a line of normal human diploid cells), CMRL 1969 medium supplemented with calf serum, Medium 199 without calf serum, modified Mueller and Miller medium
Hib (ActHIB)	sodium chloride, modified Mueller and Miller medium (the culture medium contains milk-derived raw materials [casein derivatives]), formaldehyde, sucrose
Hib (Hiberix)	saline, synthetic medium, formaldehyde, sodium chloride, lactose
Hib (PedvaxHIB)	complex fermentation media, amorphous aluminum hydroxyphosphate sulfate, sodium chloride
Hep A (Havrix)	MRC-5 human diploid cells, formalin, aluminum hydroxide, amino acid supplement, phosphate-buffered saline solution, polysorbate 20, neomycin sulfate, aminoglycoside antibiotic
Hep A (Vaqta)	MRC-5 diploid fibroblasts, amorphous aluminum hydroxyphosphate sulfate, non-viral protein, DNA, bovine albumin, formaldehyde, neomycin, sodium borate, sodium chloride
Hep B (Engerix-B)	aluminum hydroxide, yeast protein, sodium chloride, disodium phosphate dihydrate, sodium dihydrogen phosphate dihydrate
Hep B (Recombivax)	soy peptone, dextrose, amino acids, mineral salts, phosphate buffer, formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, yeast protein
Hep B (Heplisav-B)	vitamins and mineral salts, yeast protein, yeast DNA, deoxycholate, phosphorothioate linked oligodeoxynucleotide, phosphate buffered saline, sodium phosphate, dibasic dodecahydrate, monobasic dehydrate, polysorbate 80
Hep A/Hep B (Twinrix)	MRC-5 human diploid cells, formalin, aluminum phosphate, aluminum hydroxide, amino acids, sodium chloride, phosphate buffer, polysorbate 20, neomycin sulfate, yeast protein
Human Papillomavirus (HPV) (Gardasil 9)	vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein
Influenza (Afluria) Trivalent & Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, sucrose, neomycin sulfate, polymyxin B, beta-propiolactone, thimerosal (multi-dose vials)
Influenza (Fluad)	squalene, polysorbate 80, sorbitan trioleate, sodium citrate dehydrate, citric acid monohydrate, neomycin, kanamycin, barium, egg proteins, cetyltrimethylammonium bromide (CTAB), formaldehyde
Influenza (Fluarix) Quadrivalent	octoxynol-10 (TRITON X-100), α-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sodium phosphate-buffered isotonic sodium chloride
Influenza (Flublok) Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20 (Tween 20), baculovirus and *Spodoptera frugiperda* cell proteins, baculovirus and cellular DNA, Triton X-100, lipids, vitamins, amino acids, mineral salts
Influenza (Flucelvax) Quadrivalent	Madin Darby Canine Kidney (MDCK) cell protein, phosphate buffered saline, protein other than HA, MDCK cell DNA, polysorbate 80, cetyltrimethlyammonium bromide, and β-propiolactone, Thimerosal (multi-dose vials)
Influenza (Flulaval) Quadrivalent	ovalbumin, formaldehyde, sodium deoxycholate, α-tocopheryl hydrogen succinate, polysorbate 80, thimerosal (multi-dose vials), phosphate-buffered saline solution
Influenza (Fluzone) Quadrivalent	formaldehyde, egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, thimerosal (multi-dose vials)

Vaccine	Contains
Influenza (Fluzone) High Dose	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, formaldehyde
Influenza (FluMist) Quadrivalent	monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, ovalbumin, gentamicin sulfate, ethylenediaminetetraacetic acid (EDTA)
Japanese Encephalitis (Ixiaro)	aluminum hydroxide, protamine sulfate, formaldehyde, bovine serum albumin, host cell DNA, sodium metabisulphite, host cell protein
Meningococcal (MenACWY-Menactra)	Watson Scherp media containing casamino acid, modified culture medium containing hydrolyzed casein, ammonium sulfate, sodium phosphate, formaldehyde, sodium chloride
Meningococcal (MenACWY-Menveo)	formaldehyde, amino acids, yeast extract, Franz complete medium, CY medium
Meningococcal (MenB – Bexsero)	aluminum hydroxide, *E. coli*, histidine, sucrose, deoxycholate, kanamycin
Meningococcal (MenB – Trumenba)	defined fermentation growth media, polysorbate 80, aluminum phosphate, histidine buffered saline
MMR (MMR-II)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, vitamins, amino acids, fetal bovine serum, sucrose, glutamate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, sodium phosphate, sodium chloride
MMRV (ProQuad) (Frozen)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, MRC-5 cells, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Refrigerator Stable)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, MRC-5 cells, sucrose, hydrolyzed gelatin, urea, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate, recombinant human albumin, sodium bicarbonate, potassium phosphate, potassium chloride, neomycin, bovine serum albumin
Pneumococcal (PCV13 – Prevnar 13)	soy peptone broth, casamino acids and yeast extract-based medium, CRM197 carrier protein, polysorbate 80, succinate buffer, aluminum phosphate
Pneumococcal (PPSV-23 – Pneumovax)	phenol
Polio (IPV – Ipol)	Eagle MEM modified medium, calf bovine serum, M-199 without calf bovine serum, vero cells (a continuous line of monkey kidney cells), phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B
Rabies (Imovax)	human albumin, neomycin sulfate, phenol red indicator, MRC-5 human diploid cells, beta-propriolactone
Rabies (RabAvert)	chicken fibroblasts, β-propiolactone, polygeline (processed bovine gelatin), human serum albumin, bovine serum, potassium glutamate, sodium EDTA, ovalbumin, neomycin, chlortetracycline, amphotericin B
Rotavirus (RotaTeq)	sucrose, sodium citrate, sodium phosphate monobasic monohydrate, sodium hydroxide, polysorbate 80, cell culture media, fetal bovine serum, vero cells *[DNA from porcine circoviruses (PCV) 1 and 2 has been detected in RotaTeq. PCV-1 and PCV-2 are not known to cause disease in humans.]*
Rotavirus (Rotarix)	Vero cells, dextran, Dulbecco's Modified Eagle Medium (sodium chloride, potassium chloride, magnesium sulfate, ferric (III) nitrate, sodium phosphate, sodium pyruvate, D-glucose, concentrated vitamin solution, L-cystine, L-tyrosine, amino acids solution, L-glutamine, calcium chloride, sodium hydrogenocarbonate, and phenol red), sorbitol, sucrose, calcium carbonate, sterile water, xanthan *[Porcine circovirus type 1 (PCV-1) is present in Rotarix. PCV-1 is not known to cause disease in humans.]*
Smallpox (Vaccinia) (ACAM2000)	African Green Monkey kidney (Vero) cells, HEPES, 2% human serum albumin, 0.7% sodium chloride USP, 5% Mannitol USP, neomycin, polymyxin B, 50% Glycerin USP, 0.25% phenol USP
Td (Tenivac)	aluminum phosphate, formaldehyde, modified Mueller-Miller casamino acid medium without beef heart infusion, ammonium sulfate, sodium chloride, water

Vaccine	Contains
Td (Mass Biologics)	aluminum phosphate, formaldehyde, thimerosal, modified Mueller's media which contains bovine extracts, ammonium sulfate
Tdap (Adacel)	aluminum phosphate, formaldehyde, 2-phenoxyethanol, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, glutaraldehyde, modified Mueller-Miller casamino acid medium without beef heart infusion, ammonium sulfate, modified Mueller's growth medium
Tdap (Boostrix)	modified Latham medium derived from bovine casein, Fenton medium containing a bovine extract, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, sodium chloride, polysorbate 80
Typhoid (Typhim Vi)	hexadecyltrimethylammonium bromide, formaldehyde, phenol, polydimethylsiloxane, disodium phosphate, monosodium phosphate, semi-synthetic medium, sodium chloride, sterile water
Typhoid (Vivotif Ty21a)	yeast extract, casein, dextrose, galactose, sucrose, ascorbic acid, amino acids, lactose, magnesium stearate. gelatin
Varicella (Varivax) *Frozen*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, sodium phosphate monobasic, potassium phosphate monobasic, potassium chloride, EDTA, neomycin, fetal bovine serum
Varicella (Varivax) *Refrigerator Stable*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, urea, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Yellow Fever (YF-Vax)	sorbitol, gelatin, sodium chloride, egg protein
Zoster (Shingles) (Zostavax) *Frozen*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed porcine gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride; neomycin, bovine calf serum
Zoster (Shingles) (Zostavax) *Refrigerator Stable*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed porcine gelatin, urea, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Zoster (Shingles) (Shingrix)	sucrose, sodium chloride, dioleoyl phosphatidylcholine (DOPC), 3-*O*-desacl-4'monophosphoryl lipid A (MPL), QS-21 (a saponin purified from plant extract *Quillaja saponaria* Molina), potassium dihydrogen phosphate, cholesterol, sodium dihydrogen phosphate dihydrate, disodium phosphate anhydrous, dipotassium phosphate, polysorbate 80

A table listing vaccine excipients and media *by excipient* is published by the Institute for Vaccine Safety at Johns Hopkins University, and can be found at http://www.vaccinesafety.edu/components-Excipients.htm.

Updates:

Trumenba: (added Aluminum phosphate)
RotaTeq: PI dated 2/2017
Rotarix: 6/11/18 (PI dated xx/xxxx)
Smallpox: 3/2018
Td (Tenivac): April 2013
Td (Mass Biologics): April 2009 (no change)
Tdap (Adacel): xxx/2017 (no change)
Tdap (Boostrix): 6/12/2018 (PI dated xx/xxxx) (no change)
Typhim Vi: March 2014 (added sodium chloride & buffered saline)
Ty21a: September 2013
Varicella Frozen: 2/2017
Varicella Refrigerator Stable: 2/2017
YF Vax: June 2016
Zostivax Frozen: xx/2018
Zostivax Refrigerator Stable: xx/2018
Shingrix: 10/2017

Investigating Viruses in Cells Used to Make Vaccines; and Evaluating the Potential Threat Posed by Transmission of Viruses to Humans

Principal Investigator: **Arifa S. Khan, PhD**
Office / Division / Lab: **OVRR / DVP / LR**

General Overview

The emergence of pathogenic virus infections like influenza and HIV have created an urgent need for new vaccines.

Virus-based vaccines are made in living cells (cell substrates). Some manufacturers are investigating the use of new cell lines to make vaccines. The continual growth of cell lines ensures that there is a consistent supply of the same cells that can yield high quantities of the vaccine.

In some cases the cell lines that are used might be tumorigenic, that is, they form tumors when injected into rodents. Some of these tumor-forming cell lines may contain cancer-causing viruses that are not actively reproducing. Such viruses are hard to detect using standard methods. These latent, or "quiet," viruses pose a potential threat, since they might become active under vaccine manufacturing conditions. Therefore, to ensure the safety of vaccines, our laboratory is investigating ways to activate latent viruses in cell lines and to detect the activated viruses, as well as other unknown viruses, using new technologies. We will then adapt our findings to detect viruses in the same types of cell substrates that are used to produce vaccines. We are also trying to identify specific biological processes that reflect virus activity.

These methods will enable FDA scientists to help manufacturers to determine whether

their specific cell substrate is safe to use for vaccine production. The methods our laboratory are developing and testing will help to ensure the production of safe and effective vaccines in two ways: 1) FDA will be able to develop testing guidelines for manufacturers who use new cell substrates for producing vaccines; and 2) FDA will publish the new methods it develops in peer-reviewed scientific journals, thus making them readily accessible to all manufacturers.

We are also evaluating the risk of retrovirus infections in humans. (Retroviruses are RNA viruses that use an enzyme called reverse transcriptase (RT) to replicate; RNA is the de-coded form of DNA). Simian foamy virus (SFV) can be transmitted from nonhuman primates (e.g., monkeys) to humans. Although there is no evidence that SFV causes disease, the virus can remain in a lifelong quiet state in the DNA after infection. Moreover, two individuals in Africa were recently found to be infected with both HIV-1 and SFV. Therefore, it is important to determine if SFV poses a threat to human health and to understand how the virus spreads in order to create strategies for controlling human infections. Such work will also help FDA to develop a new policy regarding blood donation by individuals working with nonhuman primates and implementing formal safety guidelines for people working with SFV-infected animals. We are also investigating the consequences of dual SFV and HIV-1 infection in the monkey model.

Scientific Overview

Detection of latent viruses in cell substrates for vaccine safety. The urgent demand for vaccines against emerging diseases has necessitated the use of novel cell substrates. These include tumorigenic cells such as MDCK and CHO cells (for influenza virus vaccines), 293 and PER.C6 cells (for adenovirus-vectored HIV-1 and other vaccines), and tumor-derived cells such as HeLa cells (for HIV-1 vaccines).

The use of tumorigenic and tumor-derived cells is a major safety concern due to the potential presence of viruses such as retroviruses and oncogenic DNA viruses that could be associated with tumorigencity, Therefore, detection of persistent, latent DNA viruses, and endogenous retroviruses in vaccine cell substrates is important for vaccine safety, particularly in the development of live viral vaccines, where there are no or

minimal virus inactivation and removal steps during vaccine manufacturing.

Chemical induction is a rigorous method for evaluating the presence of endogenous retroviruses as well as some latent DNA viruses that have the potential to become active and produce infectious virus. This approach has been extensively used for mouse cells. We have optimized virus induction conditions in mouse cells using a standardized, highly sensitive, single-tube fluorescent PCR enhanced reverse transcriptase (STF-PERT) assay. We have further determined optimum conditions for activating latent DNA virus from a human cell line. We have extended the assay to develop a stepwise approach to induce and detect endogenous retroviruses and latent DNA viruses during evaluation of cell substrates for vaccine safety.

The chemical induction algorithm developed using these positive control cell lines can be used to evaluate the safety of novel vaccine cell substrates for new vaccines. We are now investigating emerging technologies for broad virus detection to identify novel, induced and other unknown viruses. Additionally, we are investigating potential biomarkers for virus induction

In vitro and in vivo investigations to address retrovirus concerns in biologics. Simian foamy viruses (SFVs) are highly prevalent in all nonhuman primates (NHPs) and can infect humans by cross-species transmission. Although there is no evidence yet of disease with SFV, infectious virus persists in the host DNA. Therefore, we are trying to understand SFV latency and activation and factors involved in virus transmission, which will be important for managing SFV infections in humans.

We are also investigating potential interactions of SFV and SIV in the monkey model to predict the outcome of SFV and HIV-1 dual-infections in human cases, reported in Africa. Furthermore, our blood transfusion studies in monkeys regarding the risk of SFV transmission from infected blood donors to recipients will contribute to blood donation policy-making decisions.

Publications

FROM: EARL STAELIN, ATTORNEY
1) Article by RFK, Jr. (pp. 1-4)
2) Study showing flaws in 6 CDC studies
3) Study showing death rate 10X higher in children vaccinated with DPT than in children not vaccinated (p. 6)

https://www.wanttoknow.info/h/vaccines-autism-mercury

(Attorney Robert Kennedy's 2005 article "Deadly Immunity" Starts on page two of the above link)

Deadly Immunity

by Robert F. Kennedy Jr. (June 16, 2005) (from Rolling Stone and Salon.com)

In June 2000, a group of top government scientists and health officials gathered for a meeting at the isolated Simpsonwood conference center in Norcross, Ga. Convened by the Centers for Disease Control and Prevention, the meeting was held at this Methodist retreat center, nestled in wooded farmland next to the Chattahoochee River, to ensure complete secrecy.

The agency had issued no public announcement of the session – only private invitations to 52 attendees. There were high-level officials from the CDC and the Food and Drug Administration, the top vaccine specialist from the World Health Organization in Geneva, and representatives of every major vaccine manufacturer, including GlaxoSmithKline, Merck, Wyeth and Aventis Pasteur. All of the scientific data under discussion, CDC officials repeatedly reminded the participants, was strictly "embargoed." There would be no making photocopies of documents, no taking papers with them when they left.

The federal officials and industry representatives had assembled to discuss a disturbing new study that raised alarming questions about the safety of a host of common childhood vaccines administered to infants and young children. According to a CDC epidemiologist named Tom Verstraeten, who had analyzed the agency's massive database containing the medical records of 100,000 children, a mercury-based preservative in the vaccines – thimerosal – appeared to be responsible for a dramatic increase in autism and a host of other neurological disorders among children.

"I was actually stunned by what I saw," Verstraeten told those assembled at Simpsonwood, citing the staggering number of earlier studies that indicate a link between thimerosal and speech delays, attention-deficit disorder, hyperactivity and autism. Since 1991, when the CDC and the FDA had recommended that three additional vaccines laced with the preservative be given to extremely young infants – in one case, within hours of birth – the estimated number of cases of autism had increased fifteenfold, from one in every 2,500 children to one in 166 children.

Even for scientists and doctors accustomed to confronting issues of life and death, the findings were frightening. "You can play with this all you want," Dr. Bill Weil, a consultant for the American Academy of Pediatrics, told the group. The results "are statistically significant." Dr. Richard Johnston, an immunologist and pediatrician from the University of Colorado whose grandson had been born early on the morning of the meeting's first day, was even more alarmed. "My gut feeling?" he said. "Forgive this personal comment – I do not want my grandson to get a thimerosal-containing vaccine until we know better what is going on."

But instead of taking immediate steps to alert the public and rid the vaccine supply of thimerosal, the officials and executives at Simpsonwood spent most of the next two days discussing how to cover up the damaging data. According to transcripts obtained under the Freedom of Information

Act, many at the meeting were concerned about how the damaging revelations about thimerosal would affect the vaccine industry's bottom line.

"We are in a bad position from the standpoint of defending any lawsuits," said Dr. Robert Brent, a pediatrician at the Alfred I. duPont Hospital for Children in Delaware. "This will be a resource to our very busy plaintiff attorneys in this country." Dr. Bob Chen, head of vaccine safety for the CDC, expressed relief that "given the sensitivity of the information, we have been able to keep it out of the hands of, let's say, less responsible hands." Dr. John Clements, vaccines advisor at the World Health Organization, declared flatly that the study "should not have been done at all" and warned that the results "will be taken by others and will be used in ways beyond the control of this group. The research results have to be handled."

In fact, the government has proved to be far more adept at handling the damage than at protecting children's health. The CDC paid the Institute of Medicine to conduct a new study to whitewash the risks of thimerosal, ordering researchers to "rule out" the chemical's link to autism.

It withheld Verstraeten's findings, even though they had been slated for immediate publication, and told other scientists that his original data had been "lost" and could not be replicated. And to thwart the Freedom of Information Act, it handed its giant database of vaccine records over to a private company, declaring it off-limits to researchers. By the time Verstraeten finally published his study in 2003, he had gone to work for GlaxoSmithKline and reworked his data to bury the link between thimerosal and autism.

Vaccine manufacturers had already begun to phase thimerosal out of injections given to American infants – but they continued to sell off their mercury-based supplies of vaccines until last year. The CDC and FDA gave them a hand, buying up the tainted vaccines for export to developing countries and allowing drug companies to continue using the preservative in some American vaccines – including several pediatric flu shots as well as tetanus boosters routinely given to 11-year-olds.

The drug companies are also getting help from powerful lawmakers in Washington. Senate Majority Leader Bill Frist, who has received $873,000 in contributions from the pharmaceutical industry, has been working to immunize vaccine makers from liability in 4,200 lawsuits that have been filed by the parents of injured children. On five separate occasions, Frist has tried to seal all of the government's vaccine-related documents – including the Simpsonwood transcripts – and shield Eli Lilly, the developer of thimerosal, from subpoenas.

In 2002, the day after Frist quietly slipped a rider known as the "Eli Lilly Protection Act" into a homeland security bill, the company contributed $10,000 to his campaign and bought 5,000 copies of his book on bioterrorism. Congress repealed the measure in 2003 – but earlier this year, Frist slipped another provision into an anti-terrorism bill that would deny compensation to children suffering from vaccine-related brain disorders. "The lawsuits are of such magnitude that they could put vaccine producers out of business and limit our capacity to deal with a biological attack by terrorists," says Andy Olsen, a legislative assistant to Frist.

Even many conservatives are shocked by the government's effort to cover up the dangers of thimerosal. Rep. Dan Burton, a Republican from Indiana, oversaw a three-year investigation of thimerosal after his grandson was diagnosed with autism. "Thimerosal used as a preservative in vaccines is directly related to the autism epidemic," his House Government Reform Committee concluded in its final report. "This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding a lack of safety data regarding injected thimerosal, a known neurotoxin." The FDA and other public-health agencies failed to act, the

committee added, out of "institutional malfeasance for self-protection" and "misplaced protectionism of the pharmaceutical industry."

The story of how government health agencies colluded with Big Pharma to hide the risks of thimerosal from the public is a chilling case study of institutional arrogance, power and greed. I was drawn into the controversy only reluctantly. As an attorney and environmentalist who has spent years working on issues of mercury toxicity, I frequently met mothers of autistic children who were absolutely convinced that their kids had been injured by vaccines.

Privately, I was skeptical. I doubted that autism could be blamed on a single source, and I certainly understood the government's need to reassure parents that vaccinations are safe; the eradication of deadly childhood diseases depends on it. I tended to agree with skeptics like Rep. Henry Waxman, a Democrat from California, who criticized his colleagues on the House Government Reform Committee for leaping to conclusions about autism and vaccinations. "Why should we scare people about immunization," Waxman pointed out at one hearing, "until we know the facts?"

It was only after reading the Simpsonwood transcripts, studying the leading scientific research and talking with many of the nation's preeminent authorities on mercury that I became convinced that the link between thimerosal and the epidemic of childhood neurological disorders is real. Five of my own children are members of the Thimerosal Generation – those born between 1989 and 2003 – who received heavy doses of mercury from vaccines. "The elementary grades are overwhelmed with children who have symptoms of neurological or immune-system damage,"

Patti White, a school nurse, told the House Government Reform Committee in 1999. "Vaccines are supposed to be making us healthier; however, in 25 years of nursing I have never seen so many damaged, sick kids. Something very, very wrong is happening to our children." More than 500,000 kids currently suffer from autism, and pediatricians diagnose more than 40,000 new cases every year. The disease was unknown until 1943, when it was identified and diagnosed among 11 children born in the months after thimerosal was first added to baby vaccines in 1931.

Some skeptics dispute that the rise in autism is caused by thimerosal-tainted vaccinations. They argue that the increase is a result of better diagnosis – a theory that seems questionable at best, given that most of the new cases of autism are clustered within a single generation of children. "If the epidemic is truly an artifact of poor diagnosis," scoffs Dr. Boyd Haley, one of the world's authorities on mercury toxicity, "then where are all the 20-year-old autistics?"

Other researchers point out that Americans are exposed to a greater cumulative "load" of mercury than ever before, from contaminated fish to dental fillings, and suggest that thimerosal in vaccines may be only part of a much larger problem. It's a concern that certainly deserves far more attention than it has received – but it overlooks the fact that the mercury concentrations in vaccines dwarf other sources of exposure to our children.

What is most striking is the lengths to which many of the leading detectives have gone to ignore – and cover up – the evidence against thimerosal. From the very beginning, the scientific case against the mercury additive has been overwhelming. The preservative, which is used to stem fungi and bacterial growth in vaccines, contains ethylmercury, a potent neurotoxin.

Truckloads of studies have shown that mercury tends to accumulate in the brains of primates and other animals after they are injected with vaccines – and that the developing brains of infants are particularly susceptible. In 1977, a Russian study found that adults exposed to much lower concentrations of ethylmercury than those given to American children still suffered brain damage

years later. Russia banned thimerosal from children's vaccines 20 years ago, and Denmark, Austria, Japan, Great Britain and all the Scandinavian countries have since followed suit.

"You couldn't even construct a study that shows thimerosal is safe," says Haley, who heads the chemistry department at the University of Kentucky. "It's just too darn toxic. If you inject thimerosal into an animal, its brain will sicken. If you apply it to living tissue, the cells die. If you put it in a petri dish, the culture dies. Knowing these things, it would be shocking if one could inject it into an infant without causing damage."

Internal documents reveal that Eli Lilly, which first developed thimerosal, knew from the start that its product could cause damage – and even death – in both animals and humans. In 1930, the company tested thimerosal by administering it to 22 patients with terminal meningitis, all of whom died within weeks of being injected – a fact Lilly didn't bother to report in its study declaring thimerosal safe. In 1935, researchers at another vaccine manufacturer, Pittman-Moore, warned Lilly that its claims about thimerosal's safety "did not check with ours." Half the dogs Pittman injected with thimerosal-based vaccines became sick, leading researchers there to declare the preservative "unsatisfactory as a serum intended for use on dogs."

In the decades that followed, the evidence against thimerosal continued to mount. During the Second World War, when the Department of Defense used the preservative in vaccines on soldiers, it required Lilly to label it "poison." In 1967, a study in Applied Microbiology found that thimerosal killed mice when added to injected vaccines. Four years later, Lilly's own studies discerned that thimerosal was "toxic to tissue cells" in concentrations as low as one part per million – 100 times weaker than the concentration in a typical vaccine. Even so, the company continued to promote thimerosal as "nontoxic" and also incorporated it into topical disinfectants. In 1977, 10 babies at a Toronto hospital died when an antiseptic preserved with thimerosal was dabbed onto their umbilical cords.

In 1982, the FDA proposed a ban on over-the-counter products that contained thimerosal, and in 1991 the agency considered banning it from animal vaccines. But tragically, that same year, the CDC recommended that infants be injected with a series of mercury-laced vaccines. Newborns would be vaccinated for hepatitis B within 24 hours of birth, and 2-month-old infants would be immunized for haemophilus influenzae B and diphtheria-tetanus-pertussis.

The drug industry knew the additional vaccines posed a danger. The same year that the CDC approved the new vaccines, Dr. Maurice Hilleman, one of the fathers of Merck's vaccine programs, warned the company that 6-month-olds who were administered the shots would suffer dangerous exposure to mercury. He recommended that thimerosal be discontinued, "especially when used on infants and children," noting that the industry knew of nontoxic alternatives. "The best way to go," he added, "is to switch to dispensing the actual vaccines without adding preservatives."

> *[Important Note: For a stunning admission by Dr. Hilleman that AIDS was knowingly imported to the US by pharmaceutical companies, see this shocking 10-minute video.]*

For Merck and other drug companies, however, the obstacle was money. Thimerosal enables the pharmaceutical industry to package vaccines in vials that contain multiple doses, which require additional protection because they are more easily contaminated by multiple needle entries. The larger vials cost half as much to produce as smaller, single-dose vials, making it cheaper for international agencies to distribute them to impoverished regions at risk of epidemics.

34. (2016)

Six CDC studies showing that mercury in vaccines is safe are unreliable and provide evidence of scientific malfeasance

"The authors' decision to withhold data resembles scientific malfeasance."

Hooker B, Kern J, et al. **Methodological issues and evidence of malfeasance in research purporting to show thimerosal in vaccines is safe.** *BioMed Research International* 2014; article ID 247218.

- More than 165 studies examined thimerosal (a mercury-based compound added to many childhood vaccines) and found it to be harmful, yet the CDC insists that thimerosal is safe and there is no link between thimerosal-containing vaccines and autism.

- The CDC's claim that thimerosal is safe and that it does not cause autism is based on six studies that were coauthored and sponsored by the CDC.

- The purpose of this paper was to analyze these six CDC-sponsored studies and determine why their conclusions contradict the results of other investigations by numerous independent scientists over the past 75 years who have consistently found thimerosal to be harmful.

- The 6 studies analyzed in this paper, which were funded and overseen by the CDC — especially the studies showing a *protective* effect of thimerosal — have several methodological problems. For example, three of the studies withheld important results from the final publication.

- In a 7th study conducted directly by the CDC, infants who received thimerosal-containing vaccines were 7.6 times more likely to develop autism when compared to infants who were not exposed to thimerosal. The CDC failed to publicize or acknowledge this paper and its highly significant findings.

- The CDC has a conflict of interest (or research bias) because it sponsors vaccine studies while vaccine promotion is a central mission.

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Research Paper

The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment

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ABSTRACT

Background: We examined the introduction of diphtheria-tetanus-pertussis (DTP) and oral polio vaccine (OPV) in an urban community in Guinea-Bissau in the early 1980s.

Methods: The child population had been followed with 3-monthly nutritional weighing sessions since 1978. From June 1981 DTP and OPV were offered from 3 months of age at these sessions. Due to the 3-monthly intervals between sessions, the children were allocated by birthday in a 'natural experiment' to receive vaccinations early or late between 3 and 5 months of age. We included children who were <6 months of age when vaccinations started and children born until the end of December 1983. We compared mortality between 3 and 5 months of age of DTP-vaccinated and not-yet-DTP-vaccinated children in Cox proportional hazard models.

Results: Among 3–5-month-old children, having received DTP (±OPV) was associated with a mortality hazard ratio (HR) of 5.00 (95% CI 1.53–16.3) compared with not-yet-DTP-vaccinated children. Differences in background factors did not explain the effect. The negative effect was particularly strong for children who had received DTP-only and no OPV (HR = 10.0 (2.61–38.6)). All-cause infant mortality after 3 months of age increased after the introduction of these vaccines (HR = 2.12 (1.07–4.19)).

Conclusion: DTP was associated with increased mortality; OPV may modify the effect of DTP.

1. Introduction

Individually randomized studies to measure impact on child survival of different vaccines were not conducted when the Expanded Program on Immunization (EPI) was introduced in low-income countries in the 1970s. The disease-protective effects were well documented, so the main issue was at which age to introduce the vaccine most effectively (The Expanded Programme on Immunization, 1982). Except for measles vaccine (MV), surprisingly few studies examined the introduction of vaccines and their impact on child survival (Aaby et al., 1983, 2003a; Holt et al., 1990; The Kasongo Project Team, 1981). One trial of measles-vaccinated and measles-unvaccinated communities in Congo showed a larger than expected reduction in child mortality (Aaby et al., 1981); this observation was subsequently corroborated by community "trials" and before-after studies in several countries (Aaby et al. 1984, 1993, 2003a; Holt et al., 1990; Kapoor and Reddaiah, 1991). Hence, a vaccine may have non-specific effects (NSEs) on susceptibility to other infections (Aaby et al., 1995). WHO's Strategic Advisory Group of Experts on Immunization (SAGE) recently reviewed the potential NSEs of BCG, diphtheria-tetanus-pertussis (DTP) and MV and recommended further research (Higgins et al., 2014; Strategic Advisory Group of experts on Immunization, 2014).

Though protective against the target diseases, DTP may increase susceptibility to unrelated infections (Aaby et al., 2003b, 2004a, 2012) (Appendix A). The SAGE review noticed that the majority of studies found a detrimental effect of DTP (Higgins et al., 2014). However, SAGE considered the evidence inconsistent because two studies reported beneficial effects (Higgins et al., 2014) and that most studies underestimated the benefit of DTP because studies were conducted in situations with herd immunity. Furthermore, all studies gave DTP and OPV together, making it impossible to separate effects of DTP and OPV (SAGE non-specific effects of vaccines Working Group, 2014).

On the other hand, the "unvaccinated" children in these studies have usually been frail children too sick or malnourish to get vaccinated, and the studies may therefore have underestimated the negative effect of DTP. We therefore examined what happened when DTP and OPV were first introduced, but not always given together, in 1981–1983 in

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E-mail address: p.aaby@bandim.org (P. Aaby).
[1] Joint first-authorship.

http://dx.doi.org/10.1016/j.ebiom.2017.01.041

My name is Eli Baylor and I represent myself. I oppose House Bill 19-1312 for two reasons. Vaccinations place heavy metals in my body and places me at risk for many side effects such as swelling of the brain and catching the disease that I was vaccinated for. I want to choose whether to risk these side effects or not. Currently, I go to this great homeschool co-op which allows me to have social interactions with friends. If this bill is passed, I will not be able to continue this co-op because I am not willing to be tracked knowing nothing of what will be done with my information. My school already has my vaccination information, and it is protected. My doctor already has my vaccination information, and it is protected. If I give my information to the health department, there are no privacy laws to protect it. Why should I go to another appointment, when my doctor already supports my decision? I would rather be having fun than waiting in line at the health department. Why is the government collecting the information of innocent children? I don't want to be looked on and treated like a criminal when I have done nothing wrong. I have friends who will also be affected by this bill. I ask that you amend this bill to exempt homeschool enrichment programs. This bill will affect me and my family. Thank you for the opportunity to be here. I oppose House Bill 19-1312.

Excerpt from:

Clinical Epidemiology: The Essentials
5th edition

IMMUNIZATION

"Childhood immunization to prevent 15 different diseases largely determines visit schedules to the pediatrician in the early months of life. Human papilomavirus (HPV) vaccinations of adolescant girls has recently been added for prevention of cervical cancer. Adult immunizations include diptheria, pertussis and tetanus (DPT) boosters and (sic) well as vaccinations to prevent influenza, pneumococcal pneumonia and hepatitis A and B."

This is the only mention of vaccines in all of the main medical school textbooks.

In the clinical trials, Gardasil was tested against aluminum. This enabled Merck to say that the vaccine had the same side effects as the "placebo", and therefore, the vaccine is as safe as placebo.

70-90% of HPV is cleared by the immune system.

Gardasil was actually marketed as a vaccine for cervical cancer, rather than HPV. Misleading.

In 2008, $93 million was spent on marketing the vaccine for cancer, not HPV.

Studies have never been able to conclude that the HPV vaccine can in fact, prevent cervical cancer.

Gardasil is the most expensive, therefore most profitable vaccine. It is more expensive than ALL childhood vaccines, COMBINED.

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

Last updated January 2019 • CS304325

2019 Recommended Immunizations for Children from Birth Through 6 Years Ol

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB				HepB					
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV13	PCV13	PCV13	PCV13					
		IPV	IPV		IPV					IPV
						Influenza (Yearly)*				
					MMR					MMR
					Varicella					Varicell
						HepA§				

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range

NOTE:
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AAFP

American Academy of Pediatrics

How to Administer Intramuscular and Subcutaneous Vaccine Injections

Administration by the Intramuscular (IM) Route

Administer these vaccines via IM route

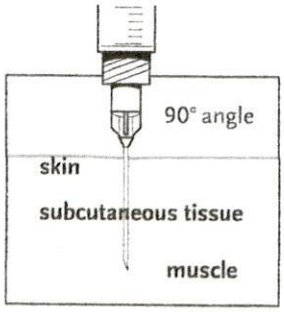
Diphtheria-tetanus-pertussis (DTaP, Tdap)
Diphtheria-tetanus (DT, Td)
Haemophilus influenzae type b (Hib)
Hepatitis A (HepA)
Hepatitis B (HepB)
Human papillomavirus (HPV)
Inactivated influenza (IIV)
Meningococcal serogroups A,C,W, Y (MenACWY)
Meningococcal serogroup B (MenB)
Pneumococcal conjugate (PCV13)
Zoster, recombinant (RZV)

Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or subcutaneously (Subcut).

PATIENT AGE	INJECTION SITE	NEEDLE SIZE
Newborn (0–28 days)	Anterolateral thigh muscle	5/8"* (22–25 gauge)
Infant (1–12 mos)	Anterolateral thigh muscle	1" (22–25 gauge)
Toddler (1–2 years)	Anterolateral thigh muscle	1–1¼" (22–25 gauge)
	Alternate site: Deltoid muscle of arm if muscle mass is adequate	5/8*–1" (22–25 gauge)
Children (3–10 years)	Deltoid muscle (upper arm)	5/8*–1" (22–25 gauge)
	Alternate site: Anterolateral thigh muscle	1–1¼" (22–25 gauge)
Children and adults (11 years and older)	Deltoid muscle (upper arm)	5/8†–1" (22–25 gauge)
	Alternate site: Anterolateral thigh muscle	1–1½" (22–25 gauge)

* A 5/8" needle usually is adequate for neonates (first 28 days of life), preterm infants, and children ages 1 through 18 years if the skin is stretched flat between the thumb and forefinger and the needle is inserted at a 90° angle to the skin.

† A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched flat between the thumb and forefinger and the needle is inserted at a 90° angle to the skin; a 1" needle is sufficient in patients weighing 130–152 lbs (60–70 kg); a 1–1½" needle is recommended in women weighing 153–200 lbs (70–90 kg) and men weighing 153–260 lbs (70–118 kg); a 1½" needle is recommended in women weighing more than 200 lbs (91 kg) or men weighing more than 260 lbs (118 kg).



Needle insertion

Use a needle long enough to reach deep into the muscle.

Insert needle at a 90° angle to the skin with a quick thrust.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.¶)

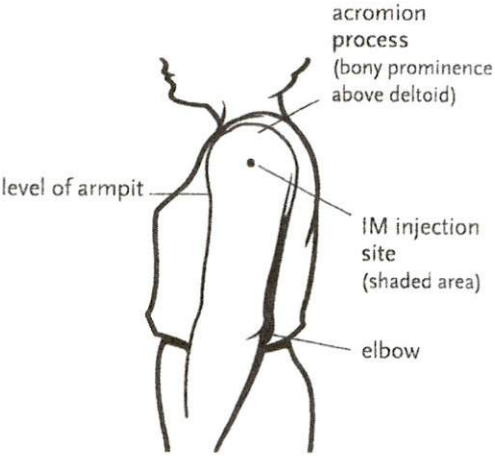
Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.

¶ CDC. "General Best Practices Guidelines for Immunization: Best Practices Guidance of the ACIP" at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf

Intramuscular (IM) injection site for infants and toddlers

Insert needle at a 90° angle into the anterolateral thigh muscle.

Intramuscular (IM) injection site for children and adults



Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

CONTINUED ON THE NEXT PAGE ►

immunization action coalition
immunize.org

Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p2020.pdf • Item #P2020 (1/18)

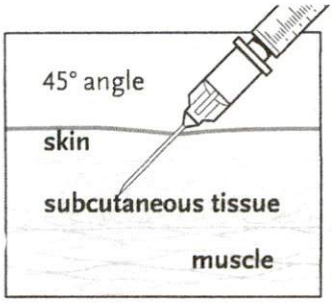
Administration by the Subcutaneous (Subcut) Route

Administer these vaccines via Subcut route

- Measles, mumps, and rubella (MMR)
- Varicella (VAR)
- Zoster, live (ZVL)

Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or Subcut.

PATIENT AGE	INJECTION SITE	NEEDLE SIZE
Birth to 12 months	Fatty tissue overlying the anterolateral thigh muscle	5/8" (23–25 gauge)
12 months and older	Fatty tissue overlying the anterolateral thigh muscle or fatty tissue over triceps	5/8" (23–25 gauge)



Needle insertion

Pinch up on subcutaneous tissue to prevent injection into muscle.

Insert needle at 45° angle to the skin.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.*)

Multiple injections given in the same extremity should be separated by a minimum of 1".

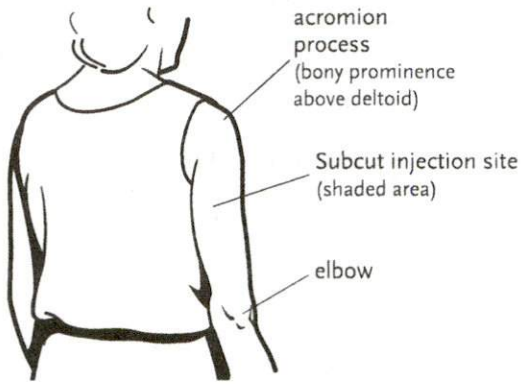
* CDC. "General Best Practices Guidelines for Immunization: Best Practices Guidance of the ACIP" at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/

Subcutaneous (Subcut) injection site for infants

Subcut injection site (shaded area)

Insert needle at a 45° angle into fatty tissue of the anterolateral thigh. Make sure you pinch up on subcutaneous tissue to prevent injection into the muscle.

Subcutaneous (Subcut) injection site for children (after the 1st birthday) and adults



Insert needle at a 45° angle into the fatty tissue overlying the triceps muscle. Make sure you pinch up on the subcutaneous tissue to prevent injection into the muscle.

Former Merck Scientists Sue Merck Alleging MMR Vaccine Efficacy Fraud

Stephen A. Krahling and Joan A. Wlochowski, former Merck virologists blew the whistle by filing a *qui tam* action lawsuit – U.S. v Merck & Co. – in August 2010. The scientists allege that the efficacy tests for the measles, mumps, rubella vaccine (MMR) were faked. The document was unsealed in June, 2012.

This is a major federal case alleging fraud in vaccine testing; it encapsulates how medical research can be manipulated to achieve desired results, and why it may be wise to question the integrity and the validity of "science-based medicine."

The suit charges that Merck knew its measles, mumps, rubella (MMR) vaccine was less effective than the purported 95% level, and it alleges that senior management was aware and also oversaw testing that concealed the actual effectiveness. According to the lawsuit, Merck began a sham testing program in the late 1990's to hide the declining efficacy of the vaccine. The objective of the fraudulent trials was to "report efficacy of 95% or higher regardless of the vaccine's true efficacy."

According to Krahling and Wlochowski's complaint, **they were threatened with jail were they to alert the FDA** to the fraud being committed.

In January 31, 2016, **t**he court ordered that discovery, the process of gathering evidence, must be completed by 1 March 2017, over a year from now. The court also ordered that expert discovery needs to be completed by 31 October 2017.

Other motions must be filed by 20 December 2017. A motion for class action certification must be filed by 1 March 2018; and Merck must file its opposition to class certification by 5 April 2018.

The plaintiffs charge that Merck defrauded the U.S. for more than a decade by faking a vaccine efficacy rate of 95% even though the real rate was significantly lower.

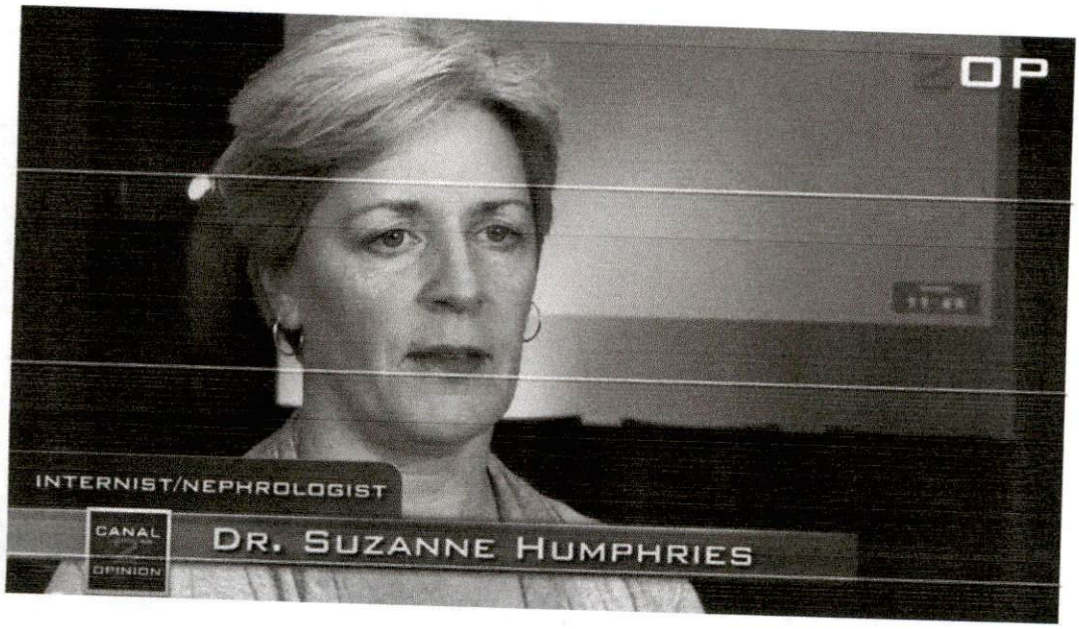
"As the single largest purchaser of childhood vaccines (accounting for more than 50 percent of all vaccine purchasers), the United States is by far the largest financial victim of Merck's fraud. But the ultimate victims here are the millions of children who every year are being injected with a mumps vaccine that is not providing them with an adequate level of protection against mumps. And while this is a disease the CDC targeted ts the single largest purchaser of childhood vaccines (accounting for more than 50 percent of all vaccine purchasers), the United States is byo eradicate by now, the failure in Merck's vaccine has allowed this disease to linger with significant outbreaks continuing to occur," the suit alleges. (Forbes June 6, 2012)

According to the suit, the objective of the fraudulent trials was to "report efficacy of 95% or higher regardless of the vaccine's true efficacy."

*"For the new testing method, the children's blood was tested for its ability to neutralize the virus **using the vaccine strain virus**, instead of the wild type strain that is much more infective, and the one that your children would most likely catch... But still it was not 95% effective. In order to make the blood pass the test, antibodies from rabbits was added. The addition of rabbit antibody increased the efficacy to 100%. But that was not the end, because the test has to be done on pre-vaccine blood and post-vaccine blood.*

Just the addition of rabbit antibody made the pre-vaccine blood go from 10% positive to 80% positive and that was such an obvious sign of foul play that yet another manipulation had to be made.

The desired end result is to have very low pre-vaccine antibody and 95% or more post-vaccine efficacy as measured by antibody neutralization. So, yet one more change in procedure was made: The pre-vaccine tests were all redone...by fabricating the "plaque" counts on the pre-vaccine blood samples, counting plaques that were not there. What this allowed was a mathematical dilution of the pre-vaccine positive blood counts." (Court House News Service, June 27, 2012)



Dr. Susan Humphries

Suzanne Humphries, MD, an internist / nephrologist who practiced medicine in the conventional system for 19 years, witnessed first-hand how that approach fails patients and creates a new disease time and again' summary explains in layman's terms how the tests

Timeline Photos

	No Record	Incomplete Record	In Process	Exemptions	Up-To-Date
Average	0.7	2.8	0.00	2.6	93.4
HepB	0.7	2.2	0.00	2.5	94.2
DTaP	0.7	1.8	0.00	2.3	94.8
Polio	0.7	2.2	0.00	2.5	94
MMR	0.7	2.1	0.00	2.5	94.3
Varicella	0.7	3.8	0.00	3.2	91.6

Like Comment Share

Good evening, chair, committee. My name is Susan VanMeter, I represent myself and my family, and I oppose HB19-1312.

The Fiscal Note for this bill says under Medical Exemptions, "The bill requires the board to adopt the medical exemption recommendations based on contraindications for vaccinations as described by the CDC and *eliminates the board's authority to allow for additional medical exemptions*."

I have heard members of the House say that this bill would not restrict Medical Exemptions, but it's clear that the bill's Fiscal Note disagrees. The ACIP list of contraindications, which 1312 would establish as the standard for who receives a medical exemption, includes essentially 2 things: Anaphylaxis after vaccination, and severe immunodeficiency. If this bill passes, no other known contraindications would qualify for medical exemption.

My son had two strokes, each after a vaccine. We now know that he has a genetic variant that predisposes him to vaccine injury because he cannot detox effectively. His pediatrician understands that further vaccination would be damaging to him, so he currently has a medical exemption. The idea that our government would take away this exemption, which protects a medically fragile child from harm, is criminal.

I strongly urge you to vote no on this bill. However, if you insist on passing it, I respectfully insist that you adopt an amendment to defend the doctor-patient relationship so that physicians can continue to appropriately practice medicine, maintain necessary privacy, and protect the vulnerable members of society from harm.

Thank you.

Susan VanMeter
Lakewood, CO


after Hepatitis B vaccination and massive left stroke


minutes after birth-see drooping L. lip and eye from right uterine stroke


VANMETER, WESTON
MRN: B5430
Acc #: X1556745
DOB: 20150116
Sex: M
Site: RMHC at PSL
Model: Signa HDxt
A
Image: 18 of 56
Small R stroke, massive L stroke (child facing down)
Series 4
1/17/2017
8:51:26 AM
TI: 0
TE: 98.7
TR 8000
Gap: 5 mm
Acq Matrix: 0/112/132/0
Thickness: 4
Loc: 39.03 mm
256x256
Ax DWI 4 NEX
Zoom: 1.00:1
W/L: 960/480

DOCTOR'S DATA INC.

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NOT FOR USE IN DIAGNOSTIC PROCEDURES.

Client: Nicole Smythe
[redacted]
Lakewood, CO 80227
N.smythe@outlook.com

Vaccine Injured son w/TDap exposure, 6 years old.

Account Number:

February 20, 2018

Sample: **Placenta Supplement - Sample A**
Lab Number: **U180123-2001**

Element	Results (µg/g)
Aluminum	4.2
Antimony	<detection limit
Arsenic	<detection limit
Barium	0.30
Beryllium	<detection limit
Bismuth	<detection limit
Cadmium	0.030
Cesium	0.013
Gadolinium	<detection limit
Lead	0.01
Mercury	<detection limit
Nickel	0.13
Palladium	<detection limit
Platinum	<detection limit
Tellurium	<detection limit
Thallium	<detection limit
Thorium	<detection limit
Tin	<detection limit
Tungsten	<detection limit
Uranium	<detection limit

Analysis performed by Inductively Coupled Plasma - Mass Spectrometry (ICP-MS)

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Client: Nicole Smythe
[redacted]
Lakewood, CO 80227
N.smythe@outlook.com

3 year old daughter.
No TDAP - Mother had
MRI - Dye with gadolinium 2 ½ year
before getting pregnant

Account Number:

February 20, 2018

Sample: **Placenta Supplement - Sample B**
Lab Number: **U180123-2002**

Element	Results (µg/g)
Aluminum	2.7
Antimony	<detection limit
Arsenic	<detection limit
Barium	0.19
Beryllium	<detection limit
Bismuth	0.023
Cadmium	0.029
Cesium	0.017
Gadolinium	0.052
Lead	0.01
Mercury	<detection limit
Nickel	0.062
Palladium	<detection limit
Platinum	<detection limit
Tellurium	<detection limit
Thallium	<detection limit
Thorium	<detection limit
Tin	<detection limit
Tungsten	<detection limit
Uranium	<detection limit

Analysis performed by Inductively Coupled Plasma - Mass Spectrometry (ICP-MS)

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PMCID: PMC2746083
NIHMSID: NIHMS107979
PMID: 18454680

Genetic Basis for Adverse Events Following Smallpox Vaccination

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Abstract

Background

Although vaccinia immunization is highly effective in preventing smallpox, post-vaccination reactions are common. Identifying genetic factors associated with AEs might allow screening before vaccinia administration and provide a rational basis for the development of improved vaccine candidates.

Methods

Two independent clinical trials in healthy, vaccinia-naïve adult volunteers were conducted with the Aventis Pasteur smallpox vaccine (APSV). Volunteers were assessed repeatedly for local and systemic AEs to vaccine and were genotyped using the same panel of 1442 single-nucleotide polymorphisms

(SNPs).

Results

In the first study, thirty-six SNPs in 26 genes were associated with systemic AEs (p-value ≤ 0.05). In the second study, only those SNPs associated with AEs in the first sample were tested. In the final analysis, three SNPs were associated consistently with AEs in both studies. A nonsynonymous SNP in methylenetetrahydrofolate reductase (*MTHFR*) was associated with AE risk in both trials (odds ratio [OR]; 95% confidence interval [CI]); p-value [p]): (OR=2.3; CI=1.1–5.2; p=0.04) and (OR=4.1; CI=1.4–11.4; p<0.01). Two SNPs in the interferon regulatory factor 1 (*IRF1*) gene were associated with AE risk in both sample sets: (OR=3.2; CI=1.1–9.8; p=0.03) and (OR=3.0; CI=1.1–8.3; p=0.03).

Conclusions

Genetic polymorphisms in an enzyme previously associated with adverse reactions to a variety of pharmacologic agents (*MTHFR*) and an immunological transcription factor (*IRF1*) were associated with AEs after smallpox vaccination in two independent study samples. These findings highlight common genetic variants with promising clinical significance that merit further investigation.

Keywords: adverse events, vaccination, smallpox, genetics, epidemiology

INTRODUCTION

Although reactions following inoculation with vaccinia virus were common in the recent population-wide vaccination programs [1], the biological basis for these adverse events (AEs) is not well understood. The performance of two independent clinical studies of a single vaccinia vaccine at our study site afforded us the unique opportunity to assess genetic factors that might predict systemic AEs. All of the vaccinia-naïve subjects enrolled developed pock formation at the vaccination site, and a subset experienced systemic reactions including fever, rash or regional lymphadenopathy. Since poxviruses have evolved multiple mechanisms to evade host immune responses, such as targeting of primary innate immunity and manipulating intracellular signal transduction pathways [2], we questioned whether subjects encountering AEs exhibited unique genetic polymorphisms in these pathways that made them more susceptible to these reactions.

In earlier studies, we characterized humoral and cellular immune responses and outlined patterns of systemic cytokine expression following smallpox vaccination [3–8]. In the current report, we utilized data collected during two independent studies to identify stable genetic factors associated with AEs. Since many genetic association studies fail to replicate during subsequent studies, we sought to repeat the assessment on an additional study group [9,10]. Independent replication of the results of our first study with the second strengthens the plausibility of these genetic associations. An identical panel of candidate single-nucleotide polymorphisms (SNPs) was evaluated in each of the studies. Subjects with systemic AEs including fever, lymphadenopathy, or generalized acneiform rash, were compared with those who did not experience these reactions. For both studies, the data were genotypes at 1442 SNPs across at least 386 candidate genes. This investigation provides important preliminary findings in two independent data sets addressing the contribution of common genetic variants to a complex clinical phenotype, which also bears substantial importance with respect to public health.

METHODS

Study Subjects

Vaccines, study subjects, and study design for both of the clinical trials have been described previously in detail. Both trials were conducted at Vanderbilt University in the NIH-funded Vaccine and Treatment Evaluation Unit (VTEU) [4,8,11]. The first study [7] enrolled 85 healthy vaccinia-naïve adults in genotyping studies and the second study [11] also enrolled 46 healthy vaccinia-naïve adults. In both studies, individuals were asked to self-identify ethnic background. Both studies complied with the Internal Review Board policies of Vanderbilt and the NIH, and written consent was obtained for all individuals.

Clinical Assessments

For both studies, the same team of trained physicians and nurses used the same forms to obtain medical history and to record local and systemic AEs after vaccination. Subjects were examined at regular intervals (days 3–5, 6–8, 9–11, 12–15, and 26–30 after vaccination). Local and systemic AEs were recorded. Subjects with an oral temperature of greater than 38.3 °C anytime during the study, generalized skin eruptions on non-contiguous areas to the site of vaccination [11], or enlarged or tender regional lymph nodes associated with vaccination were defined as those experiencing systemic AEs.

Identification of Genetic Polymorphisms

We used a previously described custom SNP panel based on the NCI SNP500 Cancer project [12]; specifically, this panel targets investigation of soluble factor mediators and signaling pathways, many of which have known immunological significance [13]. There is a heavy weighting towards non-synonymous SNPs in this panel (*i.e.*, those that result in an amino acid substitution). Genotyping for single nucleotide polymorphisms (SNPs) was performed using DNA amplified directly from EBV-transformed B cells generated from peripheral blood samples collected from each subject. Genotyping was performed at the Core Genotyping Facility of the National Cancer Institute (NCI) in Gaithersburg, MD. Genotypes were generated using the Illumina™ GoldenGate assay technology. Of the 1536 SNPs assayed, a total of 1442 genotypes passed quality control filters for both the first and second sample sets. A complete list of the SNPs examined in this study is found in Supplemental Table 1.

Statistical Analysis

Demographic characteristics including age, gender, and race were compared between the first and second study using Student's t-test (for age) and two-sample tests of proportions (for AE status, gender, and race). Allele frequencies were estimated from the total number of copies of individual alleles divided by the number of all alleles in the sample, and compared between the two studies using a two-sample test of proportions. Deviations in the fitness for Hardy-Weinberg proportion were evaluated using the exact test described in Wigginton *et al* [14].

We chose a two-stage design for identifying and replicating genetic associations in the independent clinical trials. This study design was selected with the goal of minimizing Type I errors (false positives). For comparison, we also performed the genetic association analysis in a single pooled sample. In the first study, potential associations were tested between each of the 1442 SNPs passing quality control filters and the occurrence of AEs using logistic regression. For each SNP in the first sample set, we recorded the odds ratio estimate and p-value of the likelihood ratio test for a univariate logistic model. No correction for multiple comparisons was made in our first set, because we reserved the second study sample set for determination of probable true positives. In the second sample set, we tested only those SNPs having an AE-associated p-value ≤ 0.05 in the first study. We considered a significant SNP association in the first study to have replicated if it met the following criteria in the second study: an odds ratio that consistently associated AE risk with the same genotypes and a p-value

≤ 0.05. To obtain an empirical probability of meeting our replication criteria purely by chance, we generated 1,000 simulated data sets from both study sample sets by permuting case-control labels. An additional association with p-value 0.06 is discussed below because of its high biologic plausibility.

Patterns of linkage disequilibrium (LD) between replicated SNPs on the same chromosome were assessed using Haploview [15]. Haplotypes were inferred for SNPs in high LD using the iterative approach described in Lake *et al* [16]. The resulting haplotypes were tested for association with AEs using univariate logistic models. Statistical analyses and simulations were performed using R version 2.5.1, Stata version 9 (Stata Corp, College Station, TX), and Haploview version 3.32 [15,17,18].

RESULTS

Demographic Characteristics of Subjects Included in Genetic Analysis

In both studies, all participants were invited to donate genetic samples. In the first study, of the 148 vaccinia-naïve participants enrolled in the clinical trial, a total of 96 individuals gave consent for the genetic substudy. Of those 96 subjects with genetic data, 16 experienced *systemic* AEs following immunization. An additional 11 genotyped subjects who reported only a localized rash near the inoculation site were removed from the analysis to focus only on systemic AEs. The other 69 reporting no AEs were used as controls. Thus the first study included analysis of 85 subjects. In the second study, which included 48 vaccinia-naïve healthy adults, 46 gave consent for genotyping and were enrolled. Of the 46 individuals, 24 experienced systemic AEs.

Table 1 summarizes age, race, gender, and AE status decompositions of both studies. Table 1 also describes the results of the demographic comparisons between the first and second studies. As the table indicates, there was no statistical difference in age, gender, or race between the two study populations. In the first study, 40 (47%) individuals were male, 84 (99%) were white and 1 (1%) was Asian. In the second study, 27 (59%) individuals were male, 44 (96%) were white, 1 (2%) was black, and 1 (2%) was Asian.

Table 1

Summary of AE status, age, gender, and race for both studies.

Dataset	AE/nonAE	Age[a]	Gender (M/F)	Race (W/B/A)[b]
First study ($N = 85$)	16/69	23.2 (3.9)	40/45	84/0/1
Second study ($N = 46$)	24/22	24.2 (3.8)	27/19	44/1/1
[c] P-value of difference	< 0.01	0.15	0.20	0.25

[a]Mean (standard deviation)
[b]W = white, B = black, A = Asian
[c]Two-sided p-value for t-test (age) or two-sample test of proportions (AE/nonAE, gender, race)

Genetic Associations with Adverse Events

A total of 36 SNPs (within 26 genes) that showed significant associations in the first study were tested for potential associations in the second study. Three variant genotypes were confirmed to be associated with AEs in the second study. These included one SNP in *MTHFR* ($p < 0.01$) and two SNPs in *IRF1* ($p = 0.03$). The strong significance of the association in the replication study suggested a high level of plausibility that the gene products were involved in the pathogenesis of the AEs. The results of our simulation study indicated that the probability of meeting our replication criteria (an odds ratio that consistently associated AE risk with the same genotypes and a p-value ≤ 0.05) entirely by chance was $p < 0.001$. It is important to note that we also reanalyzed the data as a single pooled sample and found the same pattern of statistically significant associations. The statistical results that replicated in the second study are shown alongside those from the first study in Table 2.

Table 2

Genetic polymorphisms associated with AEs in both studies.

Gene	SNP (rs#)	SNP Location (Base pair) [a]	Chromosomal Location	First Study		Second Study	
				Odds Ratio[b]	p-value (X^2)[b]	Odds Ratio[b]	p-value (X^2)[c]
MTHFR	1801133	6393745	1p36.3	2.3 (1.1–5.2)	0.04	4.1 (1.4–11.4)	< 0.01
IRF1	9282763	34237146	5q31.1	3.2 (1.1–9.8)	0.03	3.0 (1.1–8.3)	0.03
	839	34234139	5q31.1	3.2 (1.1–9.8)	0.03	3.0 (1.1–8.3)	0.03

[a]Base pair according to dbSNP (NCBI Human Genome Build 36.1).
[b]Estimated odds ratio (95% confidence interval)
[c]Likelihood ratio chi-square (X^2) test with one degree of freedom

Three SNPs in a third gene, *IL4*, had p-values equal to 0.06 in the second study. While not significant using a strict requirement for $p \leq 0.05$, we thought this association of great interest because of the prior biologic studies showing a central role for this cytokine in poxvirus biology [19–21]. Considering the reduced size of the second sample and the fact that the AE risk associated with variant genotypes was consistent across studies, these *IL4* SNPs warrant further study, because additional variants in linkage disequilibrium could also be associated with AE outcomes (Table 3).

Table 3

Distribution of genotypes at SNPs in *MTHFR*, *IRF1*, and *IL4*.

Gene	SNP (rs #)	SNP Location (Base Pair)	Genotype	First Study Count (Percent)	Second Study Count (Percent)
MTHFR	1801133	6393745	CC	36 (42)	18 (39)
			CT	39 (46)	21 (46)
			TT	10 (12)	7 (15)
IRF1	9282763	34237146	AA	39 (46)	17 (37)
			AG	43 (51)	24 (52)
			GG	3 (4)	5 (11)
	839	34234139	GG	39 (46)	17 (37)
			AA	43 (51)	24 (52)
			AG	3 (4)	5 (11)
IL4	2070874	34424723	CC	52 (62)	34 (74)
			CT	28 (33)	12 (26)
			TT	4 (5)	0 (0)
	2243268	34428976	AA	52 (62)	34 (74)
			AC	27 (32)	12 (26)
			CC	5 (6)	0 (0)
	2243290	34433182	CC	53 (62)	34 (74)
			AA	26 (31)	12 (26)
			AC	6 (7)	0 (0)

Open in a separate window

The SNPs located in *IRF1* and *IL4* are located in the same chromosomal region (5q31.1), suggesting an indirect association with one or more functional variants in that region. Because of the close physical proximity of the associated variants in the two genes, Haploview [15] software was used to examine the patterns of LD among those variants in each sample. Figure 1 shows that the LD plots for SNPs in the two genes follow the same pattern in each study sample. While there is strong LD between SNPs within the two genes, there is little evidence for LD between the two genes, indicating that the associations for each gene are statistically separate signals.

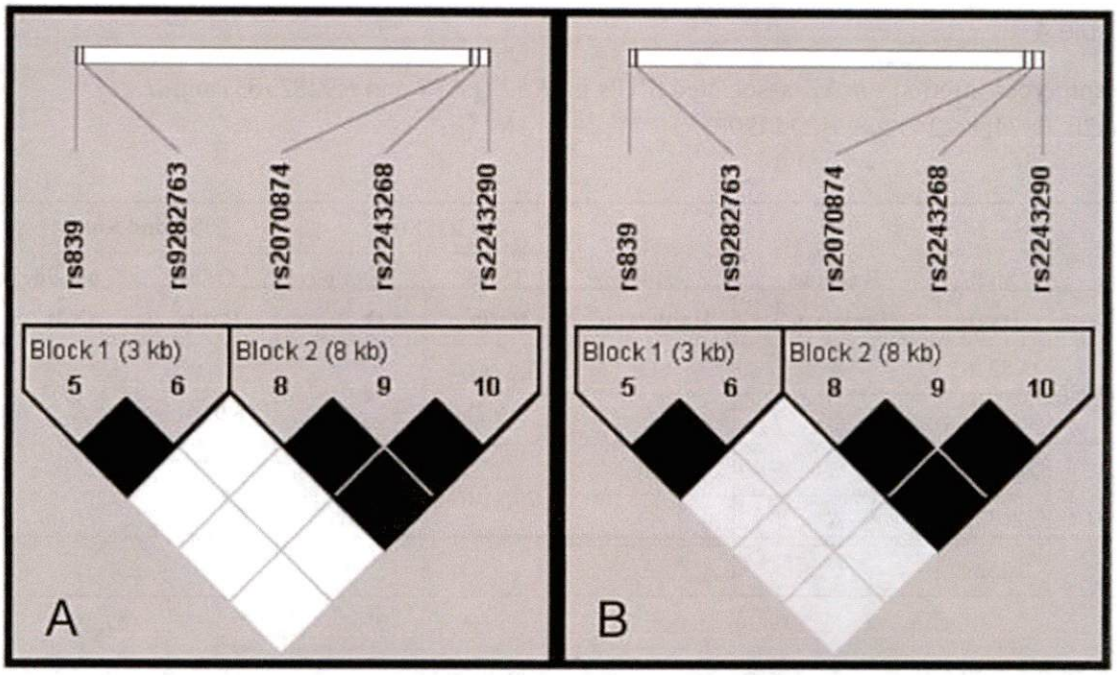

Figure 1

Haploview plot of SNPs at chromosome 5q31.1

Panel A =first study; panel B =second study. Squares are shaded to indicate strength of evidence for LD between the pairwise markers. Dark = strong evidence ($r^2 > 0.90$), light gray = weak evidence ($r^2 < 0.10$), white = no evidence ($r^2 < 0.0$). The same two LD blocks are apparent in both studies, encompassing SNPs in *IRF1* (rs839 and rs9282763) or *IL4* (rs2070874, rs2243268, and rs2243290).

This region of chromosome 5q31 contains discrete haplotype blocks [22]. Accordingly, haplotypes were inferred for AE-associated SNPs in *IRF1* (rs839 and rs9282763) and *IL4* (rs2070874, rs2243268, rs2243290). In both studies, two *IRF1* haplotypes accounted for all subjects. The common *IRF1* haplotype listed in Table 4 represented 71% of the first sample set and 63% of the second sample set. The rare *IRF1* haplotype was significantly associated with AEs in both studies ($p = 0.03$). Across both studies, two different three-SNP haplotypes in *IL4* accounted for 99% of subjects. The common *IL4* haplotype listed in Table 4 represented 78% of the first set and 87% of the second set. The rare *IL4* haplotype was significantly associated with risk of AEs in the first study ($p = 0.05$); the association was similar in the second study ($p = 0.06$).

Table 4

Haplotypes inferred for AE-associated SNPs in *IRF1* (rs839 and rs9282763) and *IL4* (rs2070874, rs2243268, rs2243290).

Gene	SNP (rs#)	Baseline Haplotype[a]	Risk Haplotype[b]	First Study		Second Study	
				Odds Ratio[c]	p-value (X^2) [d]	Odds Ratio[c]	p-value (X^2) [d]
IRF1	9282763	A	G	3.2 (1.0–10.2)	0.03	3.0 (1.0–9.0)	0.03
	839	G	A				
IL4	2070874	C	T	2.4 (1.0–5.7)	0.05	3.8 (1.0–14.4)	0.06
	2243268	A	C				
	2243290	C	A				

[a]Most common haplotype considering 2 SNPs in *IRF1* or 3 SNPs in *IL4*
[b]Rare (variant) haplotype considering 2 SNPs in *IRF1* or 3 SNPs in *IL4*
[c]Estimated odds ratio comparing risk haplotype to baseline haplotype (95% confidence interval)
[d]Likelihood ratio chi-square (X^2) test with one degree of freedom

DISCUSSION

The candidate genes identified with the strongest association with AEs in both studies include a metabolism gene previously associated with adverse reactions to a variety of pharmacologic agents (*MTHFR*) and an immunological transcription factor (*IRF1*). The statistical results from these studies have strong biological plausibility and are in agreement with previous work on the immune response to poxviruses.

MTHFR

A SNP in the 5,10-methylenetetrahydrofolate reductase (*MTHFR*) gene (rs1801133) was associated strongly with AE risk in both studies. This non-synonymous SNP in exon 5 causes an amino acid change from alanine to valine, and functional characterization of this SNP demonstrated that it is thermolabile and affects both the quantity and activity of the MTHFR enzyme [23]. The enzyme catalyzes the conversion of 5,10-methylenetetrahydrofolate to 5-methyltetrahydrofolate, which is a co-substrate for homocysteine remethylation to methionine. *MTHFR* function provides pools of methyl groups that are crucial for the control of DNA synthesis and repair mechanisms [24]. *MTHFR* is a key enzyme in homocysteine metabolism, which plays a major role in regulating endothelial function. It may be of interest in the future to examine the association of genetic variation in this gene with the rare cardiac events that occur after vaccination.

Genetic variation of *MTHFR* has been associated with a range of clinical outcomes, including altered cardiovascular function, organ transplantation, toxicity of immunosuppressive drugs, and systemic inflammation [25–28]. Elevated plasma homocysteine levels stimulate endothelial inflammatory responses, which could contribute to systemic AEs. Alternatively, since vaccination elicits immune

responses involving the rapid proliferation of cells, demand for DNA synthesis metabolites would be elevated, and alterations in the level or activity of *MTHFR* enzyme may exert significant influence over this process.

Interferon regulatory factor-1

The interferon regulatory factor-1 (*IRF1*) gene is part of the immunological gene cluster on chromosome 5q31. We found two SNPs in *IRF1* that are significantly associated with AEs in both study samples. The *IRF1* gene encodes an important member of the interferon regulatory transcription factor (IRF) family. The IRF family regulates interferons and interferon-inducible genes. *IRF1* activates transcription of the Type I interferons α and β as well as genes induced by the Type II interferon γ [29]. Many viruses target IRFs to evade host immune responses by binding to cellular IRFs and blocking transcriptional activation of IRF targets [30].

Polymorphisms in the gene coding for a transcription factor with such far-reaching effects as *IRF1* could have profound effects on the proper immune response and clearance of vaccinia virus. Mice deficient in interferon receptors are especially susceptible to vaccinia virus infection, suggesting an important role for these molecules in controlling vaccinia infection [31]. Vaccinia dedicates several host modifying genes to counteracting interferons. For example, the viral gene B18R encodes a protein that serves as a viral IFN-α/β binding protein that binds interferons from several species [32]. This protein also can bind to the cell surface after secretion, thus preventing host interferon from binding to cellular interferon receptors [33]. Although the SNPs identified in *IRF1* and *IL4* do not change amino acids in the encoded proteins, recent evidence suggests that synonymous SNPs, such as rs839, can alter regulation of mRNA or splice junctions [34,35]. It is also plausible that one or both SNPs are in LD with the causal variant not tested in this study.

Interleukin-4

Genetic polymorphisms in this major cytokine gene involved in adaptive immunity to viruses also may be associated with AEs, however with a p-value of 0.06 in our relatively small replication study. We found three SNPs in *IL4* that may be associated with AEs in both studies. There was high intragenic LD ($r^2 > 0.9$) between the tested SNPs within each gene, *IRF1* and *IL4*, and haplotypes inferred separately for each of these genes mirrored the significant risk patterns of the SNPs observed individually. Thus, the fact that multiple SNPs in high LD were identified in regions of *IRF1* and *IL4* strongly suggest that there are additional markers in LD, several of which could functionally contribute to the risk for AEs.

The *IL4* gene encodes a pleiotropic cytokine produced by a variety of immune cells, especially activated T cells. *IL4* controls humoral immune responses, isotype switching, and suppression of cytotoxic T cell function and expansion. Thus, genetic polymorphisms related to inappropriate regulation of *IL4* expression and/or activity of IL-4 cytokine could be associated with over-stimulated inflammatory responses leading to the development of clinical AEs. Previous studies on the role of *IL4* in poxvirus pathogenesis have shown it to have a central role in altering the adaptive immune response. *IL4* over-expression during infection with recombinant poxviruses encoding *IL4* suppresses the induction of cytotoxic T cell activity by inhibiting CD8+ T cell proliferation, which increased the pathogenicity of such recombinant viruses even in previously immunized animals [36]. *IL4* also plays a role in preventing optimum innate immune responses to poxviruses. IL-4 secretion during vaccinia virus infection of individuals with atopic dermatitis alters the cytokine milieu, resulting in a block of production of the antimicrobial peptide LL-37, accounting in part for the increased risk of vaccinia virus infection in subjects with atopic dermatitis [37].

Model of pathogenesis

Since the outcome of interest here was the aggregation of specific AEs, it is logical that more than one gene may be involved. The genes with variants for which we discovered an association with AEs are all potentially involved in pathways that are in line with our previously hypothesized mechanism of AEs involving excess stimulation of inflammatory pathways and the imbalance of tissue damage repair pathways. This model was developed from studies of circulating cytokines and relevant immunological effector cells [3–5]. For subjects experiencing AEs, vaccination appears to trigger an acute inflammatory response that is excessive. Antigen presentation to T cells in the dermis leads to the release of T-cell cytokines that trigger a cascade of cytokines and chemokines whose release enhances the inflammatory response by promoting the migration of monocytes into the lesion and their maturation into macrophages and by further attracting T cells [38,39]. Taken together, these previous findings suggest that systemic AEs following smallpox vaccination may be consistent with low-grade macrophage activation syndrome caused by virus replication and vigorous tissue injury and repair.

There are limitations to this study. The subject numbers are small for a genetic association study of low-penetrance high-frequency alleles. The association of the *IL4* variations with AEs was weaker than that of the other genes. Nevertheless, findings of the same variants in two independent clinical trials, the high biologic plausibility of these associations in light of what is known about poxvirus biology, and the potential public health significance suggest the findings are of interest.

Conclusions and Future Directions

These data present the rare opportunity to study two independent cohorts of smallpox vaccinees relating common genetic variation to the occurrence of post-vaccination AEs. Statistical analysis of the first study revealed potentially significant associations between SNPs in biologically interesting candidate genes. Of the AE-associated genes identified in the first study, two replicated in an independent study, with one additional candidate gene just beyond our statistical significance cut-off but with a high level of biologic plausibility. It is possible that our findings could be due to chance, but we avoided multiple testing issues by testing only the most promising results in the validation sample. While all SNPs were tested in the first study, only those SNPs significantly associated with AEs were tested in the second study, and our empirically derived probability of replication by chance alone was less than 0.1%. The association of SNPs in three genes across both studies and their biologically plausible connection with AEs lends credence to the reproducibility of these associations.

As with any statistical association, follow-up studies are needed to identify the particular genetic susceptibility variants and examine the functional consequences of polymorphisms in the AE-associated genes. Since we found multiple AE-associated SNPs in regions of *IRF1* and *IL4*, focused studies should be undertaken to characterize the genetic variability in these candidate regions. Indeed, haplotypes in *IRF* and *IL4* displayed altered susceptibility to a specific systemic AE (fever) after smallpox vaccination [40]. While the association of AEs with a non-synonymous polymorphism in the gene for *MTHFR* points toward functional significance of this SNP, fine mapping of this locus should determine whether this is indeed the case. For all three candidate genes, both follow-up replication and functional studies are needed to establish the plausibility of the association of common genetic polymorphisms with the hypothesized etiological pathways.

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Footnotes

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References

1. Kemper AR, Davis MM, Freed GL. Expected adverse events in a mass smallpox vaccination campaign. Eff Clin Pract. 2002;5:84–90. [PubMed] [Google Scholar]

2. Seet BT, Johnston JB, Brunetti CR, et al. Poxviruses and immune evasion. Annu Rev Immunol. 2003;21:377–423. [PubMed] [Google Scholar]

3. McKinney BA, Reif DM, Rock MT, et al. Cytokine expression patterns associated with systemic adverse events following smallpox immunization. J Infect Dis. 2006;194:444–453. [PMC free article] [PubMed] [Google Scholar]

4. Rock MT, Yoder SM, Talbot TR, Edwards KM, Crowe JE., Jr Adverse events after smallpox immunizations are associated with alterations in systemic cytokine levels. J Infect Dis. 2004;189:1401–1410. [PubMed] [Google Scholar]

5. Rock MT, Yoder SM, Wright PF, Talbot TR, Edwards KM, Crowe JE., Jr Differential regulation of granzyme and perforin in effector and memory T cells following smallpox immunization. J Immunol. 2005;174:3757–3764. [PubMed] [Google Scholar]

6. Rock MT, Yoder SM, Talbot TR, Edwards KM, Crowe JE., Jr Cellular immune responses to diluted and undiluted aventis pasteur smallpox vaccine. J Infect Dis. 2006;194:435–443. [PubMed] [Google Scholar]

7. Shaklee JF, Talbot TR, Muldowney JA, III, et al. Smallpox vaccination does not elevate systemic levels of prothrombotic proteins associated with ischemic cardiac events. J Infect Dis. 2005;191:724–730. [PubMed] [Google Scholar]

8. Talbot TR, Stapleton JT, Brady RC, et al. Vaccination success rate and reaction profile with diluted and undiluted smallpox vaccine: a randomized controlled trial. JAMA. 2004;292:1205–1212. [PubMed] [Google Scholar]

9. Hirschhorn JN, Lohmueller K, Byrne E, Hirschhorn K. A comprehensive review of genetic association studies. Genet Med. 2002;4:45–61. [PubMed] [Google Scholar]

10. Lohmueller KE, Pearce CL, Pike M, Lander ES, Hirschhorn JN. Meta-analysis of genetic association studies supports a contribution of common variants to susceptibility to common disease. Nat Genet. 2003;33:177–182. [PubMed] [Google Scholar]

11. Talbot TR, Bredenberg HK, Smith M, LaFleur BJ, Boyd A, Edwards KM. Focal and generalized folliculitis following smallpox vaccination among vaccinia-naive recipients. JAMA. 2003;289:3290–3294. [PubMed] [Google Scholar]

12. Garcia-Closas M, Malats N, Real FX, et al. Large-scale evaluation of candidate genes identifies associations between VEGF polymorphisms and bladder cancer risk. PLoS Genet. 2007;3:e29. [PMC free article] [PubMed] [Google Scholar]

13. Packer BR, Yeager M, Burdett L, et al. SNP500Cancer: a public resource for sequence validation, assay development, and frequency analysis for genetic variation in candidate genes. Nucleic Acids Res. 2006;34:D617–D621. [PMC free article] [PubMed] [Google Scholar]

14. Wigginton JE, Cutler DJ, Abecasis GR. A note on exact tests of Hardy-Weinberg equilibrium. Am J Hum Genet. 2005;76:887–893. [PMC free article] [PubMed] [Google Scholar]

15. Barrett JC, Fry B, Maller J, Daly MJ. Haploview: analysis and visualization of LD and haplotype maps. Bioinformatics. 2005;21:263–265. [PubMed] [Google Scholar]

16. Lake SL, Lyon H, Tantisira K, et al. Estimation and tests of haplotype-environment interaction when linkage phase is ambiguous. Hum Hered. 2003;55:56–65. [PubMed] [Google Scholar]

17. Ihaka R, Gentleman R. R: A Language for Data Analysis and Graphics. Journal of Computational and Graphical Statistics. 1996;5:299–314. [Google Scholar]

18. R Development Core Team. R: A Language and Environment for Statistical Computing. R Foundation for Statistical Computing. [Accessed 31 August 2007]. http://www.R-project.org.

19. Howell MD, Gallo RL, Boguniewicz M, et al. Cytokine milieu of atopic dermatitis skin subverts the innate immune response to vaccinia virus. Immunity. 2006;24:341–348. [PubMed] [Google Scholar]

20. Jackson RJ, Ramsay AJ, Christensen CD, Beaton S, Hall DF, Ramshaw IA. Expression of mouse interleukin-4 by a recombinant ectromelia virus suppresses cytolytic lymphocyte responses and overcomes genetic resistance to mousepox. J Virol. 2001;75:1205–1210. [PMC free article] [PubMed] [Google Scholar]

21. Kerr PJ, Perkins HD, Inglis B, et al. Expression of rabbit IL-4 by recombinant myxoma viruses enhances virulence and overcomes genetic resistance to myxomatosis. Virology. 2004;324:117–128. [PubMed] [Google Scholar]

22. Daly MJ, Rioux JD, Schaffner SF, Hudson TJ, Lander ES. High-resolution haplotype structure in the human genome. Nat Genet. 2001;29:229–232. [PubMed] [Google Scholar]

23. Martin YN, Salavaggione OE, Eckloff BW, Wieben ED, Schaid DJ, Weinshilboum RM. Human methylenetetrahydrofolate reductase pharmacogenomics: gene resequencing and functional genomics. Pharmacogenet Genomics. 2006;16:265–277. [PubMed] [Google Scholar]

24. Friso S, Girelli D, Trabetti E, et al. The MTHFR 1298A>C polymorphism and genomic DNA methylation in human lymphocytes. Cancer Epidemiol Biomarkers Prev. 2005;14:938–943. [PubMed] [Google Scholar]

25. Dedoussis GV, Panagiotakos DB, Pitsavos C, et al. An association between the methylenetetrahydrofolate reductase (MTHFR) C677T mutation and inflammation markers related to cardiovascular disease. Int J Cardiol. 2005;100:409–414. [PubMed] [Google Scholar]

26. Lim U, Peng K, Shane B, et al. Polymorphisms in cytoplasmic serine hydroxymethyltransferase and methylenetetrahydrofolate reductase affect the risk of cardiovascular disease in men. J Nutr. 2005;135:1989–1994. [PubMed] [Google Scholar]

27. Murphy N, Diviney M, Szer J, et al. Donor methylenetetrahydrofolate reductase genotype is associated with graft-versus-host disease in hematopoietic stem cell transplant patients treated with methotrexate. Bone Marrow Transplant. 2006;37:773–779. [PubMed] [Google Scholar]

28. Urano W, Taniguchi A, Yamanaka H, et al. Polymorphisms in the methylenetetrahydrofolate reductase gene were associated with both the efficacy and the toxicity of methotrexate used for the treatment of rheumatoid arthritis, as evidenced by single locus and haplotype analyses. Pharmacogenetics. 2002;12:183–190. [PubMed] [Google Scholar]

29. Harada H, Fujita T, Miyamoto M, et al. Structurally similar but functionally distinct factors, IRF-1 and IRF-2, bind to the same regulatory elements of IFN and IFN-inducible genes. Cell. 1989;58:729–739. [PubMed] [Google Scholar]

30. Goodbourn S, Didcock L, Randall RE. Interferons: cell signalling, immune modulation, antiviral response and virus countermeasures. J Gen Virol. 2000;81:2341–2364. [PubMed] [Google Scholar]

31. van den Broek MF, Muller U, Huang S, Aguet M, Zinkernagel RM. Antiviral defense in mice lacking both alpha/beta and gamma interferon receptors. J Virol. 1995;69:4792–4796. [PMC free article] [PubMed] [Google Scholar]

32. Symons JA, Alcami A, Smith GL. Vaccinia virus encodes a soluble type I interferon receptor of novel structure and broad species specificity. Cell. 1995;81:551–560. [PubMed] [Google Scholar]

33. Alcami A, Symons JA, Smith GL. The vaccinia virus soluble alpha/beta interferon (IFN) receptor binds to the cell surface and protects cells from the antiviral effects of IFN. J Virol. 2000;74:11230–11239. [PMC free article] [PubMed] [Google Scholar]

34. Crawford DC, Nickerson DA. Definition and clinical importance of haplotypes. Annu Rev Med. 2005;56:303–320. [PubMed] [Google Scholar]

35. Duan J, Wainwright MS, Comeron JM, et al. Synonymous mutations in the human dopamine receptor D2 (DRD2) affect mRNA stability and synthesis of the receptor. Hum Mol Genet. 2003;12:205–216. [PubMed] [Google Scholar]

36. Jackson RJ, Ramsay AJ, Christensen CD, Beaton S, Hall DF, Ramshaw IA. Expression of mouse interleukin-4 by a recombinant ectromelia virus suppresses cytolytic lymphocyte responses and overcomes genetic resistance to mousepox. J Virol. 2001;75:1205–1210. [PMC free article] [PubMed] [Google Scholar]

37. Howell MD, Gallo RL, Boguniewicz M, Jones JF, Wong C, Streib JE, Leung DYM. Cytokine milieu of atopic dermatitis skin subverts the innate immune response to vaccinia virus. Immunity. 2006;24:341–348. [PubMed] [Google Scholar]

38. Fong TA, Mosmann TR. The role of IFN-gamma in delayed-type hypersensitivity mediated by Th1 clones. J Immunol. 1989;143:2887–2893. [PubMed] [Google Scholar]

39. Grom AA, Passo M. Macrophage activation syndrome in systemic juvenile rheumatoid arthritis. J Pediatr. 1996;129:630–632. [PubMed] [Google Scholar]

Vaccines

We are the leading vaccines company in the world, delivering over 2 million vaccine doses every day to people living in 158 countries. Our portfolio and pipeline help protect individuals throughout their lives. We have recently introduced breakthrough vaccines *Shingrix* for shingles and *Bexsero*, the first vaccine for meningitis B.

Progress against our long-term priorities

Innovation

- *Shingrix* launched successfully in the US and Canada
- 23% of 2018 sales came from recent innovations, driven by *Shingrix* and *Bexsero*
- We have 16 candidate vaccines across all R&D phases
- Capabilities in science and new technologies continues to be differentiator

Performance

- Total 2018 turnover £5.9 billion, up 14% AER, up 16% CER
- Grew ahead of the market, strengthening our position as the leading vaccines company by value
- In addition to *Shingrix*, key contributions from our influenza and hepatitis franchises, and *Bexsero*

Trust

- Over 120 million doses of vaccines delivered to Gavi, the Vaccine Alliance, to help prevent pneumococcal disease, rotavirus and cervical cancer
- 270 million doses of oral polio vaccine delivered to UNICEF for the Global Polio Eradication Initiative
- Positive results from candidate TB vaccine in phase IIb trial

Innovation

Our Vaccines business has 16 innovative candidate vaccines. We balance our focus on this robust pipeline with the active life-cycle management of our existing vaccines, helping to protect more people through expanded indications and geographies.

Our investment in breakthrough vaccines technologies creates a real point of differentiation and will deliver further benefits in the future. We have more than 2,500 vaccines scientists working in three global R&D centres, in Belgium, Italy and the US. This international spread equips us with a diversity of skills and culture, helps to attract the best talent, and opens doors to external partnerships. In 2018, the proportion of our sales from innovations introduced in the past five years was 23%.

We are expanding our capabilities to become a stronger player in the world's largest vaccines markets, the US and China. To achieve this goal, we are simplifying complexity across the business, reducing R&D timelines and developing a more dynamic culture. In September, Roger Connor became the new President, Global Vaccines.

Delivering best-in-class innovation

Shingles

In 2018, our breakthrough shingles vaccine, *Shingrix*, was recognised as the most successful biopharma launch in the past 10 years in North America[1]. In June, Canada's National Advisory Committee on Immunization (NACI) made a strong recommendation for *Shingrix* to be offered to people over 50, following a similar opinion in the US in 2017. In March, *Shingrix* received licensing approval in the EU and Japan, and in May we launched it in Germany. In December, the Standing Committee on Vaccination in Germany, STIKO, recommended *Shingrix* for all people over 60 and for those over 50 with an immune-compromising condition or severe underlying disease. The vaccine was approved in Australia in July 2018. In line with our phased launch strategy, we have the detailed capacity plans in place that are necessary to deliver the meaningful increase in doses needed to meet long-term global demand.

Shingrix marks a step change in the prevention of shingles, a painful and potentially serious condition that affects more than one in three people during their lifetimes. It was designed specifically to address the challenge of age-related decline in immunity and is the first approved shingles vaccine to combine a non-live antigen, to trigger a targeted immune response, with a specifically designed adjuvant to generate a strong and sustained immune response. Clinical trials have proven *Shingrix* efficacy of more than 90% for all age groups studied.

Pg 2

Vaccines continued

Performance

2018 performance summary

Vaccines turnover grew 14% AER, 16% CER to £5,894 million, primarily driven by growth in sales of *Shingrix*, hepatitis vaccines, which also benefited from a competitor supply shortage, and higher sales of influenza products.

The operating margin of 33.0% was 1.1 percentage points higher at AER than in 2017 and 2.5 percentage points higher on a CER basis. This was primarily driven by enhanced operating leverage from strong sales growth, an improved product mix, including the impact of the launch of *Shingrix*, together with further restructuring and integration benefits. This was partly offset by the comparison with the benefit of a settlement for lost third-party supply volume recorded in 2017, increased supply chain costs and increased SG&A investments to support new launches and business growth.

#3

Shingrix recorded sales of £784 million, primarily in the US and Canada, driven by demand and share gains. US sales benefited from market growth in new patient populations now covered by immunisation recommendations and *Shingrix* has now achieved a 98% market share. In the first half of 2018 alone, *Shingrix* performed twice as strongly as the competitor vaccine had during the whole of 2017.

Meningitis sales were down 1% AER but up 2% CER to £881 million. *Bexsero* sales grew 5% AER, 9% CER, driven by demand and share gains in the US, together with continued growth in private market sales in International, partly offset by the completion of vaccination of catch-up cohorts in certain markets in Europe. *Menveo* sales declined 15% AER, 12% CER, primarily reflecting supply constraints in Europe and International as well as a strong comparator in 2017 and unfavourable year-on-year CDC stockpile movements in the US, partly offset by demand and share gains in the US.

Fluarix/FluLaval sales grew 7% AER, 10% CER to £523 million, driven by strong sales execution in the US and improved sales in Europe, partly offset by increased price competition in the US.

Established Vaccines sales were down 1% AER and flat CER reflecting lower sales of DTPa-containing vaccines (*Infanrix*, *Pediarix* and *Boostrix*) due to increased competitive pressures, particularly in Europe, and unfavourable year-on-year CDC stockpile movements in the US, together with lower *Synflorix* sales, reflecting lower pricing and demand in emerging markets. Hepatitis vaccines sales grew 17% AER, 19% CER to £808 million, benefiting from stronger demand in the US and Europe, as well as a competitor supply shortage in the US.

#4

by adding Hep A to required vaccines in states like California, Hep A is rare disease.

Focusing on growth markets

In 2018, we strengthened our position as the world's leading vaccines company by value. Sales grew ahead of the market, increasing our market share and profitability.

#2

Having established our leadership in Europe and emerging markets, we are now focusing on increasing our presence in the world's largest vaccines markets – US and China – to protect more people and improve business performance. The US is our number one priority market and our performance in the US in 2018 has been particularly strong. We welcome the Chinese government's recent steps to fast-track the approval of 'clinically urgently needed' new medicines and vaccines, reflecting its commitment to enabling faster entry of new prevention and treatment options. We look forward to responding to that need with our innovative vaccines in the years ahead.

Creating a simpler, competitive supply chain

We have 13 manufacturing sites, across 10 countries. This international presence enables us to produce our vaccines with flexibility, as demonstrated during the year, when we leveraged our secondary manufacturing network to increase capacity for *Shingrix*.

We have delivered more than 9 million doses globally since launch and we are working hard to build capacity and meet long-term global demand. We continue to target high-teens millions of doses over the next two or three years. To do this, we are undertaking multiple initiatives to boost production across our global manufacturing network in the US and Europe, and at every stage of the manufacturing process from primary antigen production to packaging. These initiatives will ensure sustainable, steady supply growth for the vaccine over the coming years.

During the year, we continued to simplify our supply chain, and discontinued several vaccines that duplicate existing products. Our ongoing investment in our manufacturing network enabled a 10% growth in our filling volume and we maintained our strong focus on the safety and high quality of all our vaccines.

pg 3

Meningitis

We are the market leader in vaccines against meningococcal meningitis, with our complementary portfolio of *Menveo*, against serogroups A, C, W, and Y, and *Bexsero*, targeting serogroup B.

#5

In 2018, we continued to consolidate our leadership by broadening the age range that our vaccines cover. In the US, where *Bexsero* is licensed for 10-to-25-year-olds, the vaccine received Breakthrough Therapy Designation from the FDA for children between two- and 10 years old. In June, the European Medicines Agency approved a new, alternative (2+1) dosing schedule for *Bexsero* in infants (in addition to the existing 3+1 schedule), offering healthcare professionals more options to help protect infants from invasive meningococcal disease (IMD) caused by serogroup B and the potential for fewer visits to the doctor for families.

We continued to support external research into meningitis B, including funding the largest-ever study into the adolescent carriage of meningococcal bacteria. The study, led by the University of Adelaide, saw more than 34,000 teenagers being vaccinated with *Bexsero*. The early findings, which are a significant step forward in scientific understanding, show there was a fall in the number of meningitis B cases in South Australian adolescents, but no statistically significant reduction in nasopharyngeal carriage of the bacteria that causes the disease. As such, these preliminary results underscore the need for direct vaccination of vulnerable individuals, particularly infants and adolescents, as the best way to protect against meningococcal B disease.

#6

We advanced our work on new formulations for meningitis vaccines, with our fully liquid *Menveo* candidate vaccine entering phase II clinical trials. The phase III results for the US *Menveo* booster found that it can effectively and safely extend protection four to six years after a primary course of MenACWY vaccine. We also remain committed to the challenging goal of developing a single vaccine to cover the five most common meningitis serogroups of A, B, C, W and Y.

Other priority assets

We are pursuing a full portfolio of vaccines against respiratory syncytial virus (RSV), tailored to the different age groups most at risk of infection from the virus. There is currently no prophylactic vaccine approved for the prevention of respiratory disease caused by RSV, in spite of the significant medical need. Our maternal vaccine is designed to increase antibodies in the mother that will transfer to the baby and help protect them in the first months of life, when the disease is most severe. Our candidate paediatric vaccine, given directly to babies, is designed to induce protection from the disease throughout childhood and, potentially, for recipients' entire lives. In late 2018, we began a phase I/II trial for children, and commenced a phase I study on the maternal vaccine. The US FDA has given fast track designation to our RSV candidate vaccines for pregnant women and older adults, which have just entered clinical development.

By 2030, COPD is predicted to become the world's third-leading cause of death. Our COPD candidate vaccine marks a move away from the traditional concept of a vaccine given to healthy people to prevent a specific disease towards the development of a disease-modifying vaccine that could reduce the frequency of COPD exacerbations and slow down the disease's progress. It combines two antigens from bacteria commonly found in acute COPD exacerbations with our proprietary adjuvant system, ASO1.

The phase I and II studies demonstrated that our candidate vaccine was safe and capable of inducing an immune response. We began a phase IIb (proof of concept) study in Europe and North America in 2017, with efficacy results expected in mid-2020.

In influenza, we are working on a universal (supra-seasonal) vaccine with researchers at Mount Sinai in the US. We also expanded the indications for our existing flu vaccines, with European approval for a paediatric indication for *Fluarix Tetra*.

New technologies

Our success in innovation reflects our unique combination of advanced technologies, scientific experts across three global R&D centres, and external collaborations. Our broad range of technologies includes adjuvant systems, self-amplifying messenger RNA (SAM), bioconjugates, generalised modules for membrane antigens (GMMA) and the chimpanzee adenovirus (ChAd) platform. Such capabilities have the potential to significantly reduce the cost and time of vaccine development and help make radical advances that address unmet medical needs.

External partnerships

Partnerships remain central to our innovation. We have around 150 external scientific collaborations, with most of our 16 candidate vaccines being developed in partnership. Our partnerships and technologies also support our work on tuberculosis and shigella for instance, which is part of our ongoing commitment to developing vaccines against the diseases of the developing world. Such collaborations enable our Vaccines scientists to learn from other leading experts and stay close to emerging technologies and new science.

#7

Vaccines pipeline

Phase	Indication/vaccine
Phase III	*Shingrix* (for immunocompromised)
	✓ *Bexsero* (infants in the US)
	✓ *Rotarix* (PCV-free)
	MMR (in US)
Phase II	COPD
	Hepatitis C
	Malaria (next gen)
	✓ MenABCWY
	✓ *Menveo* (liquid)
	Shigella
	Tuberculosis
	RSV paediatric will this be added by CDPHE?
	HIV
Phase I/II	RSV older adults
	Flu universal
	RSV maternal

Performance

2018 performance summary

Pharmaceuticals turnover in 2018 was £17,269 million, flat at AER, but up 2% CER, driven primarily by the growth in HIV sales. In the US, sales declined 2% AER but grew 1% at CER, with growth in the HIV portfolio and *Benlysta* offsetting declines in established pharmaceuticals and respiratory following patent expiries. In Europe, sales grew 2% AER, 1% CER, with growth in the respiratory portfolio offsetting the continued impact of generic competition to *Epzicom* and *Avodart*. International was flat at AER but grew 5% CER, with growth driven by HIV and the new respiratory portfolio.

Respiratory sales declined 1% AER, but grew 1% CER, to £6,928 million, with growth from the *Ellipta* portfolio and *Nucala* partly offset by lower sales of *Seretide/Advair* as the market prepares for the entry of a generic. Sales of new respiratory products, comprising *Ellipta* products and *Nucala*, grew 35% AER, 38% CER to £2,612 million.

HIV sales increased 9% AER, 11% CER to £4,722 million, reflecting share growth in the dolutegravir portfolio: *Triumeq*, *Tivicay* and *Juluca*. This was partly offset by the decline in the established portfolio, particularly the impact of generic competition to *Epzicom/Kivexa* in Europe.

Immuno-inflammation sales were up 25% AER, 28% CER in 2018, primarily driven by *Benlysta*.

Our Established Pharmaceuticals portfolio includes mainly off-patent medicines. Sales were £5,147 million, down 7% AER, 4% CER, reflecting efforts to maximise the value from this portfolio but also the benefit of certain post-divestment contract manufacturing sales and the first instalment of a 12-month *Relenza* supply contract in Europe.

The Pharmaceuticals operating margin of 33.3% was 1.0 percentage points lower at AER than in 2017 and 0.9 percentage points lower on a CER basis. This primarily reflected increased investment in new product support, the continued impact of lower prices, particularly in respiratory, the broader transition of the respiratory portfolio, and a reduction in royalty income. This was partly offset by the benefits of prioritisation within R&D and a favourable comparison with the impact of the Priority Review Voucher purchased in 2017.

Focusing our resources to accelerate growth

In 2018, we made significant changes to the way our Pharmaceuticals organisation works to accelerate growth and deliver the best results for all our stakeholders.

We refocused our resources, prioritising the major markets such as the US and China, while reducing investment in lower priority markets. We have also prioritised resource behind brands and therapies with the greatest growth potential and which generate the highest revenue. To support our ambitions for the oncology therapies in our pipeline, we strengthened our oncology commercial infrastructure; recruiting more experts in oncology and haematology and co-locating our R&D and commercial teams.

We simplified our commercial, medical and regulatory teams, with fewer complex structures, systems and processes, and clearer accountabilities. This enables greater speed and efficiency and frees local operating companies to focus on customer-facing activities and insights. The savings released by these changes will be reinvested into our priority products and markets.

In recent years, we have significantly strengthened our online resources and in-house medical capabilities to provide bespoke product information for healthcare professionals (HCPs). In 2018, we updated our policy on working with HCPs, following consistent feedback that they value the opportunity to learn about new products through peer-to-peer programmes with expert practitioners who have direct experience of our medicines.

The new policy will ensure prescribers have access to all available information on our innovative products, so they can make fully informed decisions that support better outcomes for patients. When we have new medicines or significant new data we will allow payment to global experts to speak about the scientific evidence, the diseases they treat and their own clinical experience. The change was implemented in the US and Japan in late 2018, and depending on effective implementation and assessment of risk will be implemented in other major developed markets in Europe, North America and Asia from 2019 onwards. To avoid any perceived conflict of interest, we have strengthened our commitment to transparency with new controls and expanded disclosure of payments to individual HCPs.

Creating a simpler, competitive supply chain

Reliable supply is fundamental to enabling growth in key therapy areas. Our Pharmaceuticals supply performance levels continued to improve in 2018 with an on-time, in-full supply to customers rating of 95.3%. All new products were launched on time.

We are adopting a simplified structure and operating model geared to driving performance with increased focus on priority brands and markets, clearer accountabilities and more pace. This has included separating our Pharmaceuticals manufacturing and supply organisation from our Consumer Healthcare network.

We continued to adapt our manufacturing network to support growth, improve competitiveness and meet business and patient needs. We opened a £54 million facility in Montrose, Scotland to supply active pharmaceutical ingredients for our *Ellipta* respiratory medicines, and a £26 million facility in Parma, Italy that will produce fostemsavir, our investigational HIV treatment.

We revised our supply and demand, warehousing and distribution operations to align with commercial priorities and announced manufacturing site closures in Mexico and Bangladesh. Following an extensive review of our cephalosporins antibiotics assets we decided to restructure its supply chain and manufacturing site at Ulverston in the UK. This will help us improve competitiveness and support growth in emerging markets. We continued to simplify our supplier base and product portfolio and are ahead of schedule to reduce our contract manufacturers by 35% by 2021.

The Pharmaceuticals manufacturing and supply organisation again delivered good performance for safety, quality and compliance. There were 55 regulatory inspections in 2018, all resulting in satisfactory outcomes.

Fiscal Effects of HB19-1312: Meningococcal immunizations

pg 5

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18 IN ADDITION TO THE IMMUNIZATIONS REQUIRED BY STATE
19 BOARD OF HEALTH RULES AS OF THE EFFECTIVE DATE OF THIS SUBSECTION
20 (1), AS AMENDED, THE STATE BOARD OF HEALTH SHALL ADOPT RULES
21 THAT REQUIRE THE HEPATITIS A, ROTAVIRUS, AND **MENINGOCOCCAL**
22 **IMMUNIZATIONS**.

Adding the Meningococcal series, as required by HB 19-1312, to vaccines requirements for school enrollment, will drive federal, state Medicaid and private health care premiums up significantly.

Private Rate*

$300
/vaccine/child

CDC, CHIP and Medicaid Rate*

$210
/vaccine/child

Vaccine effectiveness is 4-6 years (per GSK). To be fully vaccinated infant thru college = 5

863,561
school age children in Colorado schools

$300 per child
(GSK private rate)

$259,068,300
/vaccine/year

5 injections, infant thru college
for 863,561 students, ONE vaccine

$1,295,341,500

$200 per child
(CDC/CHIP/Medicaid rate)

$181,347,810
/vaccine/year

5 injections, infant thru college
for 863,561 students, ONE vaccine

$906,739,050

Increases premiums, affecting employees, employers, small businesses.

*Numbers based on CDC Pediatric Vaccine Price List for Meningococcal Groups, using both Group B and Groups A, C, Y and W.

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In 2016, there were 370[1] total cases of meningococcal disease reported in the United States.

1. cdc.gov/meningococcal/surveillance/index.html

Take authority away from CDPHE to add Vaccines

Fiscal Effects of HB19-1312: Additional Immunizations

page 6

PAGE 12

13 rule-making authority of state board of health. (1) The state board of
14 health shall establish rules and regulations for administering this part 9.
15 Such rules and regulations shall MUST establish which immunizations
16 shall be ARE required and the manner and frequency of their
17 administration and shall MUST conform to recognized standard medical
18 practices. IN ADDITION TO THE IMMUNIZATIONS REQUIRED BY STATE
19 BOARD OF HEALTH RULES AS OF THE EFFECTIVE DATE OF THIS SUBSECTION
20 (1), AS AMENDED, THE STATE BOARD OF HEALTH SHALL ADOPT RULES
21 THAT REQUIRE THE HEPATITIS A, ROTAVIRUS, AND MENINGOCOCCAL
22 IMMUNIZATIONS.

For every one vaccine the state adopts into the required list:
(Keeping in mind there are over 250 vaccines in development)

Average Cost One Injection

$250
/vaccine/child

863,561
school age children in Colorado schools

$250 for each child =

$215,890,250
/vaccine/year

Average Cost Seven Injections*

$1750
/child

863,561
school age children in Colorado schools

$1750 for each child =

$3,022,463,500
/year for seven added injections

This bill has been driven by a former GSK lobbyist and current lobbyist for Pharma front group Colorado Parents for Vaccinated Communities, Sundari Kraft. If actions by vaccine lobbyist in other states lay a map before Coloradans of the long term goals, then the bill serves as gateway legislation to: Convert all optional vaccines in Colorado to mandated vaccines; delete

1. Convert all optional vaccines in Colorado to mandated vaccines;
2. Restrict criteria for medical exemptions to ACIP criteria only (which excludes medical exemptions based on personal physician recommendations to delay or omit a particular vaccine); and,
3. Register and track personal, religious and medical exemptions which will be held without time limits or clear restrictions for data usage in the state's immunization registry.
4. Reading the GSK annual report, Coloradans will surely see the industry's return to the legislature or directly to CDPHE (if pg 11 , line 16-20 remain in the bill) to increase the number of doses on their premier vaccines through progressive mandates and expanded schedules for full coverage from birth - 18 years of age against two rare diseases, diarrhea and the flu.

Can Colorado and federal tax payers continue to afford this escalation of health care costs?

*Seven additional shots required if bill passed as written: hepatitis A(2), rotavirus(2-3, and meningococcal(2) immunizations.

COLORADO
HEALTH CHOICE
ALLIANCE

Shocking Research Confirms Vaccines Are Contaminated With Monsanto's Herbicide

By Tami Canal (https://www.march-against-monsanto.com/author/tmc/) On September 4, 2016

By Dr. Brownstein (http://blog.drbrownstein.com/more-shocking-vaccine-news-common-vaccines-contaminated-with-glyphosate/)

Folks, I have written about the problems with vaccines in previous blog posts.

Now, a new serious contamination problem with our vaccines has been identified.

Researcher Anthony Samsel has published five peer-reviewed articles on the herbicide Glyphosate (the active ingredient in Roundup®). A yet-to-be published sixth paper found various commonly-used vaccines contaminated with the herbicide glyphosate.

Yes, you read that correctly: **Our vaccines are contaminated with an herbicide that the World Health Organization characterized as *"probably carcinogenic to humans."***

How can this happen? That answer is easy.

Many vaccines contain animal byproducts such as gelatin, bovine casein, bovine serum, bovine calf serum, or chicken egg protein. The animals from which these products come from are fed grains sprayed with glyphosate. It does not take a rocket scientist to come to the conclusion that these animals, fed glyphosate in their diet, would contain glyphosate in their byproducts.

Samsel sent a letter to Congress that stated:

> *"I have run numerous groups of vaccines and identified several vectors of contamination. These include the excipient gelatins, egg protein and or similar substrates used to grow vaccines. I have found gelatins and egg proteins contaminated with Glyphosate-based herbicides from animals fed a glyphosate contaminated diet. This contamination carries into thousands of consumer products i.e. vitamins, protein powders, wine, beer and other consumables which use gelatins as part of the product or in fining and processing."*

What did Samsel hear back?

He heard nothing.

In other words, our do-nothing Congress, so far, has failed to respond. In his letter to Congress, Samsel also stated that Glyphosate is a synthetic amino acid. It bioaccumulates and is found in all tissue types, particularly the bone and marrow of animals fed a diet contaminated with Glyphosate residues.

You can see Dr. Samsel talk about his research by clicking here (http://www.tonu.org/2016/08/31/vaccine-glyphosate-link/).

The following vaccines were found to be contaminated with the herbicide glyphosate:

1. MMR
2. Varicella (chicken pox)
3. Zostavax (shingles)
4. Proquad (MMR, rubella, varicella)
5. Fluzone Quad (flu vaccine)
6. Hepatitis B (B Energix-B)

Multiple vaccines from different manufactures were found to be contaminated. Folks, this is a big deal. Injecting a vaccine contaminated with a known herbicide that is "probably carcinogenic to humans" should be prohibited. We need a Congressional investigation into our vaccines.

We keep hearing the mantra that vaccines are safe. Injecting a vaccine containing an herbicide is safe? Give me a break!

It is time to call your Congressmen and women and tell them to investigate this matter.

I can assure you that it is not safe to inject a known neurotoxin such as mercury or aluminum. Nor is it safe to inject a known carcinogen such as formaldehyde.

Guess what? It is not safe to inject an herbicide that is a probable human carcinogen.

GMOs & Vaccines

More and more people are realizing that genetically modified organisms (GMOs) can wreak havoc on your health. But as people go great lengths to avoid GM foods and food additives, many people are unaware that GM vaccines are already in use and have been administered to American babies, children and adults for many years.

Among them:

Hepatitis B vaccine: An inactivated recombinant DNA vaccine licensed for newborn infants and children in 1991, in which parts of the hepatitis B virus gene are cloned into yeast. In fact, genetically modified yeast is listed as a Hepatitis B vaccine ingredient on the ingredients list available on the CDC website.

Rotavirus vaccines: Live-attenuated vaccines first licensed for infants and children licensed in 2006, which either contain genetically engineered human rotavirus strains or human-bovine hybridized reassortment rotavirus strains.

HPV vaccine (Gardasil): A recombinant vaccine licensed in 2006, which is prepared from virus-like particles (VLP's) and may also include use of an insect-cell Baculovirus expression vector system for production.

Round Up Ready Vaccines?

Recent reports also show that the toxic pesticide Round Up (aka glyphosate) is also in vaccines — in tiny amounts that could do serious harm to your health. Since the FDA doesn't test for or disclose contaminants in vaccines, while sole relying on information presented by the vaccine manufacturer, the public truly has no idea what other toxic chemicals could be inside the needle.

Glyphosate pathways to modern diseases VI: Prions, amyloidoses and autoimmune neurological diseases

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Usage of the herbicide glyphosate on core crops in the USA has increased exponentially over the past two decades, in step with the exponential increase in autoimmune diseases including autism, multiple sclerosis, inflammatory bowel disease, type 1 diabetes, coeliac disease, neuromyelitis optica and many others. In this paper we explain how glyphosate, acting as a non-coding amino acid analogue of glycine, could erroneously be integrated with or incorporated into protein synthesis in place of glycine, producing a defective product that resists proteolysis. Whether produced by a microbe or present in a food source, such a peptide could lead to autoimmune disease through molecular mimicry. We discuss similarities in other naturally produced disease-causing amino acid analogues, such as the herbicide glufosinate and the insecticide L-canavanine, and provide multiple examples of glycine-containing short peptides linked to autoimmune disease, particularly with respect to multiple sclerosis. Most disturbing is the presence of glyphosate in many popular vaccines including the measles, mumps and rubella (MMR) vaccine, which we have verified here for the first time. Contamination may come through bovine protein, bovine calf serum, bovine casein, egg protein and/or gelatin. Gelatin sourced from the skin and bones of pigs and cattle given glyphosate-contaminated feed contains the herbicide. Collagen, the principal component of gelatin, contains very high levels of glycine, as do the digestive enzymes: pepsin, trypsin and lipase. The live measles virus could produce glyphosate-containing haemagglutinin, which might induce an autoimmune attack on myelin basic protein, commonly observed in autism. Regulatory agencies urgently need to reconsider the risks associated with the indiscriminate use of glyphosate to control weeds.

Keywords: autism, autoimmune disease, collagen, glycine, glyphosate, multiple sclerosis, protein misfolding, vaccines

1. INTRODUCTION

At first glance, multiple sclerosis (MS) and autism appear to have little in common, aside from the fact that both are neurological diseases. Autism is a condition with prenatal or early childhood onset, characterized by repetitive behaviours, impaired social interaction and cognitive impairment. The male:female ratio for autism is 4:1, while multiple sclerosis is twice as common in women as in men; its first symptoms usually begin in early adulthood to involve impaired lower limb mobility, although in later stages it affects both mental and physical capabilities. Both conditions are, however, associated with inflammatory autoimmune features [1, 2], and both diseases are viewed as having an environmental and a genetic component [3–6].

A study comparing a population of 658 MS patients with the general population found an association between MS and increased rates of asthma, inflammatory bowel disease (IBD), type 1 diabetes mellitus, pernicious anaemia and autoimmune thyroid disease [7], all of which have also been linked to autism [8–11]. These conditions are all considered to be *autoimmune diseases*, which can be triggered through molecular mimicry, where an antibody responding to a foreign protein that resembles a native protein becomes sensitized to the native protein as well [12]. A paper by Shoenfeld and Aron-Maor in 2000 developed the argument that both autism and MS may be examples of an autoimmune reaction via mimicry following exposure to an antigenic stimulus, possibly from an infection or through vaccination [13]. They further propose specifically that myelin basic protein (MBP) and other proteins constituting the myelin sheath are attacked by the immune system in both autism and MS. This has been recognized by many others in autism [14, 15] and MS [16–20]. In 1982, Weizman et al. reported a cell-mediated autoimmune response to human MBP in 76% of the autistic children studied [16]. Immune sensitization to the myelin sheath proteins could arise either through mimicry as a consequence of exposure of the immune system to a foreign antigen with a similar peptide sequence that is

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resistant to clearance, or because the proteins themselves have been altered in some way that renders them defective, exposed and/or resistant to proteolysis.

Unlike DNA synthesis, protein synthesis is highly prone to error [21, 22]. It appears that biological systems have adopted a strategy of allowing coding errors to survive during active synthesis, but use protein misfolding as a criterion to mark a defective peptide for degradation and recycling through ubiquitination. It is estimated that 15% of average-length proteins will have at least one misincorporated amino acid. Typically, 10–15% of random substitutions disrupt protein function, mostly because of misfolding [22]. Such destabilization causes protein–protein aggregation, and can lead to multiple neurological diseases and amyloidoses. Drummond et al. propose that early-forming toxic oligomers of amyloidogenic proteins are enriched with missense errors [22].

Glyphosate is the active ingredient in the pervasive herbicide Roundup and in many other formulations of herbicides used to control weeds on agricultural, residential and public land worldwide. A recent study based in Germany involving 399 urine samples from adults not involved in agricultural work revealed glyphosate residues above the detection limit in the urine of 32% of the subjects, and residues of AMPA, a metabolite, in 40% [23]. In a paper published in 2014, Swanson et al. showed a remarkable correlation between the rising rate of glyphosate usage on corn (maize) and soy crops in the USA and an alarming rise in a number of different chronic diseases [24]. Additional strong correlations for other conditions and diseases are provided in two follow-on papers [25, 26]. While correlation does not necessarily mean causation, causation becomes much more likely if a plausible mechanism can be found. Swanson et al. found a remarkable 0.98 correlation coefficient between the rise in autism rates in the USA and the use of glyphosate on crops (P-value $\leq 9.6 \times 10^{-6}$). The correlation for multiple sclerosis was not as high, but still highly significant at 0.83 (P-value $\leq 1.1 \times 10^{-5}$). IBD had a correlation coefficient of 0.94 (P-value $\leq 7.1 \times 10^{-8}$) (see Table 1 for other diseases).

Table 1. Correlations between time trends in several diseases and conditions recorded by the US Centers for Disease Control (CDC) with glyphosate usage on corn (maize) and soy crops reported by the USDA. Data reproduced from [23] and [25].

Disease	Correlation coefficient (R)	P-value
Autism (prevalence)	0.98	9.6×10^{-6}
MS (deaths)	0.83	1.1×10^{-5}
IBD	0.94	7.1×10^{-8}
Anaemia	0.90	1.8×10^{-4}
Diabetes (prevalence)	0.97	9.2×10^{-9}
Thyroid cancer (incidence)	0.99	7.6×10^{-9}

IBD, especially among children, is an emerging global epidemic [27] that is linked to autism [28, 29]. Impairment of intestinal barrier function is a core feature of IBD [30]. Increased intestinal permeability promotes infiltration of unmetabolized peptides into the lymph system and general circulation. This provides an opportunity for an immune antigenic response, which by molecular mimicry can lead to an attack on crucial proteins in the brain and spinal column. Disturbances of collagen texture are a major factor leading to the onset of diverticular disease and IBD along with the disturbed wound-healing mechanisms seen in the pathogenesis of anastomatic leakage following large bowel surgery [31].

In a recent paper [32], we suggested that glyphosate, a non-coding amino acid analogue of glycine, could substitute for glycine in error during protein synthesis. Such misincorporation and disruption of proteostasis could explain the strong correlations observed between glyphosate usage and multiple modern diseases. *In this paper, we show that this could be one of the most important mechanisms by which glyphosate could induce multiple autoimmune diseases.*

A prime site for initiation of the disease process is the colon, where misfolded collagen, resistant to degradation, could lead to an autoimmune disease and, subsequently, a leaky gut. Autoantibodies against type VII collagen have been detected in up to 68% of IBD patients [33]. Glycine is the most common amino acid in collagen, making up one fourth of the residues in the protein. Proline is also a very common component of collagen and, as we discuss later in this paper, proline resists hydrolysis. Incomplete collagen degradation by matrix metalloproteinases in the gut could lead to the accumulation of short pro–gly–pro peptides that are resistant to proteolysis. These could then induce the infiltration of neutrophils or the activation of resident immune cells to induce an inflammatory response [34].

An unpublished study conducted by Monsanto and submitted to the US Environmental Protection Agency (EPA) traced the accumulation of radiolabeled glyphosate in various tissues of rats following low-dose oral administration (10 mg/kg body weight) [35]. By far the highest accumulation was found in the bones (Table 11 in [36]). Radioactive levels in the colon were 4–6 times as high as those in the stomach and small intestine.

The production of novel non-coding amino acids by plants and microbes wards off predators. The toxicity of these products may be due to the fact that they replace coding analogues during protein synthesis. Examples include: azetidine-2-carboxylic acid (Aze), a proline analogue [37, 38]; glufosinate, a glutamate analogue that is also a popular herbicide [39]; β-N-methylamino-L-alanine

VACCINE CONTAMINATION: A THREAT TO HUMAN HEALTH

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Vaccine Contamination:
A Threat to Human Health
June 1, 2010
YOUTUBE

by Barbara Loe Fisher

In the past few months, the American public has been informed that two infant diarrhea vaccines – GlaxoSmithKline's Rotarix and Merck's RotaTeq – are contaminated with pig virus DNA. [1,2] But there's a difference between the two vaccines: Rotarix contains parts of a pig virus that does not make pigs sick while Merck's RotaTeq contains parts of a pig virus that kills baby pigs. [3,4,5]

How many mothers know that, when Merck's diarrhea vaccine is squirted into the mouths of their two month old babies, they are swallowing parts of a pig virus that suppresses the immune systems of baby pigs so badly, they waste away and can suffer respiratory, kidney, reproductive and brain damage before dying? [6,7,8]

And how many doctors and nurses making babies swallow rotavirus vaccines know that?

And how many members of Congress, who are responsible for oversight of federal health agencies charged with ensuring vaccine safety, know that?

And how many mainstream media outlets are not covering this important story, a story that broke on March 22, 2010, when the FDA recommended temporary suspension of Rotarix vaccine because of contamination with parts of a non-lethal pig virus, only to withdraw the recommendation after a meeting on May 7th, when it was revealed that RotaTeq is contaminated with DNA from a pig virus that is lethal? [9]

Why should we care about vaccines being contaminated with foreign DNA from deadly animal viruses?

Because it is a well known fact that DNA from animal viruses can infect human cells and change human DNA to cause disease in humans. [10, 11]

Last fall public health officials declared an international pandemic emergency after a new pig-bird-human hybrid influenza virus was identified in Mexico and several people died. [12] Animal viruses can evolve to infect and make us sick and there are no guarantees that won't happen because doctors are pouring parts of a virus that kills baby pigs down the throats of two, four and six month old babies.

Scientists working in the labs of Merck and the FDA don't know if pig virus DNA will infect human cells and change human DNA so that the babies given contaminated rotavirus vaccines - or their children – will someday suffer immune suppression that damages lungs, kidneys, brains and reproductive ability before they die just like the baby pigs are dying today.

I attended the May 7 FDA meeting and made two public comments on behalf of the National Vaccine Information Center. [13] At that meeting I heard GlaxoSmithKline officials pledge to clean up Rotarix but Merck did not show up to answer any questions or make any public pledges.

A lot of experts sitting around the table used words like "we believe" and "we don't think" and "there is no evidence" when they defended the assumed safety of contaminated rotavirus vaccines. Nobody seemed to know exactly how the vaccines became contaminated or why the tests used by drug companies and the FDA did not detect the contamination before they were licensed and released. Nobody seemed to know if the pig virus DNA was infectious or not, but then, quickly almost everyone at the table agreed the contaminated rotavirus vaccines should still be given to babies. [14]

THIS is science? This is the kind of science we are supposed to trust to keep us healthy?

Drug companies are racing to develop vaccines that use human, animal, insect, plant and even cancer cells for production. [15,16,17] Living cells can be contaminated with viral DNA that could evolve in humans to make us sick or kill us. [18]

Is Big Pharma seeking big profits putting pressure on the FDA, CDC and politicians to allow them to keep parts of deadly animal viruses and other potentially harmful ingredients in vaccines? [19,20,21,22,23]

I think that is exactly what is happening. The bigger question is: will the American public let the pharmaceutical industry and special interest groups taking money from drug companies get away with it?

If you want to take action in your community to raise awareness about why vaccines contaminated with animal virus DNA and other toxic ingredients should be cleaned up, [24,25] go to the websites of the National Vaccine Information Center at www.NVIC.org (https://www.nvic.org/) and www.Mercola.com (http://www.mercola.com/) to learn more.

It's your family. Your health. And your choice. If we don't protect our health and choices today, we will lose both tomorrow.

TAKE ACTION NOW! (https://www.nvic.org/Downloads/Rotavirus-Campaign/VACCINE-CONTAMINATION--A-THREAT-TO-HUMAN-HEALTH.aspx)

REFERENCES

1 FDA. Early Communication on Rotarix Vaccine (http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm). March 22, 2010.

2 FDA. Update (http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm) on Recommendations for the Use of Rotavirus Vaccines. May 14, 2010.

3 FDA. May 7, 2010: Vaccines & Related Biological Products Advisory Committee Meeting Presentations: Dr. Gordon Allan: *Porcine Circovirus (http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/VaccinesandRelatedBiologicalProductsAdvisoryCommittee/ucm211828.htm).*

4 West KH, Bystrom JM et al. Myocarditis and abortion associated with intrauterine infection (http://jvdi.highwire.org/cgi/content/abstract/11/6/530) in sows with porcine circovirus 2. JVDI 1999 Nov; 11(6): 530-2.

5 Fenaux M, Opriessnig T et al. Immunogenicity and pathogenicity of **chimeric** infectious DNA (http://jvi.asm.org/cgi/content/full/77/20/11232) clones of pathogenic procine circovirus type 2 (PCV2) and non-pathogenic PCV1 in

weanling pigs. Journal of Virology 2003 Oct; 77(20): 11232-11243.

6 Chianini F, Majo N et al. Immunohistochemical characterization of PCV2 associate lesions in lymphoid (http://tinyurl.com/3y3xoav) and non-lymphoid and non-lymphoid tissues of pigs with natural postweaning multisystemic wasting syndrome (PMWS). Veterinary Immunology and Immunopathology 2003 July; 94(1-2): 63-75.

7 The Pig Site. Post-weaning multisystemic wasting syndrome (http://www.thepigsite.com/diseaseinfo/86/post-weaning-multisystemic-wasting-syndrome-pmws) (PMWS). Accessed May 25, 2010.

8 Correa AMR, Zlotowski P et al. Brain lesions (http://jvdi.org/cgi/content/full/19/1/109) in pigs affected with postweaning multisystemic wasting syndrome. JVDI 2007; 19(1): 109-112.

9 FDA. Video Webcast (http://www.connectlive.com/events/fda050710/): May 7, 2010 VRPBAC Meeting.

10 Weiss RA. The Leeuwenhock Lecture 2001. Animal origins (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1088492/pdf/TB010957.pdf) of human infectious disease. London School of Hygiene & Tropical Medicine. The Royal Society. March 8, 2001.

11 Science Daily. Evolutionary Surprise (http://www.sciencedaily.com/releases/2010/01/100107103621.htm): Eight Percent of Human Genetic Material Comes From a Virus. Jan. 8, 2010.

12 Neumann G, Noda T, Kawaoka Y. Emergence and pandemic potential of swine origin H1N1 influenza viruses. Nature. June 18, 2009 Editor's Summary: Swine Flu (http://www.nature.com/nature/journal/v459/n7249/edsumm/e090618-02.html) so far: the emergence of pandemic H1N1.

13 Fisher BL. Statements (https://www.nvic.org/Downloads/barbara-loe-fisher-statement-may-7-2010.aspx) on Finding of PCV DNA Sequences in Rotavirus Vaccines and on Advanced Analytical Methods in the Characterization of Cell Substrates. May 7, 2010 Meeting of the Vaccines & Related Biological Products Advisory Committee.

14 See Reference # 9.

15 WHO. Initiative for Vaccine Research: Use of Cell Lines (http://www.who.int/vaccine_research/diseases/influenza/WHO_Flu_Cell_Substrate_Version3.pdf) for the Production of Influenza Virus Vaccines: the Appraisal of Technical, Manufacturing and Regulatory Considerations. April 10, 2007.

16 FDA. Vaccines & Related Biological Products Advisory Committee. Safety & Effectiveness of Purified Recombinant Influenza Hemagglutinin Vaccine for the Prevention of Influenza (FluBlok (http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/VaccinesandRelatedBiologicalProductsAdvisoryCommittee/UCM197912.pdf)). November 19, 2009.

17 FDA. Designer Cells (http://www.fda.gov/OHRMS/DOCKETS/AC/01/briefing/3750b1_01.pdf) as Substrates for the Manufacture of Viral Vaccines. 2001.

18 Medical News Today. Combined Viruses (http://www.medicalnewstoday.com/articles/97242.php) Cause More Deadly Disease in Pigs, Researchers Discover. Feb. 14, 2008. and see Reference # 10.

19 The Guardian (UK). GlaxoSmithKline swine flu sales (http://www.guardian.co.uk/business/2010/apr/28/glaxo-pharmaceuticals-sales-figures) boost profits. April 28, 2010.

20 Doherty D. Novartis Profit Rises on Pandemic Flu Vaccine Sales (http://www.businessweek.com/news/2010-04-20/novartis-profit-rises-on-h1n1-flu-vaccine-revenue-update1-.html) (Update 5). Bloomberg Businessweek. April 20, 2010.

21 Visiongain. Influenza Vaccine Market Outlook (http://www.visiongain.com/Report/433/Influenza-Vaccine-Market-Outlook-2010-2020) 2010-2020. Published December 2009.

22 Carlsen B. Adults Now Drive Growth of Vaccine Market. (http://www.genengnews.com/gen-articles/adults-now-drive-growth-of-vaccine-market/2490/) Genetic Engineering & Biotechnology News. June 1, 2008.

23 The Pharma Letter. Aventis says human vaccines business will maintain double digit growth. (http://www.thepharmaletter.com/file/27811/aventis-says-human-vaccines-business-will-maintain-double-digit-growth.html) October 6, 2003.

24 FDA. Memorandum: Clinical Review of New Biologics License Application (http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142304.pd)– RotaTeq (*Description of the Product*). Page 12. April 6, 2005.

25 FDA. Guidance for Industry: (http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Vaccines/UCM202439.pdf)Characterization and Qualification of Cell Substrates and Other Biological Materials Used in the Production of Viral Vaccines for Infectious Disease Indications. February 2010.

ADDITIONAL RESOURCES:

June 1, 2010 Press Release: Vaccine Safety Critics Call for RotaTeq Vaccine Recall & Clean-Up (https://www.nvic.org/NVIC-Vaccine-News/May-2010/Vaccine-Safety-Critics-Call-For-RotaTeq-Vaccine-Re.aspx)

June 1, 2010 NVIC PSA (https://www.youtube.com/watch?v=SVf6Bug0kYA) (60 sec) on RotaTeq vaccine contamination

June 1, 2010 VIDEO INTERVIEW (http://articles.mercola.com/sites/articles/archive/2010/06/01/barbara-loe-fisher-may-21-interview.aspx) (30 min) with Dr. Joe Mercola and NVIC President Barbara Loe Fisher on RotaTeq Vaccine Contamination

NVIC Information on Rotavirus & Rotavirus Vaccine (https://www.nvic.org/Vaccines-and-Diseases/Rotavirus.aspx)

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AFFIDAVIT

I, Andrew Walter Zimmerman, M. D. do hereby state under oath as follows:

1. I am a board certified, pediatric neurologist and former Director of Medical Research, Center for Autism and Related Disorders, Kennedy Krieger Institute, and Johns Hopkins University School of Medicine.

2. I was a Reviewer for the National Academy of Sciences 2004 report entitled IMMUNIZATION SAFETY REVIEW: VACCINES AND AUTISM, which was prepared by the Immunization Safety Review Committee, at the request of the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Institute of Medicine (IOM).

3. A copy of my curriculum Vitae is attached hereto as exhibit A and incorporated by reference.

4. In 2007, I was an expert witness for the Department of Health and Human Services in the Omnibus Autism Proceeding (O.A.P.) under the National Childhood Vaccine Injury Compensation Program.

5. With the assistance of the Department of Justice, I prepared and executed the attached expert witness opinion regarding Michelle Cedillo, on behalf of the Department of Health and Human Services in Cedillo v. H.H.S. My expert opinion in Cedillo v. H.H.S. is attached as exhibit B. It states in pertinent part as follows:

"There is no scientific basis for a connection between measles, mumps and rubella (MMR) vaccine or mercury (Hg) intoxication and autism. Despite well-intentioned and thoughtful hypotheses and widespread beliefs about apparent connections with autism and regression, there is no sound evidence to support a causative relationship with exposure to both, or either, MMR and/or Hg. Michelle Cedillo had a thorough and normal immunology evaluation by Dr. Sudhir Gupta, showing no

signs of immunodeficiency that would have precluded her from receiving or responding normally to MMR vaccine. "

My expert opinion regarding Michelle Cedillo also states:

"Furthermore, there is no evidence of an association between autism and the alleged reaction to MMR and Hg, and it is more likely than not, that there is a genetic basis for autism in this child."

6. On Friday June 15th 2007, I was present during a portion of the O.A.P. to hear the testimony of the Petitioner's expert in the field of pediatric neurology, Dr. Marcel Kinsbourne. During a break in the proceedings, I spoke with DOJ attorneys and specifically the lead DOJ attorney, Vincent Matanoski in order to clarify my written expert opinion.

7. I clarified that my written expert opinion regarding Michelle Cedillo was a case specific opinion as to Michelle Cedillo. My written expert opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science.

8. I explained that I was of the opinion that there were exceptions in which vaccinations could cause autism.

9. More specifically, I explained that in a subset of children with an underlying mitochondrial dysfunction, vaccine induced fever and immune stimulation that exceeded metabolic energy reserves could, and in at least one of my patients, did cause regressive encephalopathy with features of autism spectrum disorder.

10. I explained that my opinion regarding exceptions in which vaccines could cause autism was based upon advances in science, medicine, and clinical research of one of my patients in particular.

11. For confidentiality reasons, I did not state the name of my patient. However, I specifically referenced and discussed with Mr. Matanoski and the other DOJ attorneys that were present, the medical paper, **Developmental Regression and Mitochondrial Dysfunction in a Child With Autism**, which was published in the Journal of Child Neurology and co-authored by Jon Poling, M.D. Ph.D, Richard Frye, M.D., Ph.D, John Shoffner, M.D. and Andrew W. Zimmerman, M.D. A copy of which is attached as exhibit C.

12. Shortly after I clarified my opinions with the DOJ attorneys, I was contacted by one of the junior DOJ attorneys and informed that I would no longer be needed as an expert witness on behalf of H.H.S. The telephone call in which I was informed that the DOJ would no longer need me as a witness on behalf of H.H.S. occurred after the above referenced conversation on Friday, June 15, 2007, and before Monday, June 18, 2007.

13. To the best of my recollection, I was scheduled to testify on behalf of H.H.S. on Monday, June 18, 2007.

14. At the time of the above referenced conversation with the DOJ, I did not know that Hazlehurst v. HHS or Poling v. HHS were potential test cases in the OAP.

15. It is my understanding the HHS concession in Poling v. H.H.S. has become common knowledge and has been published by international news media. Among other news media coverage, I reviewed the CNN interview in which Dr. Julie Gerberding, the former head of the CDC discussed the concession by H.H.S. in Poling v. H.H.S. and the interview with Dr. Jon Poling, the father of the child whose case was conceded.

16. The summary language, "the vaccinations ....., significantly aggravated an underlying mitochondrial disorder, which predisposed her to deficits in cellular energy metabolism, and manifested as a regressive encephalopathy with features of autism spectrum disorder" is in essence the chain of causation that I explained to the DOJ attorneys including Vincent Matanoski during the above referenced conversations on June 15, 2007.

17. I have reviewed extensive genetic, metabolic and other medical records of William "Yates" Hazlehurst. In my opinion, and to a reasonable degree of medical certainty, Yates Hazlehurst suffered regressive encephalopathy with features of autism spectrum disorder as a result of a vaccine injury in the same manner as described in the DOJ concession in Poling v. H.H.S., with the additional factors that Yates Hazlehurst was vaccinated while ill, administered antibiotics and after previously suffering from symptoms consistent with a severe adverse vaccine reaction.

18. I have reviewed the attached portion of the transcript, of Vincent Matanoski's closing argument in Hazlehurst v. H.H.S., which is attached as exhibit D. The relevant portion of the transcript states as follows:

> I did want to mention one thing about an expert, who did not appear here, but his name has been mentioned several times, and that was Dr. Zimmerman.
>
> Dr. Zimmerman actually has not appeared here, but he has given evidence on this issue, and it appeared in the Cedillo case. I just wanted to read briefly because his name was mentioned several times by Petitioners in this matter. What his views were on these theories, and I'm going to quote from Respondent's Exhibit FF in the Cedillo case, which is part of the record in this case as I understand it.
>
> "There is no scientific basis for a connection between measles, mumps and rubella MMR vaccine or mercury intoxication in autism despite well-intentioned and thoughtful hypotheses and widespread beliefs about apparent connection with autism and regression. There's no sound evidence to support a causative relationship with exposure to both or either MMR and/or mercury."
>
> We know his views on this issue.

19. In my opinion, the statement by Mr. Matonoski during his closing argument regarding my expert opinion was highly misleading and not an accurate reflection of my opinion for two reasons. First, Mr. Matanoski took portions of my opinion out of context. My opinion as to Michelle Cedillo was case specific. I was only referring to the medical evidence that I had reviewed regarding her. My opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science. Second, as explained above, I specifically

explained to Mr. Matanoski and the other DOJ attorneys who were present that there were exceptions in which vaccinations could cause autism.

20. In my opinion, it was highly misleading for the Department of Justice to continue to use my original written expert opinion, as to Michelle Cedillo, as evidence against the remaining petitioners in the O.A.P. in light of the above referenced information which I explained to the DOJ attorneys while omitting the caveat regarding exceptions in which vaccinations could cause autism.

Andrew W. Zimmerman M.D.

State of Massachusetts

County of Worcester

Personally appeared before me, the undersigned Notary Public, Andrew Zimmerman M. D. with whom I am personally acquainted and who signed the foregoing Affidavit in my presence and, under oath stated that he had personal knowledge of the facts contained in the foregoing Affidavit and that those facts are true and correct.

Sworn and subscribed before me, the undersigned Notary Public, in and for the aforesaid State and County on this the 7th day of September, 2018.

Maxine Schmeidler

Notary Public

My Commission expires: April 9, 2021

MAXINE SCHMEIDLER
Notary Public
Commonwealth of Massachusetts
My Commission Expires
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Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?

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Abstract

The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of $r = 0.70$ ($p < 0.0001$) was found between IMRs and the number of vaccine doses routinely given to infants. Nations were also grouped into five different vaccine dose ranges: 12–14, 15–17, 18–20, 21–23, and 24–26. The mean IMRs of all nations within each group were then calculated. Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with $r = 0.992$ ($p = 0.0009$). Using the Tukey-Kramer test, statistically significant differences in mean IMRs were found between nations giving 12–14 vaccine doses and those giving 21–23, and 24–26 doses. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs is essential.

Keywords: infant mortality rates, sudden infant death, SIDS, immunization schedules, childhood vaccines, drug toxicology, synergistic effects, linear regression model

Introduction

The infant mortality rate (IMR) is one of the most important measures of child health and overall development in countries. Clean water, increased nutritional measures, better sanitation, and easy access to health care contribute the most to improving infant mortality rates in unclean, undernourished, and impoverished regions of the world.[1–3] In developing nations, IMRs are high because these basic necessities for infant survival are lacking or unevenly distributed. Infectious and communicable diseases are more common in developing countries as well, though sound sanitary practices and proper nutrition would do much to prevent them.[1]

The World Health Organization (WHO) attributes 7 out of 10 childhood deaths in developing countries to five main causes: pneumonia, diarrhea, measles, malaria, and malnutrition—the latter greatly affecting all the others.[1] Malnutrition has been associated with a decrease in immune function. An

impaired immune function often leads to an increased susceptibility to infection.[2] It is well established that infections, no matter how mild, have adverse effects on nutritional status. Conversely, almost any nutritional deficiency will diminish resistance to disease.[3]

Despite the United States spending more per capita on health care than any other country,[4] 33 nations have better IMRs. Some countries have IMRs that are less than half the US rate: Singapore, Sweden, and Japan are below 2.80. According to the Centers for Disease Control and Prevention (CDC), "The relative position of the United States in comparison to countries with the lowest infant mortality rates appears to be worsening."[5]

There are many factors that affect the IMR of any given country. For example, premature births in the United States have increased by more than 20% between 1990 and 2006. Preterm babies have a higher risk of complications that could lead to death within the first year of life.[6] However, this does not fully explain why the United States has seen little improvement in its IMR since 2000.[7]

Nations differ in their immunization requirements for infants aged less than 1 year. In 2009, five of the 34 nations with the best IMRs required 12 vaccine doses, the least amount, while the United States required 26 vaccine doses, the most of any nation. To explore the correlation between vaccine doses that nations routinely give to their infants and their infant mortality rates, a linear regression analysis was performed.

Methods and design

Infant mortality

The infant mortality rate is expressed as the number of infant deaths per 1000 live births. According to the US Central Intelligence Agency (CIA), which keeps accurate, up-to-date infant mortality statistics throughout the world, in 2009 there were 33 nations with better infant mortality rates than the United States (Table 1).[8] The US infant mortality rate of 6.22 infant deaths per 1000 live births ranked 34th.

Table 1.

2009 Infant mortality rates, top 34 nations[8]

Rank	Country	IMR
1	Singapore	2.31
2	Sweden	2.75
3	Japan	2.79
4	Iceland	3.23
5	France	3.33
6	Finland	3.47
7	Norway	3.58
8	Malta	3.75
9	Andorra	3.76
10	Czech Republic	3.79
11	Germany	3.99
12	Switzerland	4.18
13	Spain	4.21
14	Israel	4.22
15	Liechtenstein	4.25
16	Slovenia	4.25
17	South Korea	4.26
18	Denmark	4.34
19	Austria	4.42
20	Belgium	4.44
21	Luxembourg	4.56
22	Netherlands	4.73
23	Australia	4.75
24	Portugal	4.78
25	United Kingdom	4.85
26	New Zealand	4.92
27	Monaco	5.00
28	Canada	5.04

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CIA. Country comparison: infant mortality rate (2009). *The World Factbook.* www.cia.gov (Data last updated 13 April 2010).[8]

Immunization schedules and vaccine doses

A literature review was conducted to determine the immunization schedules for the United States and all 33 nations with better IMRs than the United States.[9,10] The total number of vaccine doses specified for infants aged less than 1 year was then determined for each country (Table 2). A vaccine dose is an exact amount of medicine or drug to be administered. The number of doses a child receives should not be confused with the number of 'vaccines' or 'injections' given. For example, DTaP is given as a single injection but contains three separate vaccines (for diphtheria, tetanus, and pertussis) totaling three vaccine doses.

Table 2.

Summary of International Immunization Schedules: vaccines recommended/required prior to one year of age in 34 nations

Nation	Vaccines prior to one year of age	Total doses[b]	Group (range of doses)
Sweden	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12	1 (12–14)
Japan	DTaP (3), Polio (2), BCG	12	
Iceland	DTaP (2), Polio (2), Hib (2), MenC (2)	12	
Norway	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12	
Denmark	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12	
Finland	DTaP (2), Polio (2), Hib (2), Rota (3)	13	
Malta	DTaP (3), Polio (3), Hib (3)	15	2 (15–17)
Slovenia	DTaP (3), Polio (3), Hib (3)	15	
South Korea	DTaP (3), Polio (3), HepB (3)	15	
Singapore	DTaP (3), Polio (3), HepB (3), BCG, Flu	17	
New Zealand	DTaP (3), Polio (3), Hib (2), HepB (3)	17	
Germany	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18	3 (18–20)
Switzerland	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18	
Israel	DTaP (3), Polio (3), Hib (3), HepB (3)	18	
Liechtenstein[a]	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18	
Italy	DTaP (3), Polio (3), Hib (3), HepB (3)	18	
San Marino[a]	DTaP (3), Polio (3), Hib (3), HepB (3)	18	
France	DTaP (3), Polio (3), Hib (3), Pneumo (2), HepB (2)	19	
Czech Republic	DTaP (3), Polio (3), Hib (3), HepB (3), BCG	19	
Belgium	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (2)	19	
United Kingdom	DTaP (3), Polio (3), Hib (3), Pneumo (2), MenC (2)	19	
Spain	DTaP (3), Polio (3), Hib (3), HepB (3), MenC (2)	20	
Portugal	DTaP (3), Polio (3), Hib (3), HepB (3), MenC (2), BCG	21	4 (21–23)
Luxembourg	DTaP (3), Polio (3), Hib (3), HepB (2), Pneumo (3), Rota (3)	22	
Cuba	DTaP (3), Polio (3), Hib (3), HepB (4), MenBC (2), BCG	22	

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[a] These four nations were excluded from the analysis because they had fewer than five infant deaths.

[b] DTaP is administered as a single shot but contains three separate vaccines (for diphtheria, tetanus, and pertussis). Thus, DTaP given three times in infancy is equivalent to nine vaccine doses. Immunization schedules are for 2008–2009.[9,10]

Nations organized into data pairs

The 34 nations were organized into data pairs consisting of total number of vaccine doses specified for their infants and IMRs. Consistent with biostatistical conventions, four nations—Andorra, Liechenstein, Monaco, and San Marino—were excluded from the dataset because they each had fewer than five infant deaths, producing extremely wide confidence intervals and IMR instability. The remaining 30 (88%) of the data pairs were then available for analysis.

Nations organized into groups

Nations were placed into the following five groups based on the number of vaccine doses they routinely give their infants: 12–14, 15–17, 18–20, 21–23, and 24–26 vaccine doses. The unweighted IMR means of all nations as a function of the number of vaccine doses were analyzed using linear regression. The Pearson correlation coefficient (r) and coefficient of determination (r^2) were calculated using GraphPad Prism, version 5.03 (GraphPad Software, San Diego, CA, USA, www.graphpad.com). Additionally, the F statistic and corresponding p values were computed to test if the best fit slope was statistically significantly non-zero. The Tukey-Kramer test was used to determine whether or not the mean IMR differences between the groups were statistically significant. Following the one-way ANOVA (analysis of variance) results from the Tukey-Kramer test, a post test for the overall linear trend was performed.

Results

Nations organized into data pairs

A scatter plot of each of the 30 nation's IMR versus vaccine doses yielded a linear relationship with a correlation coefficient of 0.70 (95% CI, 0.46–0.85) and $p < 0.0001$ providing evidence of a positive correlation: IMR and vaccine doses tend to increase together. The F statistic applied to the slope [0.148 (95% CI, 0.090–0.206)] is significantly non-zero, with $F = 27.2$ ($p < 0.0001$; Figure 1).

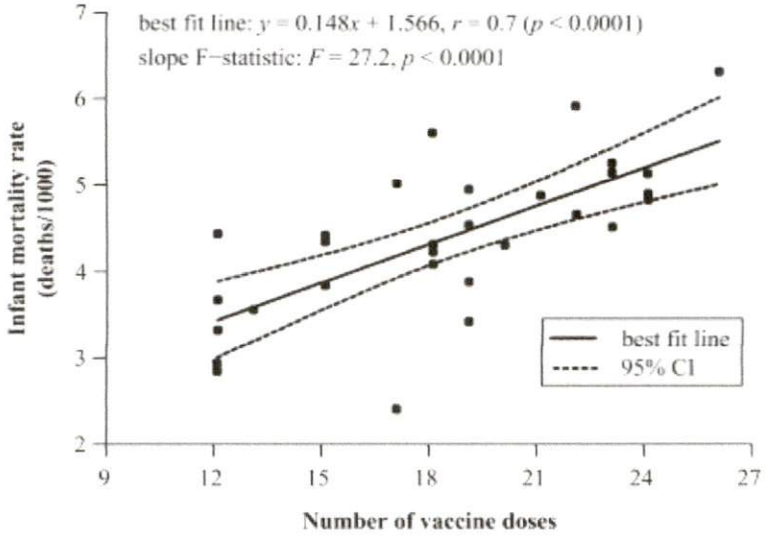

Figure 1.

2009 Infant mortality rates and number of vaccine doses for 30 nations.

Nations organized into groups

The unweighted mean IMR of each category was computed by simply summing the IMRs of each nation comprising a group and dividing by the number of nations in that group. The IMRs were as follows: 3.36 (95% CI, 2.74–3.98) for nations specifying 12–14 doses (mean 13 doses); 3.89 (95% CI, 2.68–5.12) for 15–17 doses (mean 16 doses); 4.28 (95% CI, 3.80–4.76) for 18–20 doses (mean 19 doses); 4.97 (95% CI, 4.44–5.49) for 21–23 doses (mean 22 doses); 5.19 (95% CI, 4.06–6.31) for 24-26 doses (mean 25 doses; Figure 2). Linear regression analysis yielded an equation of the best fit line, $y = 0.157x + 1.34$ with $r = 0.992$ ($p = 0.0009$) and $r^2 = 0.983$. Thus, 98.3% of the variation in mean IMRs is explained by the linear model. Again, the F statistic yielded a significantly non-zero slope, with $F = 173.9$ ($p = 0.0009$).

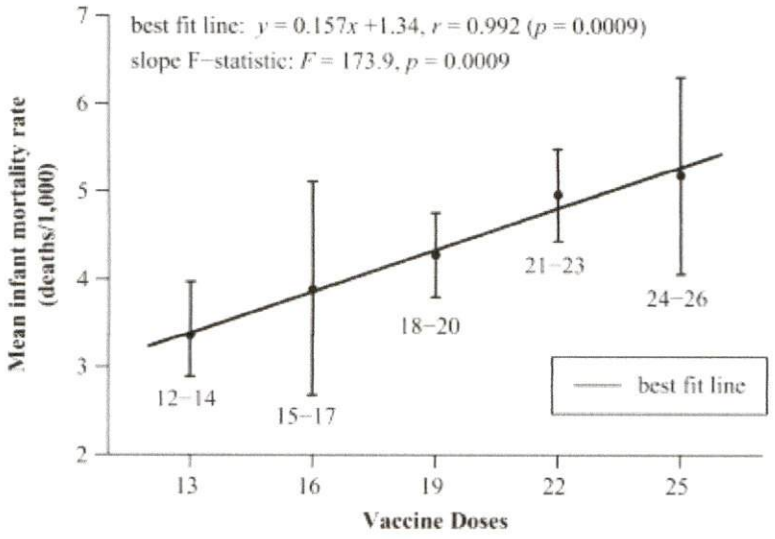

Figure 2.

2009 Mean infant mortality rates and mean number of vaccine doses (five categories).

The one-way ANOVA using the Tukey-Kramer test yielded $F = 650$ with $p = 0.001$, indicating the five mean IMRs corresponding to the five defined dose categories are significantly different ($r^2 = 0.510$). Tukey's multiple comparison test found statistical significance in the differences between the mean IMRs of those nations giving 12–14 vaccine doses and (a) those giving 21–23 doses (1.61, 95% CI, 0.457–2.75) and (b) those giving 24–26 doses (1.83, 95% CI, 0.542–3.11).

Discussion

Basic necessities for infant survival

It is instructive to note that many developing nations require their infants to receive multiple vaccine doses and have national vaccine coverage rates (a percentage of the target population that has been vaccinated) of 90% or better, yet their IMRs are poor. For example, Gambia requires its infants to receive 22 vaccine doses during infancy and has a 91%–97% national vaccine coverage rate, yet its IMR is 68.8. Mongolia requires 22 vaccine doses during infancy, has a 95%–98% coverage rate, and an IMR of 39.9.[8,9] These examples appear to confirm that IMRs will remain high in nations that cannot provide clean water, proper nutrition, improved sanitation, and better access to health care. *As developing nations improve in all of these areas a critical threshold will eventually be reached where further reductions of the infant mortality rate will be difficult to achieve because most of the susceptible*

infants that could have been saved from these causes would have been saved. Further reductions of the IMR must then be achieved in areas outside of these domains. As developing nations ascend to higher socio-economic living standards, a closer inspection of all factors contributing to infant deaths must be made.

Crossing the socio-economic threshold

It appears that at a certain stage in nations' movement up the socio-economic scale—after the basic necessities for infant survival (proper nutrition, sanitation, clean water, and access to health care) have been met—a counter-intuitive relationship occurs between the number of vaccines given to infants and infant mortality rates: nations with higher (worse) infant mortality rates give their infants, on average, more vaccine doses. This positive correlation, derived from the data and demonstrated in Figures 1 and 2, elicits an important inquiry: are some infant deaths associated with over-vaccination?

A closer inspection of infant deaths

Many nations adhere to an agreed upon International Classification of Diseases (ICD) for grouping infant deaths into 130 categories.[11–13] Among the 34 nations analyzed, those that require the most vaccines tend to have the worst IMRs. Thus, we must ask important questions: is it possible that some nations are requiring too many vaccines for their infants and the additional vaccines are a toxic burden on their health? Are some deaths that are listed within the 130 infant mortality death categories really deaths that are associated with over-vaccination? Are some vaccine-related deaths hidden within the death tables?

Sudden infant death syndrome (SIDS)

Prior to contemporary vaccination programs, 'Crib death' was so infrequent that it was not mentioned in infant mortality statistics. In the United States, national immunization campaigns were initiated in the 1960s when several new vaccines were introduced and actively recommended. For the first time in history, most US infants were required to receive several doses of DPT, polio, measles, mumps, and rubella vaccines.[14] Shortly thereafter, in 1969, medical certifiers presented a new medical term—sudden infant death syndrome.[15,16] In 1973, the National Center for Health Statistics added a new cause-of-death category—for SIDS—to the ICD. SIDS is defined as the sudden and unexpected death of an infant which remains unexplained after a thorough investigation. Although there are no specific symptoms associated with SIDS, an autopsy often reveals congestion and edema of the lungs and inflammatory changes in the respiratory system.[17] By 1980, SIDS had become the leading cause of postneonatal mortality (deaths of infants from 28 days to one year old) in the United States.[18]

In 1992, to address the unacceptable SIDS rate, the American Academy of Pediatrics initiated a 'Back to Sleep' campaign, convincing parents to place their infants supine, rather than prone, during sleep. From 1992 to 2001, the postneonatal SIDS rate dropped by an average annual rate of 8.6%. However, other causes of sudden unexpected infant death (SUID) increased. For example, the postneonatal mortality rate from 'suffocation in bed' (ICD-9 code E913.0) increased during this same period at an average annual rate of 11.2%. The postneonatal mortality rate from 'suffocation-other' (ICD-9 code E913.1-E913.9), 'unknown and unspecified causes' (ICD-9 code 799.9), and due to 'intent unknown' in the External Causes of Injury section (ICD-9 code E980-E989), all increased during this period as well.[18] (In Australia, Mitchell et al. observed that when the SIDS rate decreased, deaths attributed to asphyxia increased.[19] Overpeck et al. and others, reported similar observations.)[20,21]

A closer inspection of the more recent period from 1999 to 2001 reveals that the US postneonatal SIDS rate continued to decline, but *there was no significant change in the total postneonatal mortality rate.* During this period, the number of deaths attributed to 'suffocation in bed' and 'unknown causes,'

increased significantly. According to Malloy and MacDorman, "If death-certifier preference has shifted such that previously classified SIDS deaths are now classified as 'suffocation,' the inclusion of these suffocation deaths and unknown or unspecified deaths with SIDS deaths then accounts for about 90 percent of the decline in the SIDS rate observed between 1999 and 2001 and results in a non-significant decline in SIDS"[18] (Figure 3).

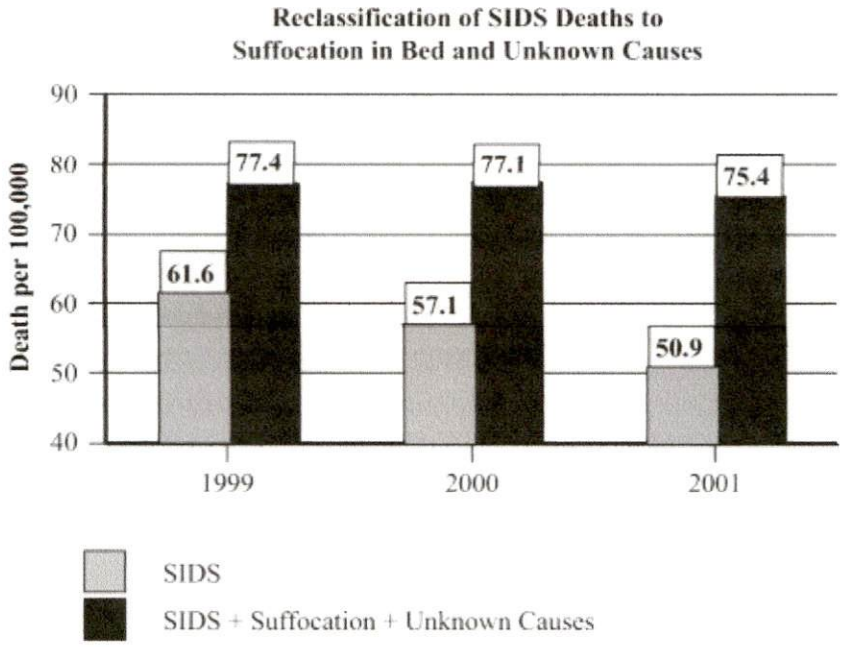

Figure 3.

Reclassification of sudden infant death syndrome (SIDS) deaths to suffocation in bed and unknown causes. The postneonatal SIDS rate appears to have declined from 61.6 deaths (per 100,000 live births) in 1999 to 50.9 in 2001. However, during this period there was a significant increase in postneonatal deaths attributed to suffocation in bed and due to unknown causes. When these sudden unexpected infant deaths (SUIDs) are combined with SIDS deaths, the total SIDS rate remains relatively stable, resulting in a non-significant decline.

Is there evidence linking SIDS to vaccines?

Although some studies were unable to find correlations between SIDS and vaccines,[22–24] there is some evidence that a subset of infants may be more susceptible to SIDS shortly after being vaccinated. For example, Torch found that two-thirds of babies who had died from SIDS had been vaccinated against DPT (diphtheria–pertussis–tetanus toxoid) prior to death. Of these, 6.5% died within 12 hours of vaccination; 13% within 24 hours; 26% within 3 days; and 37%, 61%, and 70% within 1, 2, and 3 weeks, respectively. Torch also found that unvaccinated babies who died of SIDS did so most often in the fall or winter while vaccinated babies died most often at 2 and 4 months—the same ages when initial doses of DPT were given to infants. He concluded that DPT "may be a generally unrecognized major cause of sudden infant and early childhood death, and that the risks of immunization may outweigh its potential benefits. A need for re-evaluation and possible modification of current vaccination procedures is indicated by this study."[25] Walker et al. found "the SIDS mortality rate in the

period zero to three days following DPT to be 7.3 times that in the period beginning 30 days after immunization."[26] Fine and Chen reported that babies died at a rate nearly eight times greater than normal within 3 days after getting a DPT vaccination.[27]

Ottaviani et al. documented the case of a 3-month-old infant who died suddenly and unexpectedly shortly after being given six vaccines in a single shot: "Examination of the brainstem on serial sections revealed bilateral hypoplasia of the arcuate nucleus. The cardiac conduction system presented persistent fetal dispersion and resorptive degeneration. This case offers a unique insight into the possible role of hexavalent vaccine in triggering a lethal outcome in a vulnerable baby." Without a full necropsy study in the case of sudden, unexpected infant death, at least some cases linked to vaccination are likely to go undetected.[28]

Reclassified infant deaths

It appears as though some infant deaths attributed to SIDS may be vaccine related, perhaps associated with biochemical or synergistic toxicity due to over-vaccination. Some infants' deaths categorized as 'suffocation' or due to 'unknown and unspecified causes' may also be cases of SIDS reclassified within the ICD. Some of these infant deaths may be vaccine related as well. This trend toward reclassifying ICD data is a great concern of the CDC "because inaccurate or inconsistent cause-of-death determination and reporting hamper the ability to monitor national trends, ascertain risk factors, and design and evaluate programs to prevent these deaths."[29] If some infant deaths are vaccine related and concealed within the various ICD categories for SUIDs, is it possible that other vaccine-related infant deaths have also been reclassified?

Of the 34 nations that have crossed the socio-economic threshold and are able to provide the basic necessities for infant survival—clean water, nutrition, sanitation, and health care—several require their infants to receive a relatively high number of vaccine doses and have relatively high infant mortality rates. These nations should take a closer look at their infant death tables to determine if some fatalities are possibly related to vaccines though reclassified as other causes. Of course, all SUID categories should be re-inspected. Other ICD categories may be related to vaccines as well. For example, a new live-virus orally administered vaccine against rotavirus-induced diarrhea—Rotarix®—was licensed by the European Medicine Agency in 2006 and approved by the US Food and Drug Administration (FDA) in 2008. However, in a clinical study that evaluated the safety of the Rotarix vaccine, *vaccinated babies died at a higher rate than non-vaccinated babies*—mainly due to a statistically significant increase in pneumonia-related fatalities.[30] (One biologically plausible explanation is that natural rotavirus infection might have a protective effect against respiratory infection.)[31] Although these fatalities appear to be vaccine related and raise a nation's infant mortality rate, medical certifiers are likely to misclassify these deaths as pneumonia.

Several additional ICD categories are possible candidates for incorrect infant death classifications: unspecified viral diseases, diseases of the blood, septicemia, diseases of the nervous system, anoxic brain damage, other diseases of the nervous system, diseases of the respiratory system, influenza, and unspecified diseases of the respiratory system. All of these selected causes may be repositories of vaccine-related infant deaths reclassified as common fatalities. All nations—rich and poor, industrialized and developing—have an obligation to determine whether their immunization schedules are achieving their desired goals. Progress on reducing infant mortality rates should include monitoring vaccine schedules and medical certification practices to ascertain whether vaccine-related infant deaths are being reclassified as ordinary mortality in the ICD.

How many infants can be saved with an improved IMR?

Slight improvements in IMRs can make a substantial difference. In 2009, there were approximately 4.5 million live births and 28,000 infant deaths in the United States, resulting in an infant mortality rate of 6.22/1000. If health authorities can find a way to reduce the rate by 1/1000 (16%), the United States would rise in international rank from 34th to 31st and about 4500 infants would be saved.

Limitations of study and potential confounding factors

This analysis did not adjust for vaccine composition, national vaccine coverage rates, variations in the infant mortality rates among minority races, preterm births, differences in how some nations report live births, or the potential for ecological bias. A few comments about each of these factors are included below.

Vaccine composition

This analysis calculated the total number of vaccine doses received by children but did not differentiate between the substances, or quantities of those substances, in each dose. Common vaccine substances include antigens (attenuated viruses, bacteria, toxoids), preservatives (thimerosal, benzethonium chloride, 2-phenoxyethanol, phenol), adjuvants (aluminum salts), additives (ammonium sulfate, glycerin, sodium borate, polysorbate 80, hydrochloric acid, sodium hydroxide, potassium chloride), stabilizers (fetal bovine serum, monosodium glutamate, human serum albumin, porcine gelatin), antibiotics (neomycin, streptomycin, polymyxin B), and inactivating chemicals (formalin, glutaraldehyde, polyoxyethylene). For the purposes of this study, all vaccine doses were equally weighted.

Vaccine coverage rates

No adjustment was made for national vaccine coverage rates—a percentage of the target population that received the recommended vaccines. However, most of the nations in this study had coverage rates in the 90%–99% range for the most commonly recommended vaccines—DTaP, polio, hepatitis B, and Hib (when these vaccines were included in the schedule). Therefore, this factor is unlikely to have impacted the analyses.[2]

Minority races

It has been argued that the US IMR is poor in comparison to many other nations because African–American infants are at greater risk of dying relative to White infants, perhaps due to genetic factors or disparities in living standards. However, in 2006 the US IMR for infants of all races was 6.69 and the IMR for White infants was 5.56.[13] In 2009, this improved rate would have moved the United States up by just one rank internationally, from 34th place to 33rd place.[8] In addition, the IMRs for Hispanics of Mexican descent and Asian–Americans in the United States are significantly lower than the IMR for Whites.[6] Thus, diverse IMRs among different races in the Unites States exert only a modest influence over the United States' international infant mortality rank.

Preterm births

Preterm birth rates in the United States have steadily increased since the early 1980s. (This rise has been tied to a greater reliance on caesarian deliveries, induced labor, and more births to older mothers.) Preterm babies are more likely than full-term babies to die within the first year of life. About 12.4% of US births are preterm. In Europe, the prevalence rate of premature birth ranges from 5.5% in Ireland to 11.4% in Austria. Preventing preterm births is essential to lower infant mortality rates. However, it is important to note that some nations such as Ireland and Greece, which have very low preterm birth

rates (5.5% and 6%, respectively) compared to the United States, require their infants to receive a relatively high number of vaccine doses (23) and have correspondingly high IMRs. Therefore, reducing preterm birth rates is only part of the solution to reduce IMRs.[6,32]

Differences in reporting live births

Infant mortality rates in most countries are reported using WHO standards, which do not include any reference to the duration of pregnancy or weight of the infant, but do define a 'live birth' as a baby born with any signs of life for any length of time.[12] However, four nations in the dataset—France, the Czech Republic, the Netherlands, and Ireland—do not report live births entirely consistent with WHO standards. These countries add an additional requirement that live babies must also be at least 22 weeks of gestation or weigh at least 500 grams. If babies do not meet this requirement and die shortly after birth, they are reported as stillbirths. This inconsistency in reporting live births artificially lowers the IMRs of these nations.[32,33] According to the CDC, "There are some differences among countries in the reporting of very small infants who may die soon after birth. However, it appears unlikely that differences in reporting are the primary explanation for the United States' relatively low international ranking."[32] Nevertheless, when the IMRs of France, the Czech Republic, the Netherlands, and Ireland were adjusted for known underreporting of live births and the 30 data pairs retested for significance, the correlation coefficient improved from 0.70 to 0.74 (95% CI, 0.52–0.87).

Ecological bias

Ecological bias occurs when relationships among individuals are inferred from similar relationships observed among groups (or nations). Although most of the nations in this study had 90%–99% of their infants fully vaccinated, without additional data we do not know whether it is the vaccinated or unvaccinated infants who are dying in infancy at higher rates. However, respiratory disturbances have been documented in close proximity to infant vaccinations, and lethal changes in the brainstem of a recently vaccinated baby have been observed. Since some infants may be more susceptible to SIDS shortly after being vaccinated, and babies vaccinated against diarrhea died from pneumonia at a statistically higher rate than non-vaccinated babies, there is plausible biologic and causal evidence that the observed correlation between IMRs and the number of vaccine doses routinely given to infants should not be dismissed as ecological bias.

Conclusion

The US childhood immunization schedule requires 26 vaccine doses for infants aged less than 1 year, the most in the world, yet 33 nations have better IMRs. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of 0.70 ($p < 0.0001$) was found between IMRs and the number of vaccine doses routinely given to infants. When nations were grouped into five different vaccine dose ranges (12–14, 15–17, 18–20, 21–23, and 24–26), 98.3% of the total variance in IMR was explained by the unweighted linear regression model. These findings demonstrate a counter-intuitive relationship: *nations that require more vaccine doses tend to have higher infant mortality rates*.

Efforts to reduce the relatively high US IMR have been elusive. Finding ways to lower preterm birth rates should be a high priority. However, preventing premature births is just a partial solution to reduce infant deaths. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs, is essential. All nations—rich and poor, advanced and developing—have an obligation to determine whether their immunization schedules are achieving their desired goals.

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References

1. Wegman ME. Infant mortality in the 20th century, dramatic but uneven progress. J Nutr 2001; 131: 401S–408S [PubMed] [Google Scholar]

2. Beck MA. The role of nutrition in viral disease. J Nutri Biochem 1996; 7: 683–690 [Google Scholar]

3. Scrimshaw NS, SanGiovanni JP. Synergism of nutrition, infection, and immunity: an overview. Am J Clin Nutr 1997; 66: 464S–477S [PubMed] [Google Scholar]

4. Anderson GF, Hussay PS, Frogner BK, Waters HR. Health spending in the United States and the rest of the industrialized world. Health Affairs 2005; 24: 903–914 [PubMed] [Google Scholar]

5. MacDorman MF, Mathews TJ. Recent trends in infant mortality in the United States. NCHS Data Brief (CDC), no 9. Hyattsville, MD, USA: National Center for Health Statistics, 2008. [PubMed] [Google Scholar]

6. Kent MM. Premature births help to explain higher infant mortality rate. Population Reference Bureau. www.prb.org/articles/2009/prematurebirth.aspx (accessed December 2009).

7. Xu Jiaquan, Kochaneck KD, Tejada-Vera B. Deaths: preliminary data for 2007. Natl Vital Stat Rep 2009; 58: 6 [Google Scholar]

8. CIA Country comparison: infant mortality rate (2009). The World Factbook. www.cia.gov (accessed 13 April 2010).

9. WHO/UNICEF Immunization Summary: A Statistical Reference Containing Data Through 2008 (The 2010 Edition). www.childinfo.org

10. Up-to-date European vaccination schedules may be found here: www.euvac.net (accessed 13 April 2010).

11. WHO International Classification of Diseases, 9th Revision. Geneva, Switzerland: World Health Organization, 1979. [Google Scholar]

12. WHO International Statistical Classification of Diseases and Related Health Problems, 10th Revision. Geneva, Switzerland: World Health Organization, 1992. [Google Scholar]

13. CDC Table 31. Number of infant deaths and infant mortality rates for 130 selected causes, by race: United States, 2006. Natl Vital Stat Rep 2009; 57: 110–112 [Google Scholar]

14. Iannelli V. Immunization timeline. Keep Kids Healthy. keepkidshealthy.com (accessed 21 April 2010) [Google Scholar]

15. Bergman AB. The "Discovery" of Sudden Infant Death Syndrome. New York, NY, USA: Praeger Publishers, 1986. [Google Scholar]

16. MacDorman MF, Rosenberg HM. Trends in infant mortality by cause of death and other characteristics, 1960-88 (vital and health statistics), Volume 20 Hyattsville, MD, USA: National Center for Health Statistics, U.S. Government Printing, 1993. [PubMed] [Google Scholar]

17. National Center for Health Statistics Vital Statistics of the United States 1988, Volume II, Mortality, Part A. Washington, DC, USA: Public Health Service, 1991. [Google Scholar]

18. Malloy MH, MacDorman M. Changes in the classification of sudden unexpected infant deaths: United States, 1992-2001. Pediatrics 2005; 115: 1247–1253 [PubMed] [Google Scholar]

19. Mitchell E, Krous HF, Donald T, Byard RW. Changing trends in the diagnosis of sudden infant death. Am J Forensic Med Pathol 2000; 21: 311–314 [PubMed] [Google Scholar]

20. Overpeck MD, Brenner RA, Cosgrove C, Trumble AC, Kochanek K, MacDorman M. National under ascertainment of sudden unexpected infant deaths associated with deaths of unknown cause. Pediatrics 2002; 109: 274–283 [PubMed] [Google Scholar]

21. Byard RW, Beal SM. Has changing diagnostic preference been responsible for the recent fall in incidence of sudden infant death syndrome in South Australia? J Pediatr Child Health 1995; 31: 197–199 [PubMed] [Google Scholar]

22. Vennemann MM, Butterfass-Bahloul T, Jorch G, Brinkmann B, Findeisen M, Sauerland C, et al. Sudden infant death syndrome: no increased risk after immunisation. Vaccine 2007; 25: 336–340 [PubMed] [Google Scholar]

23. Stratton K, Almario DA, Wizemann TM, McCormick MC. Immunization safety review: vaccinations and sudden unexpected death in infancy. Washington DC, USA: National Academies Press, 2003. [Google Scholar]

24. Silvers LE, Ellenberg SS, Wise RP, Varricchio FE, Mootrey GT, Salive ME. The epidemiology of fatalities reported to the vaccine adverse event reporting system 1990-1997. Pharmacoepidemiol Drug Saf 2001; 10: 279–285 [PubMed] [Google Scholar]

25. Torch WC. Diphtheria-pertussis-tetanus (DPT) immunization: a potential cause of the sudden infant death syndrome (SIDS). American Academy of Neurology, 34th Annual Meeting, Apr 25-May 1, 1982. Neurology 32(4): pt. 2 [Google Scholar]

26. Walker AM, Jick H, Perera DR, Thompson RS, Knauss TA. Diphtheria-tetanus-pertussis immunization and sudden infant death syndrome. Am J Public Health 1987; 77: 945–951 [PMC free article] [PubMed] [Google Scholar]

27. Fine PE, Chen RT. Confounding in studies of adverse reactions to vaccines. Am J Epidemiol 1992; 136: 121–135 [PubMed] [Google Scholar]

28. Ottaviani G, Lavezze AM, Matturri L. Sudden infant death syndrome (SIDS) shortly after hexavalent vaccination: another pathology in suspected SIDS? Virchows Archiv 2006; 448: 100–104 [PubMed] [Google Scholar]

29. CDC About the sudden unexpected infant death investigation (SUIDI) reporting form. Department of Health and Human Services (accessed 20 May 2010). [Google Scholar]

30. GlaxoSmithKline Rotarix® (Rotavirus Vaccine, Live, Oral) Oral Suspension. Product insert from the manufacturer (April 2008): 6. [Google Scholar]

31. FDA Center for biologics evaluation and research, vaccines and related biological products advisory committee meeting (20 February 2008): 127–128 [Google Scholar]

32. MacDorman MF, Mathews TJ. Behind international rankings of infant mortality: how the United States compares with Europe. NCHS data brief, no 23 Hyattsville, MD, USA: National Center for Health Statistics, 2009. [PubMed] [Google Scholar]

33. Euro-Peristat Project, with SCPE, Eurocat, Euroneostat European Perinatal Health Report: Data for 2004 (The 2008 Edition): Table 3.1:40 www.europeristat.com

Protect Medical Exemptions

This bill removes 99% of medical exemptions by limiting them to just 3-5 ACIP/CDC approved list of contraindications. Even ACIP states that their list of contraindications shouldn't be used to exclude, but rather should always be left up to the medical provider.

Although Rep. Mullica stated that a medical exemption could be left up to the physician, that is not what his bill states and he rejected an amendment that would clarify that.

Section 3, lines 9-15 of the bill states this explicitly. In addition, the fiscal note, further confirms it by stating "The bill requires the board to adopt the medical exemptions recommendations based on contraindications for vaccinations as described by the CDC and eliminates the board's authority to allow for additional medical exemptions."

This takes the authority away from the physician who knows the patient best and hands it to a bureaucrat who has never met the child. In addition, the physician would have to manage any complications, so would be left with all the responsibility but none of the authority to prevent it.

It is important to understand the difference between a "contraindication" and a "medical exemption". They are very different things and shouldn't be conflated.

A contraindication is a very narrow reason why you shouldn't take a drug. For example, if you already had an anaphylactic reaction to the drug, then that would be a contraindication to taking it again. It is applied to the population as a whole without taking into account individual factors.

A medical exemption is the opposite of that because it is not applied to a population but rather is a complex evaluation of the individual. The medical exemption evaluation is to determine the chance that this child would have an adverse event to the drug in question. It takes into account medical history, adverse event history to similar drugs, family medical history, epigenetic profiles, nutritional status, other environmental impacts, laboratory data and many other factors. **Contraindications would be considered, but would only be a tiny portion of the medical exemption evaluation.**

If this bill passes as is, the child who had paralysis, seizures, a clotting disorder or other very severe injuries would not be exempt. The child who had multiple autoimmune diseases in the family and a very compromised genetic profile would not be exempt. Even after the child develops an autoimmune disease from a vaccine— they still would not be exempt.

The right side of the attached handout shows a list of known adverse events to vaccines. The left side shows what would qualify for an exemption based on the CDC contraindication list (it's even smaller for the ACIP list).

What if it was your child with paralysis, seizures or brain swelling, and your doctor told you that he/she knew another shot could kill your child but the law wouldn't allow a medical exemption? Is that the situation we want to create?

It's also not appropriate to ask those parents to claim a personal exemption because it's not an accurate representation of the situation and is then often used to degrade or marginalize them as just "having a thing against vaccines". Personal exemptions are the most viciously attacked and Rep. Mullica has made it clear that he will target them next time. If all the really sick kids are shuffled into this category, then PE's will go up in number. This will be great fodder for next legislative season when Rep. Mullica declares that this is the new emergency and PE's must be now be banned. **All of this will lead to more injury and death.**

CDC CONTRAINDICATIONS

- Anaphylaxis
  (life-threatening allergy)
- Encephalopathy
  (coma, reduced consciousness)
- Anaphylactic allergy to egg/yeast
- Severe immunodeficiency
  (ex. cancer, organ transplant)
- Intussusception
  (only for Rotavirus vaccine)

VACCINE REACTIONS (according to FDA package inserts) NOT INCLUDED in CDC CONTRAINDICATIONS

- Encephalitis
- Guillain-Barré syndrome
- Seizures
- Brachial neuritis
- Fever over 105 degrees
- Stevens-Johnson syndrome
- Stroke
- Hypotonic, unresponsive episodes
- Severe nerve dysfunction
- Vasculitis (blood vessel inflammation)
- Spinal cord paralysis
- Coma
- Pulmonary Embolism
- Systemic Lupus Erythematosus
- Severe nerve paralysis
- Moderate to severe allergic reactions
- Angioneurotic edema
- Limb paralysis
- Apnea
- Cyanosis
- Swollen lymph nodes
- Cellulitis
- Hypotonia
- Spinal cord inflammation
- Pneumonia
- Thrombocytopenia purpura
- Worsening of multiple sclerosis symptoms
- Rapid heart rate or palpitations
- Wheezing or asthma attacks
- Eczema
- Hair loss
- Vasovagal syncopy
- Vertigo
- Chronic tinnitus
- Facial nerve paralysis
- Inflammatory bowel disease
- Inflammation of the pancreas
- Permanent arthritis
- Acute disseminated encephalomyelitis (brain and spinal cord inflammation)
- Optic nerve inflammation
- Kawasaki disease
- Multiple nerve inflammation and dysfunction
- Onset of multiple sclerosis
- Henoch-Schönlein purpura (a very severe immune reaction that involves the skin and kidneys)
- Bloody stools
- Panniculitis
- Nerve deafness in the ear
- Severe eye inflammation that can permanently affect vision
- Abscess at the injection site
- Testicular pain and swelling
- Subacute sclerosing panencephalitis
- Ataxia (balance problems with difficulty walking)
- Pneumonitis (a severe inflammatory reaction in the lungs)
- Extensive swelling of the injected limb and nearby joints
- Bacterial skin and tissue infections
- Difficulty swallowing
- Tremors
- Autoimmune arthritis
- Thyroiditis
- Blood clots in the limbs

IMMUNITY EDUCATION group

***All above adverse reactions are listed on FDA Vaccine Package Inserts for Childhood Vaccines on the CDC Recommended Schedule including:** *Hep B, Hib, PCV, Rotavirus, DTaP, Polio, Flu, MMR, VZ, Hep A, Meningococcal, HPV.* Source: https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

Some questions regarding HB1312

On the necessity of this bill:

- the website for CDPHE already has aggregate data for vaccination rates. Herd Immunity rates are ideal at 95%. According to CDPHE, the rates for most vaccinations in the State is between 91.6% and 94.8%. The outlier is Tdap at 89.9%. The CDPHE also shows that exemptions to the listed vaccines are between 2.3% and 3.2%- these are children who have followed Colorado exemption law and turned in all according paperwork. Those who have no recorded data equal between .7% and 1.2%, and those who have incomplete records equal 1.8%-5.7%. Currently CDPHE is not pursuing the families that have no record of any immunizations or incomplete records of immunizations, but if current Colorado law was followed, and CDPHE was able to assist these families in completing their paperwork, the current immunization rate for the state would rise well over the ideal herd immunity percentage of 95%. Why is this bill necessary when following current Colorado law would satisfy the concerns of Mr. Mullica?

- one of the predicating presumptions of this bill is that a percentage of exemptions are written by parents who "show up to school having forgotten to get their child's records or are not interested in taking their children to the doctor." I have asked for the actual figures on how many exemptions are achieved this way since if this is true, that is a problem. However, that data has not been supplied. Is it possible that this bill was created on rumor and assumption rather than an actual problem? Can this Senate committee request the bill sponsor to supply actual data for how many exemptions in Colorado are acquired by parents who simply do not want to take their children to the doctor? And if there is no data on this, why write a bill to respond to a problem that may not actually exist?

On the Personal Identifying Information (for children) and registry:

- Is CDPHE a clear HIPAA regulated entity (there appears to conflicting information on this)?

- Are there limitations on how CDPHE can use the information gathered through this exemption process? Especially since CDPHE is able to sell data?

- How do you intend to help CDPHE protect children's personal identifying information from data mining or cyber threats?

- Because we are now beginning two separate processes for the collection of information- one process for non-exempt students and one process for exempt students- what protections will be put in place to ensure that a minority in Colorado does not experience discrimination due to the need for exemptions to one or more vaccine? How will you ensure that all students and their information will be treated equally and protected equally under the law with separated processes for the minority students to complete?

- Does this bill conflict at all with protections of disabled and special needs students who are protected by both the IDEA Act and ADA laws? How do you ensure that students with special needs are not discriminated against with this new registry process and added layers of tasks in order to get exemptions?

- How does keeping a registry of personal identifying information aid in the event of an emergency outbreak? And in what ways is this registry through CDPHE a proven solution that is better than the current system of utilizing the school to convey emergency information to parents of exempt students?

- It is unclear if there is only one database or two, based upon the debate in the House. If parents can "opt out" of CIIS, is there another database set up that will capture the PII of exempt children? If so, can Coloradans opt out of that database as well? And if there are two databases, how do they interact with each other?

- Mr Mullica said that the second database of exempt students will be "stored but not displayed." What does this mean?

- Why is aggregate data not useful to the concern of outbreak such that we require PII?

- When Mr. Mullica and the bill states that the registry is for "tracking" purposes, what exactly are the parameters of "tracking" fellow Americans?

- Can Mr. Mullica or other sponsors please state the DLP technologies being used to protect the database(s)?

On compelled speech and exemption forms:

- Are you aware of the evolving language on the current forms for personal and religious exemptions which have included "compelled speech?"

- If the bill remains amended describing the form with the words "but not limited to," how will you ensure that CDPHE form will not include compelled speech if these forms are the *only* option for exemption of children?

- If the forms do continue to include compelled speech, what will happen if parents alter or cross out items that they do not agree to or believe?

On Medical Exemptions:

- Are you aware of the process for getting medical exemptions in Colorado under current law, and are you aware of the differences between medical exemptions and religious or personal exemption?

- Are you aware of the narrow scope this bill relies upon to determine medical exemption in Colorado?

- How will protect children who are not vaccinated for medical reasons and yet fall outside the scope of ACIP while honoring the medical reasons they are exempt?

- If medically exempt children are now forced to turn in personal exemptions instead of medical exemptions, how will you prioritize those children who are at stronger risk for complication should an outbreak occur (medical exemption should indicate who is the most vulnerable to complications and by removing many children from medical exemption due to ACIP in this bill, they will be forced to downgrade the urgency of their medical situation and are now at risk of not being prioritized in an outbreak emergency)?

- Why are medical professionals who are treating children who require medical exemptions being replaced by a national entity to determine a patient's health and medical procedures?

- How do doctors feel about their information being handed to CDPHE for their registry when parents are compelled to turn the form in?

On funding and stakeholders:

- With Mr. Mullica's amendments, how will Colorado fund the addition of 4 new vaccines on the Colorado required list? In 2016, the state board stakeholders determined that the vaccine for meningitis would cost the state $1 million to potentially save only one person and declined the CDC's request to make the vaccine required. Now, Mr. Mullica's amendment wants to add 4 vaccines: rotavirus, Hep A, and two meningococcal vaccines. How will the State of Colorado pay for this, especially in light of the 2016 decision by stakeholders?

- This bill originally claimed to cost $0.00 dollars to enact. Has the legislature contacted the health department to ensure that no extra funds for staffing, data protection, education materials, filing, etc are needed?

- This bill's original claim to cost no money now includes adding in vaccines to the required list. With the addition of Mr. Mullica's amendment to add vaccines, shouldn't this bill go through committee for a cost analysis now?

- According to Colo. Rev. Stat.24-4-102 in HB 12-1008, a representative group of stakeholders are to participate in discussion to propose amendments to the vaccine schedule or guidelines. Was this statute followed by Mr. Mullica to amend the vaccine requirements in Colorado and add these new vaccines? If so, when were those meetings held and are there public notes on the meetings themselves?

On school funding and homeschoolers:

- Since school funding is driven by enrollment, and this bill will likely decrease enrollment in public schools- including homeschool programs which utilize enrichment programs in public schools- how will you plan to back fill the funding gap for schools, especially in areas where funding is already a challenge? (e.g., Adams county could lose $30,000 if just half their homeschoolers leave the public school programs; Jeffco would lose over $14million in funding if all kids with exemptions were pulled out of enrichment programs.) With the proposed amendment from Mr. Mullica in the House, the only exempt homeschoolers from the effects of this bill would those who solely homeschool and have no interaction with the local public school at all. A large percentage of Colorado homeschoolers, however, utilize programs through their local schools to enhance and supplement their homeschool education.

- Same question for special needs children who are pulled from school to homeschool, losing federal funding.

On the demand for parents to turn a form in in person:

- Mr. Polis, at a townhall meeting on 4/24/19, stated that he is not support forcing parents to report in person to CDPHE. How do you reconcile his interests with this bill as it currently stands?

- How will ensure that parents who turn in exemptions for their child do not experience intimidation from a state entity (CDPHE) when they give over their child's personal information in order to achieve an exemption?

- What is explicitly in place in this bill to prevent CDPHE from refusing an exemption/losing exemption paperwork?

On noncompliance:

- Since this bill is focused on pursuing the 2.6% of parents who have followed Colorado law on exemptions, what is the consequences for families who do not follow this new bill should it become law?

- Is it possible with the current Colorado law to assist non-compliant parents who are the actual reason there is a shortfall in vaccination rates? If so, why are we introducing new legislation that focuses primarily on those who have followed current Colorado law?

On informed consent:

- With other medical procedures and drugs, informed consent is an ethical standard. Why would we not want educational materials that include benefits and risks to allow parents full access to informed consent?

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Review

Predicting post-vaccination autoimmunity: Who might be at risk?

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ABSTRACT

Vaccinations have been used as an essential tool in the fight against infectious diseases, and succeeded in improving public health. However, adverse effects, including autoimmune conditions may occur following vaccinations (autoimmune/inflammatory syndrome induced by adjuvants – ASIA syndrome). It has been postulated that autoimmunity could be triggered or enhanced by the vaccine immunogen contents, as well as by adjuvants, which are used to increase the immune reaction to the immunogen. Fortunately, vaccination-related ASIA is uncommon. Yet, by defining individuals at risk we may further limit the number of individuals developing post-vaccination ASIA. In this perspective we defined four groups of individuals who might be susceptible to develop vaccination-induced ASIA: patients with prior post-vaccination autoimmune phenomena, patients with a medical history of autoimmunity, patients with a history of allergic reactions, and individuals who are prone to develop autoimmunity (having a family history of autoimmune diseases; asymptomatic carriers of autoantibodies; carrying certain genetic profiles, etc.).

Contents

Introduction

In the last two centuries, vaccinations have been used as an essential tool in the fight against infectious diseases, and succeeded in improving public health and in eradicating or minimizing the extent of several diseases around the world [1]. However, adverse effects may occur following vaccinations, ranging from local reactions to systemic side effects, such as fever, flu-like symptoms, and autoimmune conditions (autoimmune/inflammatory syndrome induced by adjuvants – ASIA syndrome) [2,3].

Considerable data have recently been gathered with regard to the involvement of the immune system following vaccination, although its precise role has not been fully elucidated [4]. It has been postulated that autoimmunity could be triggered or enhanced by the vaccine immunogen contents, as well as by adjuvants, which are used to increase the immune reaction to the immunogen [1].

The relationship between vaccines and autoimmunity is bi-directional [5]. On one hand, vaccines prevent infectious conditions, therefore preventing the development of overt autoimmune

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Table 1
Persons who might be at risk of developing vaccination-related autoimmune, inflammatory, or allergic phenomena.

1. Persons with prior post-vaccination autoimmune phenomena
2. Persons with a medical history of autoimmunity
3. Persons with a history of allergic reactions (especially vaccination-related reactions)
4. Persons who are prone to develop autoimmunity (having a family history of autoimmune diseases, asymptomatic carriers of autoantibodies, with certain genetic profiles, etc.)

diseases which in some individuals are triggered by infections. On the other hand, many reports that describe post-vaccination autoimmunity strongly suggest that vaccines can indeed trigger autoimmunity. Defined autoimmune diseases that may occur following vaccinations include arthritis, lupus (systemic lupus erythematosus, SLE), diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain-Barré syndrome and demyelinating disorders [6]. Almost all types of vaccines have been reported to be associated with the onset of ASIA [6].

It is important to emphasize that a temporal relationship between autoimmunity and a specific vaccine is not always apparent. This matter is complicated by the fact that a specific vaccine may cause more than one autoimmune phenomenon and, likewise, a particular immune process may be triggered by more than one type of vaccine [2,3,6].

Throughout our lifetime the normal immune system walks a fine line between preserving normal immune reactions and developing autoimmune diseases [4]. The healthy immune system is tolerant to self-antigens. When self-tolerance is disturbed, dysregulation of the immune system follows, resulting in the emergence of an autoimmune disease. Vaccination is one of the conditions that may disturb this homeostasis in susceptible individuals, resulting in autoimmune phenomena and ASIA.

Fortunately, vaccination-related ASIA is uncommon. Yet, by defining individuals at risk we may further limit the number of individuals developing post-vaccination ASIA. Who is susceptible to develop vaccination-induced ASIA? It is assumed that four groups of individuals are at risk (Table 1): patients with prior post-vaccination autoimmune phenomena, patients with a medical history of autoimmunity, patients with a history of allergic reactions, and individuals who are prone to develop autoimmunity (having a family history of autoimmune diseases; asymptomatic carriers of autoantibodies; carrying certain genetic profiles, etc.).

Patients with prior post-vaccination autoimmune phenomena: "rechallenge" cases

The notion that there is a tendency of progression to full-blown immune-mediated disease in patients who experienced initial nonspecific symptoms (such as fever, arthralgia, transient skin reactions) following the initial administration of vaccination, if they continue with the scheduled regimen, is controversial. Thus, the question of whether halting the vaccination protocol would have been beneficial for some susceptible groups is still a matter of debate.

In the analysis by Zafrir et al. [7] of 93 patients who experienced new immune-mediated phenomena following hepatitis B vaccination, 47% continued with the vaccination protocol despite experiencing variable adverse events following the administration of the first vaccine dose. Additionally, a personal or familial history of immune-mediated diseases was documented in 21% of the cohort, which may have rendered this particular population more genetically predisposed to developing immune-mediated adverse reactions following vaccination. Gatto et al. [8] recently described 6 cases of SLE following quadrivalent anti-human papilloma virus (HPV) vaccination (Gardasil®). In all six cases, several common features were observed, namely, a personal or familial susceptibility to autoimmunity and an adverse response to a prior dose of the vaccine.

In regard to quadrivalent anti-HPV vaccine, a case of sudden death of a teenage girl approximately 6 months following her third Gardasil® booster has been reported [9]. The patient experienced a range of non-specific symptoms shortly after the first dose of Gardasil injection including dizziness spells, paresthesia in her hands, and memory lapses. After the second injection, her condition worsened, and she developed intermittent arm weakness, frequent tiredness requiring daytime naps, worsening paresthesia, night sweats, intermittent chest pain and sudden unexpected palpitations. A full autopsy analysis revealed no anatomical, histological, toxicological, genetic or microbiological findings that might be linked to a potential cause of death. On the other hand, the post-mortem analysis of blood and splenic tissues revealed the presence of HPV-16 L1 gene DNA fragments, thus implicating the vaccine as a causal factor [9]. In particular, the sequence of the HPV DNA found in both blood and spleen corresponded to that previously found in 16 separate Gardasil® vials from different vaccine lots [10]. It was also determined that these HPV 16L1 DNA contaminants were complexed with the aluminum adjuvant [11], which would explain their long-term persistence in the body of this teenager (more than 6 months following her third injection). Adjuvants indeed can persist in tissues for a long time (up to 8–10 years) [12] where they stimulate the immune system. This chronic stimulation may lead in certain cases to the development of a specific autoimmune disease.

Konstantinou et al. [13] reported two successive episodes of leukoencephalitis associated with hepatitis B vaccination after the administration of the second and the third vaccine dose in a previously healthy 39-year-old woman. Soriano et al. [14], in their case-series of giant cell arteritis and polymyalgia rheumatica (PMR) following influenza vaccination, described a patient who developed PMR 8 weeks after influenza vaccination; 2 years later, the patient was in clinical remission when she received another influenza vaccination, and experienced recurrence of PMR.

Quiroz-Rothe et al. [15] also described a case of post-vaccination polyneuropathy resembling human Guillain-Barré syndrome in a Rottweiler dog. The dog suffered two separated episodes of acute polyneuropathy after receiving two vaccines (both adjuvanted). Inactivated rabies vaccine was administered 15 days before clinical signs were first noted. Clinical remission was achieved with steroid therapy, but 3 months later the dog had recurrence of polyneuropathy, following another vaccination administered 12 days earlier. The presence of antibodies against peripheral nerve myelin was demonstrated.

Although data is limited, it seems preferable that individuals with prior autoimmune or autoimmune-like reactions to vaccinations, should not be immunized, at least not with the same type of vaccine. If vaccination is of utmost importance, it might be given, but the patient should be followed closely and treated if necessary.

Patients with established autoimmune conditions

The efficacy of vaccination in patients with autoimmunity may be reduced. On the other hand it is important to realize that the immune system is stimulated by vaccinations (especially when adjuvants are added), and therefore the chance of side effects is increased, in particular for patients with autoimmune diseases, where the immune system is already stimulated. There is a potential risk of flares following vaccination in such cases. Adjuvanted vaccines have been reported to trigger autoantibodies and ASIA [3,6].

Live vaccines including *Bacillus Calmette-Guérin* (BCG) and vaccines against herpes zoster, yellow fever (YF) and measles, and mumps measles and rubella triple vaccine (MMR) are generally contraindicated in immunosuppressed patients with autoimmune conditions due to the risk of an uncontrolled viral replication [16]. Regarding inactivated or recombinant vaccines, these have the disadvantage of inducing a suboptimal immune response, requiring sometimes the addition of adjuvants, which may be associated with ASIA [6]. Several prospective controlled studies targeted safety issues of vaccination in patients with autoimmune conditions. In most studies, no increased risk for severe adverse events or increase of activity of pre-existing disease was observed after vaccination.

HPV vaccine was well tolerated and reasonably effective in patients with stable SLE and did not induce an increase in lupus activity or flare. Disease flares in patients with SLE occurred at a similar frequency to that of 50 matched SLE controls (0.22 and 0.20/patient/year, respectively) [17].

The safety of hepatitis B vaccine has been assessed in prospective studies in rheumatoid arthritis (RA) and SLE. In RA patients, hepatitis B vaccination was not associated with an appreciable deterioration in any clinical or laboratory measure of disease. The measures of disease activity of the patients and controls during the study period did not differ significantly [18]. In SLE, hepatitis B vaccination was safe in patients in remission or with mild disease. No significant change in mean SLEDAI score was detected after vaccination [19].

Several studies targeted the safety of influenza vaccination in patients with autoimmune conditions. A large-scale study of 1668 patients with autoimmune rheumatic diseases and 234 controls evaluated the short-term (3 weeks) safety of non-adjuvanated Influenza A (H1N1) vaccination. Although no major relapses occurred in this short period of follow up, patients with autoimmune rheumatic diseases had significantly more arthralgia (9% compared to 3.8% in controls, $p = 0.005$), and fever (3.9% and 1.2%, respectively, $p = 0.04$) [20]. In another study, the autoantibody response to influenza vaccination in patients with autoimmune rheumatic diseases was reported. Female patients had statistically significant elevation in anti-nuclear antibody (ANA) titers following vaccination. In addition, a small subset of patients, especially ANA-positive patients, had a tendency to develop anti-extractable nuclear antibodies (ENA). One month after vaccination 8% of previously anti-cardiolipin (aCL)-negative patients presented with elevated aCL IgG and 4% with elevated aCL IgM antibodies. There was significantly more aCL IgG/IgM induction after the H1N1 compared to seasonal influenza vaccine. Elevated aCL were mostly transient but one female patient developed persistent high levels of aCL IgM [21]. In another study on Influenza H1N1 safety in patients with autoimmune rheumatic diseases, no change in disease activity scores was observed during a 4-week post vaccination period [22]. 15 other studies on influenza vaccination (reviewed in [23]) did not report significant adverse effects in patients with autoimmune conditions.

For the overwhelming majority of patients with established autoimmune diseases, vaccines carry no risk of significant disease flares. However, most studies did not address certain subsets of patients with autoimmune diseases, such as vaccinating patients with severe, active disease, or vaccination in conditions other than SLE or RA. In such subsets, the potential benefit of vaccination should be weighed against its potential risk.

Patients with a history of allergy

Historically, vaccine trials have routinely excluded vulnerable individuals with a variety of pre-existing conditions. Some of these include personal or immediate family history of developmental delay or neurological disorders (including convulsive disorders of any origin), hypersensitivity to vaccine constituents and any condition that in the opinion of the investigators may interfere with the study objectives. Because of such selection bias, the occurrence of serious adverse reactions resulting from vaccinations in the real life where vaccines are mandated to all individuals regardless of their susceptibility factors may be considerably underestimated [24]. In particular, the number of true allergic reactions to vaccines is not known, with an estimated range from 1 per 50,000 doses to 1 per 1,000,000 doses [25]. A higher rate of serious allergic reactions is probable if allergens such as gelatin (as in the case of Japanese encephalitis vaccine) or egg proteins are included in the formulation.

Apart from infectious agents, vaccine components include potential allergens such as animal-derived proteins or peptides (hen's egg, horse serum, etc.), antibiotics (gentamycin, neomycin, streptomycin, polymyxin B), preservatives (aluminum, formaldehyde) and stabilizers like gelatin and lactose. In addition, exposure to inadvertent allergenic contaminants such as latex (in vial stoppers and syringe plungers) may also occur.

The classification of allergic reactions distinguishes mainly two categories: immediate, most likely IgE-mediated reactions, and delayed reactions. IgE mediated reactions to vaccines may present with skin manifestations (urticaria, angioedema), respiratory signs (rhino-conjunctivitis or bronchospasm), gastrointestinal disorders (diarrhea, abdominal pain and vomiting), and life-threatening cardiovascular complications such as hypotension and shock within minutes following the vaccination. It has been estimated that immediate anaphylactic life-threatening reactions to vaccines are a rare event, while reactions to vaccines limited to the injection site are more frequent [25].

Delayed reactions comprise a wide spectrum of manifestations. Fever and local swelling are the most commonly observed, and usually are not considered a contraindication for future administration of the vaccine [26,27]. Less frequent delayed immunologic reactions include serum sickness, polyarthritis and erythema nodosum. These cases represent a contraindication for future vaccination [28,29].

Gelatin is one of the most common causes of allergic reactions to varicella, MMR, Japanese encephalitis vaccines and influenza vaccine [30]. Egg protein is present in yellow fever, influenza, MMR and some rabies vaccines. Influenza vaccination in patients with egg allergy is an important clinical issue and relevant guidelines are frequently updated (see www.cdc.gov/vaccines). Currently, the amounts of egg protein in most influenza vaccines are small (≤ 1 μg per 0.5 ml dose in most cases). In addition, egg-free influenza vaccines are now available for adults with egg allergy. Thus, influenza vaccine can be safely administered to the vast majority of patients with egg allergy, as adverse reactions have generally been very rare [31–33].

Thimerosal and phenoxyethanol, used as preservatives, have been associated with delayed-type hypersensitivity reactions. Thimerosal has been recently removed from vaccine formulations. Aluminum salts are contained in several vaccines, including diphtheria tetanus and pertussis, hepatitis A and B vaccine, human papilloma virus (HPV) and *Haemophilus influenza* vaccine. Aluminum sensitization manifests as nodules at the injection site that often regress after weeks or months, but may persist for years [34]. In subjects with suspected aluminum-induced granuloma a patch test for aluminum may be used to confirm the sensitization.

Hepatitis B vaccine and anti-HPV vaccines are prepared by harvesting the antigens from cell cultures of recombinant strains of the yeast *Saccharomyces cerevisiae*, also known as baker's yeast. Yeast-associated anaphylactic reactions have also been reported as rare events. DiMiceli et al. [35] reviewed the adverse events described in the Vaccine Adverse Event Reporting System (VAERS) focusing on reports that mentioned a history of allergy to yeast and related

anaphylactic reactions following vaccinations. Among 107 reports of anaphylaxis in subjects with pre-existing yeast allergies, 11 were described as 'probably' or 'possibly' related to the administration of hepatitis B vaccine.

Finally, antibiotics may be responsible for anaphylactic reactions. Thus, an accurate allergy history has to be taken in cases with previous allergic reactions to antibiotics prior to administrations of vaccines containing these agents.

Individuals who are prone to develop autoimmunity

Family history of autoimmune diseases and the genetic profile

Numerous studies have found that autoimmune diseases have a genetic predisposition. The abnormal immune response probably depends upon interactions between susceptibility genes and various environmental factors. Evidence for genetic predisposition to autoimmunity includes increased concordance for disease in monozygotic compared to dizygotic twins, and an increased frequency of autoimmunity in patients with affected family members.

Family history of autoimmunity was prevalent among patients developing SLE following HPV vaccination [8]. In another study, 19% of 93 patients with autoimmune conditions following hepatitis B vaccination had a family history of autoimmunity [7].

Certain HLA profiles are associated with autoimmunity. The most potent genetic influence on susceptibility to autoimmunity is the major histocompatibility complex (MHC). Different HLA alleles are linked to different autoimmune diseases. Examples are DR2 and increased risk for multiple sclerosis and Goodpasture's syndrome; DR3 and increased risk for SLE, celiac disease, type 1 diabetes and Graves' disease; DR4 and increased risk for RA, pemphigus and type 1 diabetes; and DR5 and increased risk for Hashimoto's thyroiditis and pernicious anemia. HLA profiles were reported in only few patients with vaccination-triggered autoimmunity [36].

Non-HLA genes also play a role in the genetic etiology of autoimmune diseases. Non-HLA genes that have been associated with autoimmunity can be divided into two groups: the first group consists of immune-regulatory genes such as the cytotoxic T lymphocyte antigen-4, or the protein tyrosine phosphatase gene, or mutations leading to complement deficiencies or IgA deficiency [37–40]. Deficiencies in the earlier components of the classical complement pathway (especially C4) have been linked to autoimmune diseases, and autoimmune disorders occur more frequently in individuals with selective IgA deficiency. The second group of non-HLA genes that have been associated with autoimmunity consists of tissue-specific genes, such as polymorphisms associated with the insulin gene, the thyroglobulin gene and the thyroid-stimulating hormone receptor gene [reviewed in 37].

Presence of autoantibodies

Autoantibodies can be detected in the preclinical phase of autoimmune diseases many years before the disease becomes apparent. Examples are anti-citrullinated protein antibodies (ACPA) in RA, anti-mitochondrial antibodies (AMA) in primary biliary cirrhosis, anti-thyroid antibodies in Hashimoto's thyroiditis, and anti-dsDNA in SLE [41]. Many autoantibodies have the ability to predict the development of an autoimmune disease in asymptomatic persons. The progression towards an autoimmune disease and its severity can be predicted from the type of antibody, its level, and the number of different antibodies present. The ability to predict the development of an autoimmune disease in asymptomatic individuals is especially important when the disease progression can be prevented by avoiding environmental factors, such as vaccinations, that may trigger or worsen the disease.

Smoking

Tobacco smoking is one of the most potent environmental factors that influence autoimmune diseases. Smoking has been associated with SLE [42,43] and with an increased risk of RA, an effect that was more pronounced in males and in seropositive patients [43]. Studies documenting an increased prevalence of smokers exist for many autoimmune disorders [43]. Smoking could lead to autoimmunity by several mechanisms: it interacts with genetic risk factors such as specific HLA-DR alleles, it induces tissue damage, increases apoptosis, induces leukocytosis and elevates levels of C-reactive protein, intercellular adhesion molecule-1 and E-selectin, resulting in inflammation [44,45]. To date, no specific association was documented between smoking and vaccination-related ASIA.

Hormonal factors

The hormonal panel, which affects the process leading to autoimmunity, involves estrogen, prolactin and vitamin D [46,47]. Exposure of the immune system to estrogens may be exogenous, in the form of oral contraceptives or hormone replacement therapy for post-menopausal women. Both forms may be associated with disease flare-up. Ovarian stimulation may also lead to the development of SLE or induction of SLE flares [48]. The mechanisms by which other potential sources of environmental estrogens, such as phytoestrogens, pesticides and other chemicals, could alter the immune system are yet to be established. Estrogen leads to increased survival and activation of autoreactive B cells [49]. Indeed, in large-scale reports of vaccination-induced ASIA, females seem to be affected more frequently than males [7].

Low vitamin D status has been implicated in the etiology of autoimmune diseases. There is an inverse relationship between vitamin D status and incidence of multiple sclerosis [50]. High vitamin D intake was also associated with lower risk for type 1 diabetes mellitus, rheumatoid arthritis and inflammatory bowel diseases [51]. Vitamin D status has not been established in cases with vaccination-related ASIA.

Summary

Appropriate epidemiological studies should be undertaken to confirm reports of individual cases or case series where familial, genetic, hormonal or other risk factors for autoimmune conditions were found in patients who developed post-vaccination ASIA. However, it is important to remember that for the overwhelming majority of individuals, vaccines carry no risk of systemic autoimmune disease and should be administered according to the current recommendations. Reports on autoimmune reactions after vaccination would constitute probably less than 0.01% of all vaccinations performed worldwide, although this rate may be biased by under-reporting. In addition, many of those reactions are mild and self-limited. Nevertheless, we should be cautious, especially in cases with previous post-vaccination phenomena and in those with allergies, but also in individuals who are prone to develop autoimmune diseases, such as those with a family history of autoimmunity or with known autoantibodies. In such subsets, the potential benefit of vaccination should be weighed against its potential risk.

References

[1] Shoenfeld E, Aron-Maor A. Vaccination and autoimmunity-vaccinosis: a dangerous liaison. J Autoimmun 2000;14:1–10.
[2] Cohen AD, Shoenfeld Y. Vaccine-induced autoimmunity. J Autoimmun 1996;9:699–703.
[3] Shoenfeld Y, Agmon-Levin N. 'ASIA' – autoimmune/inflammatory syndrome induced by adjuvants. J Autoimmun 2011;36(1):4–8.

[4] Aron-Maor A, Shoenfeld Y. Vaccination and autoimmunity. In: Shoenfeld Y, Rose NR, editors. Infection and autoimmunity. Amsterdam: Elsevier; 2004. p. 105–16.
[5] Bijl M, Agmon-Levin N, Dayer JM, Israeli E, Gatto M, Shoenfeld Y. Vaccination of patients with auto-immune inflammatory rheumatic diseases requires careful benefit-risk assessment. Autoimmun Rev 2012;11(8):572–6.
[6] Perricone C, Colafrancesco S, Mazor RD, Soriano A, Agmon-Levin N, Shoenfeld Y. Autoimmune/inflammatory syndrome induced by adjuvants (ASIA) 2013: unveiling the pathogenic, clinical and diagnostic aspects. J Autoimmun 2013:1–16.
[7] Zafrir Y, Agmon-Levin N, Paz Z, Shilton T, Shoenfeld Y. Autoimmunity following hepatitis B vaccine as part of the spectrum of 'autoimmune (auto-inflammatory) syndrome induced by adjuvants' (ASIA): analysis of 93 cases. Lupus 2012;21:146–52.
[8] Gatto M, Agmon-Levin N, Soriano A, Manna R, Maoz-Segal R, Kivity S, et al. Human papillomavirus vaccine and systemic lupus erythematosus. Clin Rheumatol 2013;32:1301–7.
[9] Lee SH. Detection of human papillomavirus L1 gene DNA fragments in post-mortem blood and spleen after Gardasil® vaccination – a case report. Adv Biosci Biotechnol 2012;3:1214–24.
[10] Lee SH. Detection of human papillomavirus (HPV) L1 gene DNA possibly bound to particulate aluminum adjuvant in the HPV vaccine Gardasil. J Inorg Biochem 2012;112:85–92.
[11] Lee SH. Topological conformational changes of human papillomavirus (HPV) DNA bound to an insoluble aluminum salt – a study by low temperature PCR. Adv Biol Chem 2013;3:76–85.
[12] Gherardi RK, Coquet M, Cherin P, Belec L, Moretto P, Dreyfus PA, et al. Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminium hydroxide in muscle. Brain 2001;124:1821–31.
[13] Konstantinou D, Paschalis C, Maraziotis T, Dimopoulos P, Bassaris H, Skoutelis A. Two episodes of leukoencephalitis associated with recombinant hepatitis B vaccination in a single patient. Clin Infect Dis 2001;33:1772–3.
[14] Soriano A, Verrecchia E, Marinaro A, Giovinale M, Fonnesu C, Landolfi R, et al. Giant cell arteritis and polymyalgia rheumatica after influenza vaccination: report of 10 cases and review of the literature. Lupus 2012;21:153–7.
[15] Quiroz-Rothe E, Ginel PJ, Pérez J, Lucena R, Rivero JLL. Vaccine-associated acute polyneuropathy resembling Guillain-Barré syndrome in a dog. EJCAP 2005;15(2).
[16] van Assen S, Agmon-Levin N, Elkayam O, Cervera R, Doran MF, Dougados M, et al. EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases. Ann Rheum Dis 2011;70(3):414–22.
[17] Mok CC, Ho LY, Fong LS, To CH. Immunogenicity and safety of a quadrivalent human papillomavirus vaccine in patients with systemic lupus erythematosus: a case–control study. Ann Rheum Dis 2013;72(5):659–64.
[18] Elkayam O, Yaron M, Caspi D. Safety and efficacy of vaccination against hepatitis B in patients with rheumatoid arthritis. Ann Rheum Dis 2002;61(7):623–5.
[19] Kuruma KA, Borba EF, Lopes MH, de Carvalho JF, Bonfá E. Safety and efficacy of hepatitis B vaccine in systemic lupus erythematosus. Lupus 2007;16(5):350–4.
[20] Saad CG, Borba EF, Aikawa NE, Silva CA, Pereira RM, Calich AL, et al. Immunogenicity and safety of the 2009 non-adjuvanted influenza A/H1N1 vaccine in a large cohort of autoimmune rheumatic diseases. Ann Rheum Dis 2011;70(6):1068–73.
[21] Perdan-Pirkmajer K, Thallinger GG, Snoj N, Čučnik S, Žigon P, Kveder T, et al. Autoimmune response following influenza vaccination in patients with autoimmune inflammatory rheumatic disease. Lupus 2012;21:175–83.
[22] Elkayam O, Amir S, Mendelson E, Schwaber M, Grotto I, Wollman J, et al. Efficacy and safety of vaccination against pandemic 2009 influenza A (H1N1) virus among patients with rheumatic diseases. Arthritis Care Res 2011;63(7):1062–7.
[23] van Assen S, Elkayam O, Agmon-Levin N, Cervera R, Doran MF, Dougados M, et al. Vaccination in adult patients with auto-immune inflammatory rheumatic diseases: a systematic literature review for the European League Against Rheumatism evidence-based recommendations for vaccination in adult patients with auto-immune inflammatory rheumatic diseases. Autoimmun Rev 2011;10(6):341–52.
[24] Fritsche PJ, Helbling A, Ballmer-Weber BK. Vaccine hypersensitivity – update and overview. Swiss Med Wkly 2010;140:238–46.
[25] Wood RA, Berger M, Dreskin SC, Setse R, Engler RJ, Dekker CL, et al. Hypersensitivity Working Group of the Clinical Immunization Safety Assessment (CISA) network. An algorithm for treatment of patients with hypersensitivity reactions after vaccines. Pediatrics 2008;122:e771–7.
[26] Wood RA. Allergic reactions to vaccines. Pediatr Allergy Immunol 2013;24:521–6.
[27] National Center for Immunization and Respiratory Diseases. General recommendations on immunization–recommendations of the Advisory Committee on Immunization Practice (ACIP). MMWR Recomm Rep 2011;60:993.
[28] Rogerson SJ, Nye FJ. Hepatitis B vaccine associated with erythema nodosum and polyarthritis. BMJ 1990;301:345.
[29] Kelso JM, Jones RT, Yunginger JW. Anaphylaxis to measles, mumps and rubella vaccine mediated by IgE to gelatin. J Allergy Clin Immunol 1993;91(4):867–72.
[30] Lasley MV. Anaphylaxis after booster influenza vaccine due to gelatin allergy. Pediatr Asthma Allergy Immunol 2007;20:201.
[31] Wood RA, Setse R, Halsey N, Clinical Immunization Safety Assessment (CISA) Network Hypersensitivity Working Group. Irritant skin test reactions to common vaccines. J Allery Clin Immunol 2007;120:478–81.
[32] Centers for Disease Control and Prevention (CDC). Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2012–13 influenza season. MMWR Morb Mortal Wkly Rep 2012;61:613.
[33] Committee on Infectious Diseases, American Academy of Pediatrics. Recommendations for prevention and control of influenza in children, 2012–2013. Pediatrics 2012;130:780–92.
[34] Barbaud A, Deschildre A, Waton J, Raison-Peyron N, Trechot P. Hypersensitivity and vaccines: an update. Eur J Dermatol 2013;23:135–41.
[35] DiMiceli L, Pool V, Kelso JM, Shadomy SV, Iskander J, VAERS Team. Vaccination of yeast sensitive individuals: review of safety data in the US vaccine adverse event reporting system (VAERS). Vaccine 2006;24:703–7.
[36] Santoro D, Vita G, Vita R, Mallamace A, Savica V, Bellinghieri G, et al. HLA haplotype in a patient with systemic lupus erythematosus triggered by hepatitis B vaccine. Clin Nephrol 2010;74(2):150–3.
[37] Jacobson EM, Tomer Y. The CD40, CTLA-4, thyroglobulin, TSH receptor and PTPN22 gene quintet and its contribution to thyroid autoimmunity: back to the future. J Autoimmun 2007;28:85–98.
[38] Tomer Y, Davies TF. Searching for the autoimmune thyroid disease susceptibility genes: from gene mapping to gene function. Endocr Rev 2003;24:694–717.
[39] Walport MJ, Davies KA, Morley BJ, Botto M. Complement deficiency and autoimmunity. Ann N Y Acad Sci 1997;815:267–81.
[40] Liblau R, Bach JF. Selective IgA deficiency and autoimmunity. Int Arch Allergy Immunol 1992;99:16–27.
[41] Bizzaro N, Tozzoli R, Shoenfeld Y. Are we at a stage to predict autoimmune rheumatic diseases. Arthritis Rheum 2007;56:1736–44.
[42] Costenbader KH, Kim DJ, Peerzada J, Lockman S, Nobles-Knight D, Petri M, et al. Cigarette smoking and the risk of systemic lupus erythematosus: a meta-analysis. Arthritis Rheum 2004;50:849–57.
[43] Harel-Meir M, Sherer Y, Shoenfeld Y. Tobacco smoking and autoimmune rheumatic diseases. Nat Clin Pract Rheumatol 2007;3:707–12.
[44] George J, Levy Y, Shoenfeld Y. Smoking and immunity. An additional player in the mosaic of autoimmunity. Scand J Immunol 1997;45:1–6.
[45] Costenbader KH, Karlson EW. Cigarette smoking and autoimmune disease: what can we learn from epidemiology? Lupus 2006;15:737–45.
[46] Orbach H, Shoenfeld Y. Hyperprolactinemia and autoimmune diseases. Autoimmun Rev 2007;6:537–42.
[47] Arnson Y, Amital H, Shoenfeld Y. Vitamin D and autoimmunity: new etiological and therapeutic considerations. Ann Rheum Dis 2007;66:1137–42.
[48] Zandman-Goddard G, Peeva E, Shoenfeld Y. Gender and autoimmunity. Autoimmun Rev 2007;6:366–72.
[49] Grimaldi CM, Michael DJ, Diamond B. Cutting edge: expansion and activation of a population of autoreactive marginal zone B cells in a model of estrogen-induced lupus. J Immunol 2001;167:1886–90.
[50] Munger KL, Zhang SM, Oreilly E, Hernán MA, Olek MJ, Willett WC, et al. Vitamin D intake and the incidence of multiple sclerosis. Neurology 2004;62:60–5.
[51] Cantorna MT, Mahon BD. Mounting evidence for vitamin D as an environmental factor affecting autoimmune disease prevalence. Exp Biol Med 2004;229:1136–42.

Colorado Public School Children Enrolled 2018/19 = 911,536

This bill would Add 4 additional Vaccines totaling 3,646,144 additional vaccines given to Colorado public school children. Many will opt out of these additional vaccine because they are unnecessary and controversial. This will actually increase the number of exemptions.

Vaccine	Manufacturer	Cost/Dose	Additional Vaccine Sales for the 911,536 students required to receive these vaccines
Hep A (Havrix)	GlaxoSmithKline	32.89	$29,980,419
Men B	GlaxoSmithKline	170.75	$155,644,772
Men Conjugate	GlaxoSmithKline	130.75	$119,183,332
Rotavirus	GlaxoSmithkline	120.95	$110,250,279
TOTAL SALES			$415,058,802

Prices are according to the CDC website Vaccine Price list.
www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html

From: Cindi Peck cindipeck@fourwings.net
Subject: Robert F Kennedy Jr. testimony
Date: May 1, 2019 at 11:33:24 PM
To: Paul Lundeen senatorlundeen@gmail.com

Dear Senator Lundeen;

Please submit on behalf of the Children's Health Defense, the testimony of Robert F Kennedy Jr. on the Vaccine Safety Project. Mr. Kennedy submitted this testimony before the House committee on HB 19 - 1312, and thus is also submitted for this Senate hearing.

Thank you very much.

Cindi Peck

On behalf of
Robert Kennedy Jr.
and the Children's
Health Defense —
is this submission
of the Vaccine Safety Project.
The Science of vaccine
safety is not settled.
This is a report on the
troubling source of the
science coming only
from the vaccine industry
claiming vaccines are safe —
where the government has failed
to protect us from conflicts
of interest at CDC —

Children's
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Vaccine Safety Project

VIDEO TRANSCRIPT

ROBERT F. KENNEDY, JR.

Children's Health Defense

Introduction

Hi, I'm Robert F. Kennedy, Jr. and I'm the Chairman of the Children's Health Defense and I made this video primer because in a dozen states across America today, state legislatures and governors are considering passing vaccine mandates and the facts in this video are facts that every political leader who's trying to decide whether to vote for or against those mandates ought to understand.

I want to start by saying that I am fiercely pro-vaccine. I had all six of my children vaccinated. I believe that vaccines have saved millions of lives.

But I want vaccines that are as safe as possible, I want science that is robust and I want to make sure that we have a regulatory agency that has unquestioned integrity and freedom of conflicts of interest and we don't have those things today.

The vaccine ingredient that got me involved in this controversy was thimerosal, which of course is a mercury-based preservative that is still in 48 million flu shots annually.

One of the characteristics of mercury is that it tends to injure boys instead of girls or over girls. Science indicates the reason for that is because testosterone tends to amplify the neurotoxic impacts of the mercury molecule and estrogen tends to wrap that molecule and protect the female brain.

This video indicates some of the human impacts of the continued use of thimerosal in American flu shots.

Trace Amounts Excerpt

I was six and a half months pregnant with twins, a boy and a girl. I went in for a routine exam and at the end of the exam, as I was about to leave, my doctor said, "You know, I really would like you to stop "by the nurse's station and get a flu shot." Against my better judgment, I went ahead and let them give me the shot.

Within five to six hours after the shot, I started getting severe cramps and bleeding. I immediately went back to the hospital where my doctor was and he said, "You are having a miscarriage."

I lost my son and my daughter ended up, at 18 months, diagnosed with severe autism. She regressed in my womb. I had her baby teeth analyzed and baby teeth form in the womb, her baby teeth had tons of mercury in them.

My doctor was so horrified by what happened, he said, "I'm not giving any more flu shots "to pregnant women."

- Any toxicologist will tell you that if you inject mercury or aluminum into a little baby, or a child, or a pregnant woman, there's going to be bad consequences including neurodevelopmental damages.

I. Who is Responsible?

But my question was, how did those neurotoxic elements get into our vaccine supply? What kind of testing was done? The answers to that investigation were shocking to me and I believe that they will be shocking to any pediatrician, any public health regulator, and any politician who is now considering vaccine I'm going to start by talking about this study that was published in February of 2017, of this year.

One of the leaders of the team is Dr. Peter Aaby.

Dr. Aaby is one of the world's foremost authorities on vaccines, particularly vaccines in Africa.

This study was a study of the DTP vaccine, diphtheria, tetanus, and pertussis, the most popular vaccine in the world and a vaccine that's given to virtually every vaccinated child in Africa.

Because of a quirk in the way that the vaccines were administered in the nation of Guinea-Bissau, it allowed Dr. Aaby and his team to do the kind of study vaccine safety advocates in this country have advocated for many, many years.

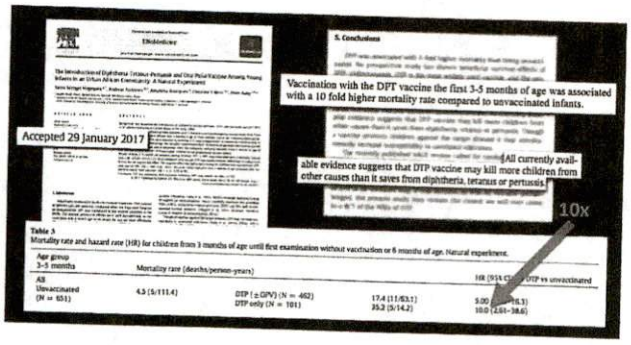
It is a vaccinated versus unvaccinated study and what they found was the vaccinated children had 10 times the death rate of unvaccinated children.

But the things that the vaccinated children were dying of, were things you would never associate with vaccines.

What the scientists concluded was that the vaccine, while it was protecting children from diphtheria, tetanus, and pertussis, had wrecked their immune system so that they were dying of these unrelated illnesses.

And here's what they concluded,

"All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis."



This is rather shocking. The interesting thing and the frightening thing about this study is that this was data that was 30 years old. Nobody noticed that this vaccine had been killing times the amount of kids.

And the relevant question for us, this study begs, is there a surveillance system in this country that would send off an alarm if the same thing was happening here from our current vaccine program? Or is there a safety testing program that would assure that this can't happen? And the answer, I'm about to show you, is no.

I'm going to start with this slide, and this slide shows a short list of vaccine adverse events. In other words, these are injuries that are acknowledged by the government and by the manufacturer to be caused by vaccines.

How do we know that? Well, this first list are injuries that have been compensated by the Vaccine Court. So the courts have decided yes, your injury was caused by the vaccine and we are going to pay you money for that.

Short list of Vaccine Adverse Events
(Compensated in Vaccine Court or Listed on Vaccine Inserts)

- Guillain-Barre Syndrome (GBS)
- Transverse Myelitis
- Encephalopathy
- Seizure Disorder
- Death
- Brachial Neuritis
- Acute Disseminated Encephalomyelitis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Bell's Palsy
- Idiopathic Thrombocytopenic Purpura (ITP)
- Rheumatoid Arthritis
- Multiple Sclerosis (MS)
- Fibromyalgia
- Infantile Spasms
- Anaphylaxis
- Ocular Myasthenia Gravis
- Hypoxic Seizure

(Listed on Vaccine Inserts)

- Autoimmune Diseases
- Food Allergies
- Asthma
- Eczema
- Juvenile Diabetes
- Rheumatoid Arthritis
- Tics
- ADD
- ADHD
- Speech Delay
- Neurodevelopmental Disorder
- Autism
- SIDS
- Narcolepsy
- Seizure Disorder
- Epilepsy
- Multiple Sclerosis
- Tourette's

These include autoimmune diseases, encephalopathy, that is brain damage, seizure disorder, death. Below is another list that really overlaps with the top list.

These are the injuries that the manufacturer is saying, "These could be caused by our vaccine." And they include autoimmune diseases, asthma, eczema, juvenile diabetes.

Now look at this, according to CDC one in six children now has a developmental disorder. The same injuries associated with vaccines.

According to the CDC
1 in 6 children has a developmental disability*

- ADHD
- Autism
- Intellectual Disabilities
- Learning Disabilities
- Hearing Loss
- Developmental Delays

*Source: cdc.gov/ncbddd/developmentaldisabilities/specificconditions.html

According to HHS Funded Publication
54% of children have chronic illnesses†

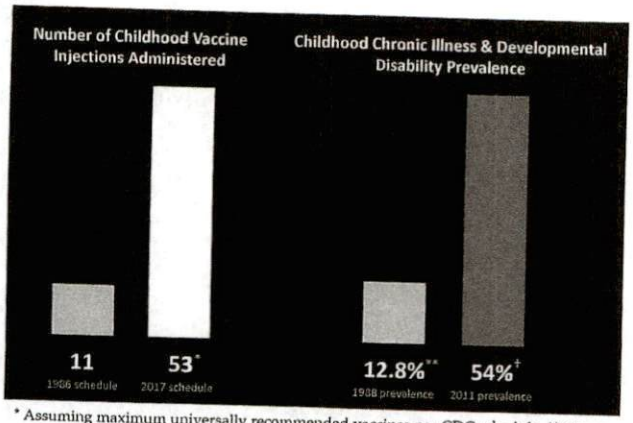
- Obesity
- Risk of Developmental Delay
- Environmental Allergies
- Learning Disability
- Asthma
- ADD/ADHD
- Chronic Ear Infections
- Behavior Problems
- Migraines
- Speech Problems
- Hearing Loss
- 12 others not listed

†Bethel et. al, 2011, A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations, Academic Pediatrics.

This is an epidemic. And according to HHS, it gets worse. 54% of children have some kind of chronic illness.

In 1986, Congress passed the Vaccine Act and gave blanket immunity to vaccine companies for injuries caused by vaccines. And for some of these new vac-

cines, they can make up to a billion dollars a year in profits or even more.



* Assuming maximum universally recommended vaccines per CDC schedule. ** Cleave et. al, 2010, Dynamics of Obesity and Chronic Health Conditions Among Children and Youth, JAMA. †Bethel et. al, 2011, A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations, Academic Pediatrics.

This is what happened, in 1986 there were 11 vaccines on the schedule, but today there are 53 jabs.

Look what happened at the same time, in 1988 only 12.8% of kids had chronic disease, today 54%. So the rise was coterminous with the expansion of the vaccine schedule.

Question one, who is responsible then for vaccine safety? In every other sector in this country, it's the manufacturer and distributor of the product who is responsible for safety.

With an automobile, it would be the automobile manufacturer, with a drug like Phen-fen or Vioxx, when those drugs were found to be unsafe, the company was responsible.

And, of course, that responsibility and that liability keeps the company concerned and focused on safety.

> By 1986: "The litigation costs associated with claims of damage from vaccines had forced several companies to end their vaccine research and development programs as well as to stop producing already licensed vaccines."
>
> (Source: IOM)

So this is the language of the Vaccine Act, "No person may bring a civil action against any vaccine "administrator or manufacturer in a State or Federal court "for damages arising from a "vaccine-related injury and death." So no matter how sloppy the line protocols, no matter how dangerous the ingredient, no matter how grievous the injury to your child, you can't sue the manufacturer for an injury caused by vaccines.

> "No person may bring a civil action… against a vaccine administrator or manufacturer in a State or Federal court for damages arising from a vaccine-related injury or death."
>
> (42 U.S.C. § 300aa-11)

So what are the consequences to having the only consumer product in America that's completely liability-free? First of all, there's no incentive among manufacturers to conduct safety studies.

In fact, there's a disincentive because there's a provision in the Vaccine Act that says essentially that the only way that a manufacturer can be liable is if they know of a side effect from that vaccine and they fail to warn. So their incentive is to do everything that they can to not learn of any side effects.

That's one consequence. The second is that there's a liability-free market of 74 million American children.

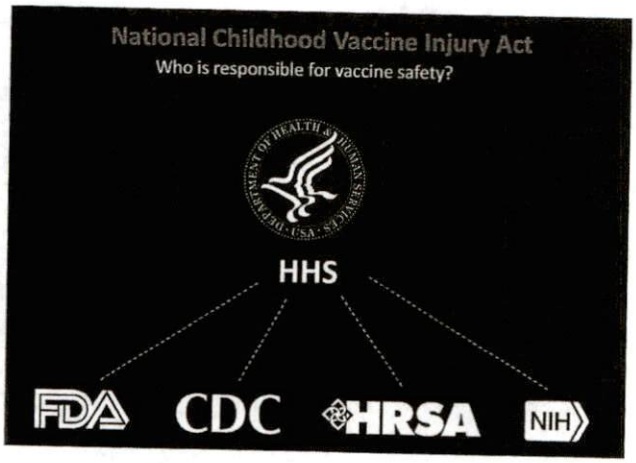
1986	2017	
11 Vaccines	53 Vaccines (plus 2 prenatal)	
DTP (2 months)	Hepatitis B (one day)	Influenza (2 years)
Polio (2 months)	Hepatitis B (one month)	Influenza (3 years)
DTP (4 months)	DTaP (2 months)	Influenza (4 years)
Polio (4 months)	Polio (2 months)	DTaP (4 years)
DTP (6 months)	Hib (2 months)	MMR (4 years)
MMR (15 months)	PCV (2 months)	IPV (4 years)
DTP (18 months)	Rotavirus (2 months)	Varicella (4 years)
Polio (18 months)	DTaP (4 months)	Influenza (5 years)
DTP (4 years)	Polio (4 months)	Influenza (6 years)
Polio (4 years)	Hib (4 months)	Influenza (7 years)
Tetanus (14 years)	PCV (4 months)	Influenza (8 years)
	Rotavirus (4 months)	Influenza (9 years)
	DTaP (6 months)	Influenza (10 years)
	Polio (6 months)	HPV (11 years)
	Hepatitis B (6 months)	MenACWY (11 years)
	Hib (6 months)	Influenza (11 years)
	PCV (6 months)	TDaP (11 years)
	Rotavirus (6 months)	HPV (11 ½ years)
	Influenza (6 months)	Influenza (12 years)
	MMR (12 months)	Influenza (13 years)
	Varicella (12 months)	Influenza (14 years)
	Hib (12 months)	Influenza (15 years)
	Hepatitis A (12 months)	MenACWY (16 years)
	PCV (12 months)	Influenza (16 years)
	DTaP (15 months)	Influenza (17 years)
	Hepatitis A (18 months)	Influenza (18 years)
	Influenza (18 months)	

The third is that there is a very strong incentive to develop more and more and more vaccines because the profits are so enormous and the costs are almost nothing.

Here are the results in detail, 11 vaccines in 1986. Fifty-three vaccines that our children are being given today under the schedule, and here's the future: 270 vaccines that are already in the pipeline.

Thousands of clinical trials that are developing new vaccines for the industry and a vaccine industry that is projecting vaccines as a $90 billion profit center over the next few years.

So, if the manufacturers have been lifted of any responsibility for vaccine safety, well, who's responsible?



Well, the Vaccine Act did not want to leave a vacuum. So it said that HHS is responsible, Health and Human Services Department and that specifically FDA, CDC, NIH and HRSA would be the agencies responsible. There's two stages before a vaccine comes to market.

First, the FDA has to license the vaccine. Then CDC has to add it to the schedule. The FDA is the agency that is in charge of the initial step of licensing the vaccine, and here's what FDA says that it does.

It says, "Vaccines undergo rigorous and extensive testing "to determine their safety." Is that true? Let's see. Let's first look at what FDA requires for regular drugs.

Now, for most other drugs, the safety testing is, indeed, rigorous and that kind of testing takes several thousand people who are given the drug and then the same number of people who, usually similarly situated people, who are given a pill that looks exactly like that drug but it's inert and neither the researchers nor the patients know which ones got the saline drug and which ones got the real drug, so it's double blind.

Then the researchers look at both of those groups for typically five years and they look at health outcomes and that's how they figure out whether or not the drug is safe.

For example, with Lipitor the safety review period was 4.8 years and the placebo group received a sugar pill that looked exactly like a Lipitor pill.

With Enbrel, which is another prescription drug, the safety review period was 6.6 years, and the placebo group was a saline injection.

National Childhood Vaccine Injury Act

42 USC § 300aa-2. Program responsibilities

(1) Vaccine research. ...**research carried out in or through [NIH, CDC, FDA]... to prevent adverse reactions to vaccines.**

(2) Vaccine development. The Director... shall ...coordinate and provide direction for activities carried out in or through [NIH, FDA] **to develop the techniques needed to produce safe and effective vaccines.**

(3) Safety and efficacy testing of vaccines. ...**safety and efficacy testing of vaccines carried out in or through [NIH, CDC, FDA].**

Evaluating the need for and the effectiveness and adverse effects of vaccines and immunization activities. The Director... shall ... coordinate and provide direction to [NIH, CDC, FDA, and other agencies]... in **monitoring... adverse effects of vaccines and immunization activities.**

42 USC § 300aa-27. Mandate for safer childhood vaccines

(a) General rule. ... the Secretary shall—

(1) promote the development of childhood vaccines that result in fewer and less serious adverse reactions..., and

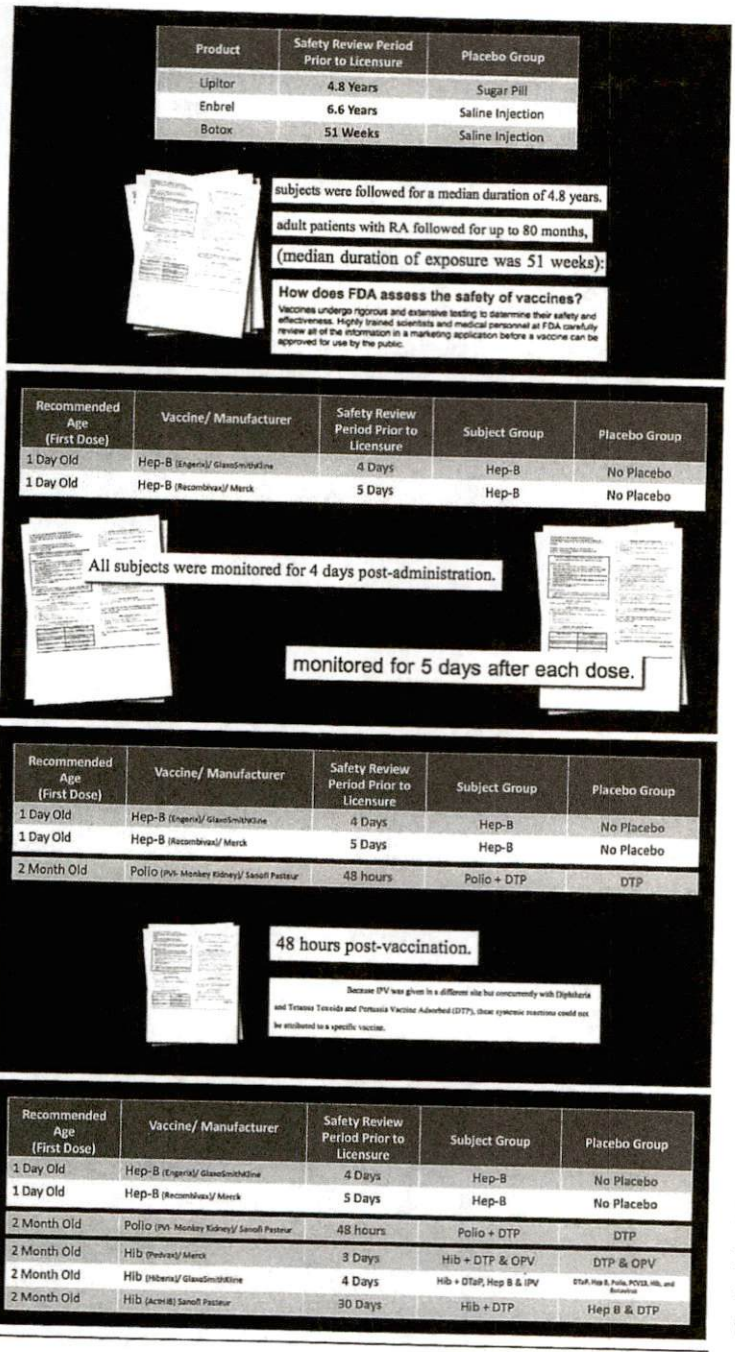
(2) make or assure improvements in... the licensing, manufacturing, processing, testing, ...field surveillance, adverse reaction reporting... and research on vaccines, in order to reduce the risks of adverse reactions to vaccines.

(b) Task force.

(1) The Secretary shall establish a task force on safer childhood vaccines which shall consist of the Director of [NIH, FDA, and CDC].

(2) The Director of the National Institutes of Health shall serve as chairman of the task force.

(3) ...the task force shall prepare recommendations to the Secretary concerning implementation of the requirements of subsection (a).



1986 Act: Vaccine Adverse Events Reporting System (VAERS)

In 2016, VAERS received 59,117 reports including:

43,200 ~~432~~ deaths,

109,100 ~~1,091~~ permanent disabilities,

413,200 ~~4,132~~ hospitalizations, and

1,028,400 ~~10,284~~ emergency room visits

"fewer than 1% of adverse events are reported"

(Source: healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

But look what they do with vaccines.

Vaccines are characterized by FDA not as drugs, but as biologics, and that gives FDA the capacity to fast track them without all of that rigorous and bothersome testing.

These are the two hepatitis B vaccines that are the only two that are approved for one day old children. So these vaccines are given to virtually every child that's born in this country in a hospital today.

Here was the safety review period, four days. That means if baby had a seizure and died on the fifth day, it never happened, it wouldn't ever be reported, no one will ever know because they only look at them for four days.

This one got five days. And then, look at this, there was no placebo.

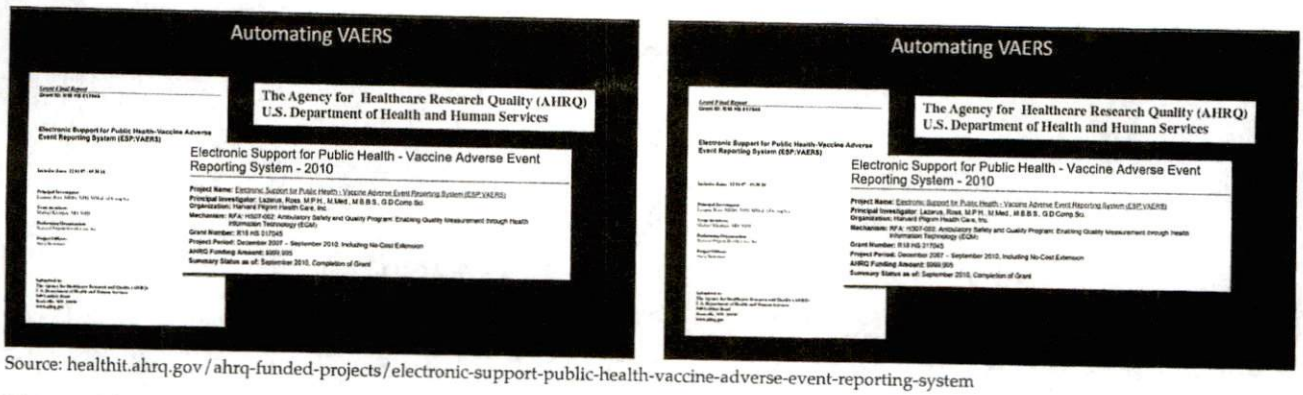
So what are they measuring it against? How do they even tell whether the test group had an unusual number of illnesses unless there's a placebo group to test them against? Of course they can't, it's not real safety science.

Yet, this is the only testing these vaccines received, so whoever approved these vaccines was not making an evidence-based decision. They were making a decision based upon something else.

Here's the polio vaccine for two-month-old children, the safety review was 48 hours. Look at the placebo group, they tested against the DTP vaccine.

This is the vaccine that was causing so many injuries that it caused Congress to pass the Vaccine Act because manufacturers were saying, "We're getting sued so much that we're going to "go out of business." That's not real science. That's not a placebo, that's what we call a spiked placebo. A placebo where you're using something toxic.

Here's some more examples, these are the Hib vaccines. And here are the safety review periods.



Source: healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

This got the longest one, the Sanofi Pasteur version got 30 days, the others got four days and three days respectively. But look what they were tested against, not a placebo. This one was tested against six vaccines at the same time.

That's not going to tell you anything about the safety of this vaccine prior to licensing, which means that the only thing that we're left with to determine whether vaccines are safe or not are post-licensing surveillance studies.

And what I'm going to show you is that the post-licensing surveillance is next to worthless.

The central mechanism for post-licensing vaccine safety surveillance is called the VAERS system, the Vaccine Adverse Events Reporting System.

VAERS last year alone said that 59,117 Americans were injured by vaccines and that doesn't tell the whole story. According to HHS, this number represents fewer than 1% of adverse events which are reported.

What would it look like if we were actually capturing all vaccine injuries? According to HHS's own calculations, it would be close to six million Americans injured by vaccines every year. And in 2010, the HHS actually commissioned a study that confirmed these astronomical levels of vaccine injury.

The HHS wanted to determine whether or not it was feasible to automate the VAERS system, so they hired an outside consulting group who came in and automated a system for one of the HMOs.

What they found, when they looked at how many people were actually getting injured, a true number, not reported by volunteers, but taken from medical records, of 376,452 individuals who were vaccinated, 35,000 of them had some kind of adverse reaction. That's one in ten.

That's very, very far from the one in a million number that the industry commonly uses when it talks about vaccine injury.

And it's a number that most public health officials and most Americans would consider completely unacceptable.

What happened to this system? Did HHS and CDC say, "This is science "that the public needs to know about, "so that we can ensure the safety of the vaccine supply?" No, they did the opposite. They literally stopped answering the phone calls for those consultants.

The consultant says, "Unfortunately, there was never 'an opportunity to perform system performance assessments' because the necessary CDC 'contacts were no longer available.'" So, instead of expanding the system nationwide, they shut it down.

They simply stopped answering the phone. These consultants had bad news and they didn't want to hear it.

Understandably there's going to be a lot of people out there who are going to want to dismiss what Robert F. Kennedy, Jr. says about the adequacy or inadequacy of vaccine safety science at HHS.

But it's not just me saying that, this is what the Institute of Medicine says about vaccine safety science at HHS. The Institute of Medicine, IOM, top scientists in the country, who are brought together to review the vaccine safety science at HHS.

This is their job, these are very prestigious individuals and they're paid for by the Federal government.

Here's what IOM says, in 1991, IOM reviewed a single vaccine, the DTP vaccine They found that there were 22 injuries or diseases that had been reported to be caused by that vaccine.

Of those 22, the existing literature, the scientific literature, supported causation in six of them. Existing literature acknowledged that six of those diseases were, in fact, caused by the DTP.

With four of those diseases, the literature rejected causation. But look at this number, with 12 of those diseases, there was no literature. It had never been studied.

And what kind of disease are we talking about? Meningitis, neurological damage, learning disabilities, and autoimmune diseases.

Because of the lack of science, they were handicapped in being able to make any kind of assessment about whether this vaccine was dangerous or safe.

So that was 1991, but look what happened three years later.

In 1994, IOM came back and looked at four other vaccines, they found that there were 54 illnesses that had been reported to be associated with those vaccines.

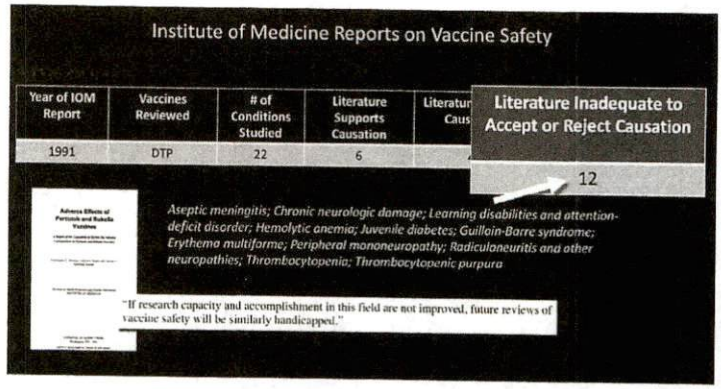
But for 38, there was no literature. It simply had never been studied.

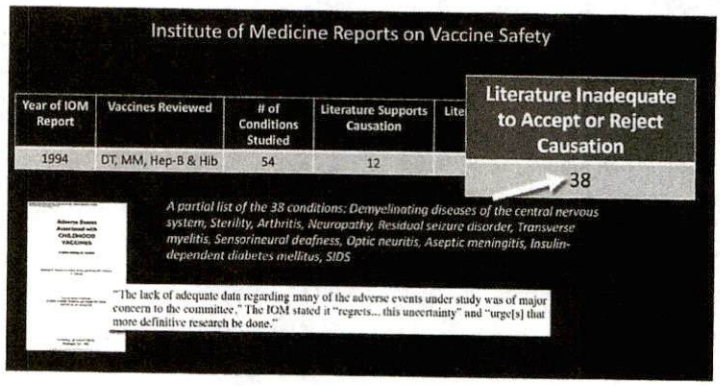
So, the IOM here is saying, "We don't have "the ability to assess the safety of vaccines "because the science simply doesn't exist." 17 years later, in 2011, IOM came back again. This time they reviewed four other vaccines, 155 conditions were reported.

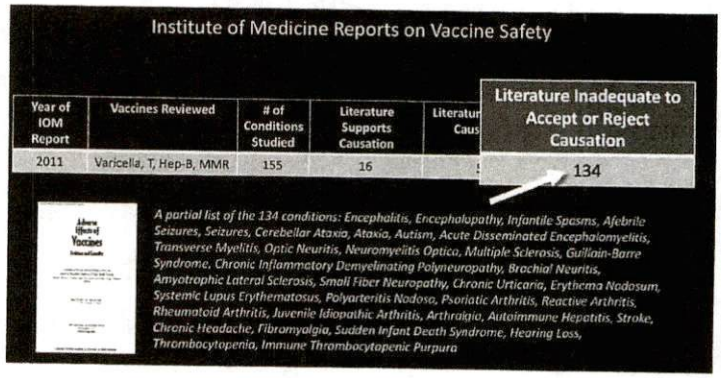
For 134 we don't know, and nobody knows, if the vaccines are causing that epidemic because we don't have the science to reject that hypothesis.

IOM's report was extensive and it was a 700-page report and I selected this because this deals with an injury that we've all heard about and that there's a lot of controversy about, which is autism.

This page was looking at whether the DTP vaccine can cause autism.







And what they found at the end of that is that, the evidence is inadequate to accept or reject a causal relationship between DTP and autism.

So what they're saying here is that they couldn't find any study of the relationship between DTP and autism, but in fact, they acknowledge in the first paragraph, they did find that there was one study out there, but that study found that DTP does cause autism.

But IOM decided to reject that study because it provided data from a passive surveillance system and lacked an unvaccinated comparison population.

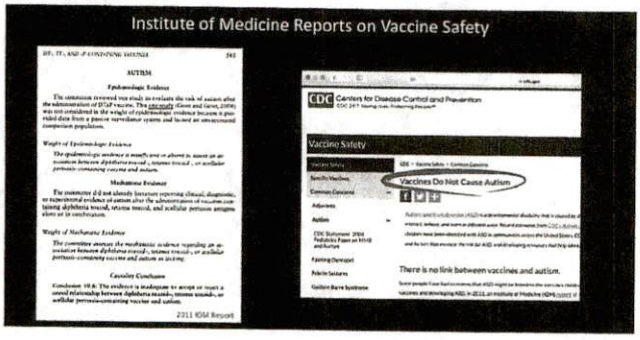
Well, that system that it relied on, was the VAERS system. It's HHS's own system.

What IOM is saying here is HHS is so slovenly and reckless at gathering data on vaccine safety that we cannot use the one system that they have because it's so unreliable.

So what does CDC do with this information? Do they come clean with the American public? Does it say to the American public, "We need to do our job.

"We need to go out and commission these studies "and find out whether there are any associations "between DTaP vaccine and autism?" No, this is what they do.

This is CDC's website: Vaccines do not cause autism.



And what does it cite? A 2011 Institute of Medicine study, this study.

CDC is counting on the fact that nobody is going to go out and read the 700-page report that it's citing there and find out that's not what the report says at all.

This is a lie. Now I want you to watch a 2008 interview with Dr. Bernadine Healy who was the former head of NIH.

- This is the time when we do have the opportunity to understand whether or not there are susceptible children, perhaps genetically, perhaps they have a metabolic issue, mitochondrial disorder, immunological issue, that makes them more susceptible to vaccines plural, or to one particular vaccine, or to a component of vaccine like mercury.

So we now, in these times, have to I think take another look at that hypothesis, not deny it.And I think we have the tools today that we didn't have 10 years ago, that we didn't have 20 years ago, to try and tease that out, and find out if, indeed, there is that susceptible group.

Why is this important? A susceptible group does not mean that vaccines aren't good.

Vaccine Ingredients (Partial List)

α-tocopheryl hydrogen succinate
β-propiolactone
2-phenoxyethanol
aluminum hydroxide
aluminum phosphate
aluminum salts
amino acids
aminoglycoside
ammonium sulfate
amorphous aluminum hydroxyphosphate sulfate
baculovirus and cellular DNA
beta-propiolactone
bovine serum albumin
calcium carbonate
calcium chloride
calf bovine serum
Canine Kidney (MDCK) cell protein
casamino acids
cetyltrimethlyammonium bromide
chick embryo cell culture
CMRL 1969 medium with calf serum
complex fermentation media
CRM197 carrier protein
dibasic sodium phosphate
dimethyl-beta-cyclodextrin
disodium phosphate dihydrate
DNA
Dulbecco's Modified Eagle Medium
EDTA (Ethylenediaminetetraacetic acid)
egg protein
ferric (III) nitrate
fetal bovine serum
formaldehyde
formalin
Frozen human embryonic lung cell cultures
glutamate
glutaraldehyde
guinea pig cell cultures
human diploid cell cultures (MRC-5) & (WI-38)
hydrolyzed gelatin
L-250 glutamine
L-histidine
L-tyrosine
lactalbumin hydrolysate
lactose
lipids
M-199 without calf bovine serum
magnesium sulfate
MDCK cell DNA
Medium 199 without calf serum
modified Latham medium derived from bovine casein
modified Mueller and Miller medium
modified Mueller-Miller casamino acid medium
monkey kidney cells
monobasic potassium phosphate
monobasic sodium phosphate
monosodium L-glutamate
MRC-5 cells (a line of normal human diploid cells)
MRC-5 diploid fibroblasts
neomycin sulfate
non-viral protein
nonylphenol ethoxylate
octylphenol ethoxylate (Triton X-100)
ovalbumin
phenol
phenoxyethanol
phosphate buffer
phosphate-buffered saline solution
polymyxin B sulfate
polysorbate 20
polysorbate 80
Porcine circovirus type 1
potassium aluminum sulfate
potassium chloride
potassium phosphate monobasic
potassium phosphate potassium chloride
recombinant human albumin
sodium bicarbonate
sodium borate
sodium chloride
sodium citrate
sodium deoxycholate
sodium dihydrogen phosphate dihydrate
sodium hydrogenocarbonate
sodium hydroxide
sodium phosphate
sodium phosphate dibasic
sodium phosphate monobasic monohydrate
sodium phosphate buffered isotonic sodium chloride solution
sodium pyruvate
sodium taurodeoxycholate
sorbitol
soy peptone
Spodoptera frugiperda cell proteins
Stainer-Scholte medium
streptomycin
succinate buffer
synthetic medium
thimerosal
Triton X-100
urea
VERO cells
vero cells (a continuous line of monkey kidney cells)
WI-38 human diploid lung fibroblasts
xanthan
yeast extract-based medium
yeast protein

What a susceptible group will tell us is that maybe there is a group of individuals, or a group of children, that shouldn't have a particular vaccine or shouldn't have vaccine on the same schedule.

I do not believe that, if we identified a susceptibility group, if we identified a particular risk factor for vaccines, or if we found out that maybe they should be spread out a little longer, I do not believe that the public would lose faith in vaccines.

It is the job of the public health community, and of physicians to be out there and to say, "Yes, we can make it safer.

Because we are able to say this is a subset, "we're going to deliver it in a way that we think is safer." So I think the public

would respect that. I think the government, or certain public health officials in the government, have been too quick to dismiss the concerns of these families without studying the population that got sick.

I haven't seen major studies that focus on 300 kids who got autistic symptoms within a period of a few weeks of a vaccine.

I think that the public health officials have been too quick to dismiss the hypothesis as irrational without sufficient studies of causation.

The reason why they didn't want to look for those susceptibility groups was because they're afraid that if they found them, however big or small they were, that would scare the public away.

Reporter: It sounds like you don't think the hypothesis of a link between vaccines and autism is completely irrational.

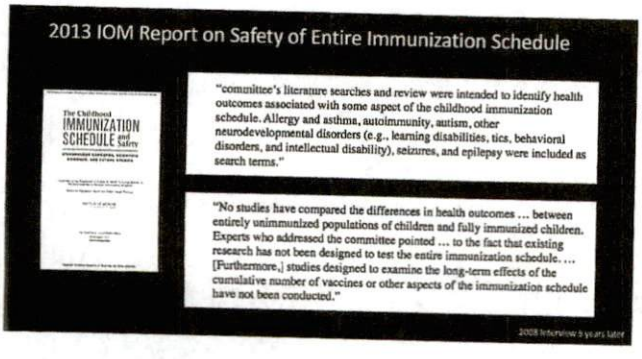
Healy: So when I first heard about it, I thought that doesn't make sense to me.

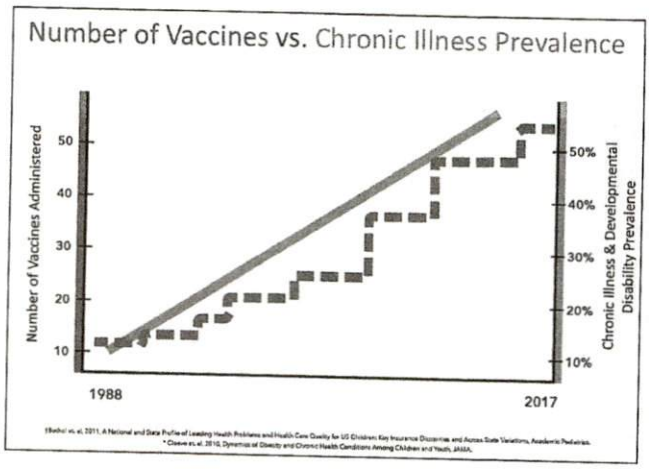
The more you delve into it, if you look at the basic science, if you look at the research that's been done on animals, if you also look at some of these individual cases and if you look at the evidence that there is no link, what I come away with is the question has not been answered.

So as you just heard, Dr. Healy's central point is that, if we really want to know the safety profile of individual vaccines and the vaccine schedule, there's one study that we need in order to do that.

That is a vaccinated versus unvaccinated study.

But despite Dr. Healy's call for that in 2008, by 2013 the Institute of Medicine found that studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have never been conducted.





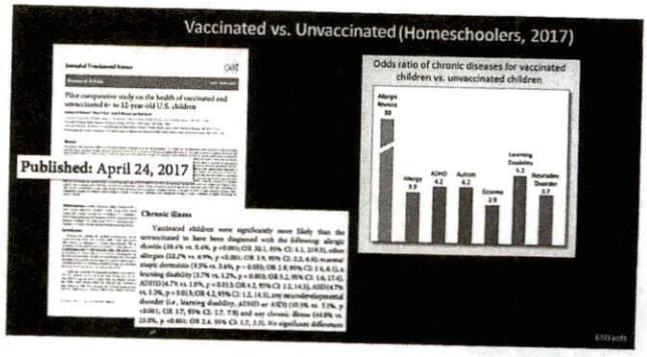
The good news is that CDC has the database with a capacity to do that study.

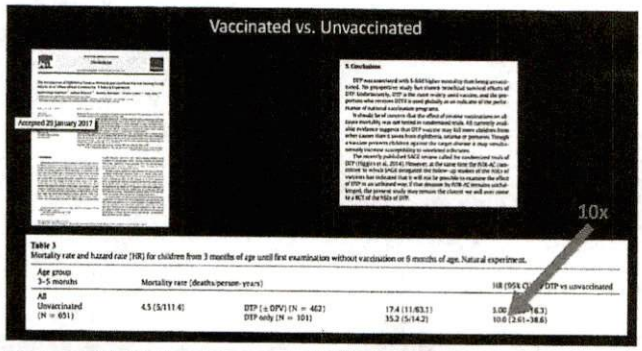
The CDC's Vaccine Safety Datalink has the health records and the vaccination records of 10 million people including hundreds of thousands of children.

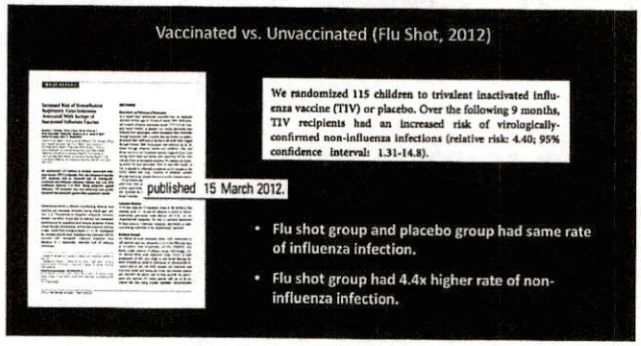
In 2011, IOM said, "It is possible to make this comparison "through analysis of patient information contained "in large databases such as the VSD." And why is the CDC not conducting these obvious kind of studies? Well, maybe it's because they don't like the results when those kind of studies are conducted.

For example, in the African study that I opened this presentation with, where vaccinated kids had 10 times the death rate of unvaccinated kids, or this study that was done in April of this year, and it's a study of about 700 homeschool kids ages 6 to 12.

The study found that the vaccinated children had less chicken pox and less pertussis, but that they had 30 times the levels of allergic rhinitis as unvaccinated children. 3.9 times the allergies. ADD 4.2 times. Autism 4.2 times.







This study that was published in 2012, which was a randomized study that compared children who received placebo to those who received a flu shot. What they found was that the flu shot group and the placebo group, had the same rate of flu infections.

But again, the flu shot group had 4.4 times higher rate of non-influenza infection So the flu shot was not giving the children protection against the flu, but it was influencing in a bad way, their immune systems to make them much more vulnerable to other illnesses.

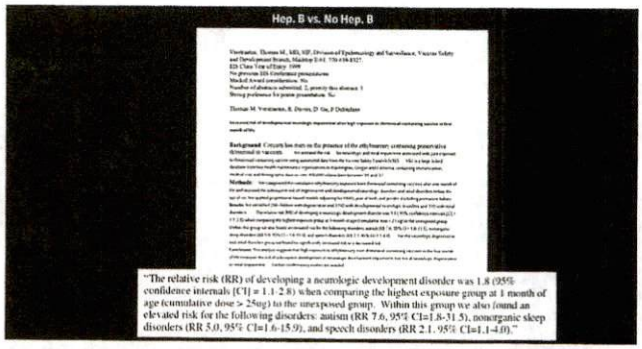
This is a CDC study done in 1999 secretly of its own vaccine safety database. What they found was astonishing.

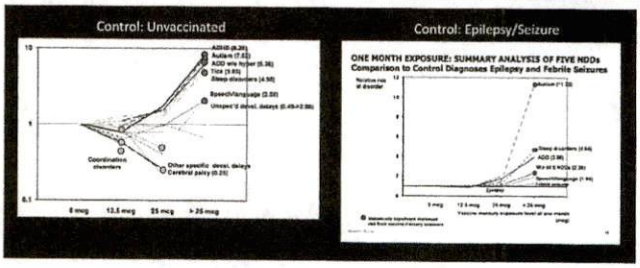
It looked at children who had received thimerosal vaccines and compared those to children who had not and what they found was that kids who had received the thimerosal vaccine had 1100% greater risk of receiving an autism diagnosis.

For comparison, smoking one pack of cigarettes a day for 20 years will create a relative risk of for lung cancer. This was 11.35.

CDC never published this version of the study, never let the public know about these risks and effectively closed the vaccine safety database to almost any independent researcher.

Now that study was known as the Verstraeten study and after that study came out, CDC panicked and began producing numerous studies in-house.





Those studies are almost all epidemiological studies and in my line of business, which is environmental law, epidemiological studies are regarded as the weakest form of studies.

We have an old saying that says, "Statistics don't lie, "but statisticians do." You could make an epidemiological study that proves, for example, that sex doesn't make you pregnant. How do you do that? You get rid of all the pregnant people before you study the population.

And then you can have a population where a lot of people are having sex and none is getting pregnant and you can prove that sex doesn't make you pregnant.

That's one of the gimmicks that CDC used in creating this new wave of epidemiological studies.

So we knew there was tremendous corruption inside of that department, but in 2014, we had a senior scientist in the CDC come forward and acknowledge that corruption.

Dr. William Thompson is a current employee at CDC.

He's a 17-year veteran of vaccine safety programs, he is the lead author, or a leading co-author on virtually all of the landmark studies that CDC has performed to exonerate vaccines from an association with autism.

Here's what he had to say.

- Here's the deal, is that the CDC is ... they're paralyzed.

So there's less and less and less being done as the place just comes to a grinding halt.

- [Interviewer] Mm-hmm-- [William] So really, what we need is for Congress just to come in and say give us the data and we're going to have an independent contractor do it and bring in the autism advocates and have them intimately involved in the study.

When I talk to you, you have a son with autism.

I have great shame now when I meet families with kids with autism because I have been part of the problem.

I shoulder that the CDC has put the research 10 years behind, alright? - [Interviewer] Mm-hmm-- [William] Because the CDC has not been transparent, we've missed 10 years of research because the CDC is so paralyzed right now by anything related to autism.

- [Interviewer] Right.

- [William] They're not doing what they should be doing- - [Interviewer] Right.

- [William] because they're afraid to look for things that might be associated.

So anyway, I ...

There's still a lot of shame with that.

So when I talk to a person like you who has to live this day in and day out, I say, well, so I have to deal with, you know, a few months of hell if this all becomes public, no big deal.

I'm not having to deal with a child who's suffering day in and day out.

So that's, you know, that's the way I view all this.

I am completely ashamed of what I did.

So that's that.

In the summer of 2014, Dr. William Thompson handed tens of thousands of pages of incriminating documents over to Congressman Bill Posey and he told Congressman Posey that he wanted to be subpoenaed to testify in front of Congress about the corruption in CDC's vaccine safety division.

In addition, he gave a private deposition to Congressman Posey and here's Congressman Posey's account of what Dr. Thompson told him during that deposition.

Congressman Posey:
In August 2014, Dr. William Thompson, a senior scientist at the Centers for Disease Control and Prevention, worked with a whistleblower attorney to provide my office with documents related to a 2004 CDC study that examined the possibility of a relationship between mumps, measles, rubella vaccines and autism.

In a statement released in August 2014, Dr. Thompson stated, "I regret that my co-authors and I omitted "statistically significant information in our 2004 article published in the Journal of Pediatrics.

The co-authors scheduled a meeting to destroy documents related to the study.

The remaining four co-authors all met and brought a big garbage can into the meeting room and reviewed and went through all the hard copy documents that we had thought we should discard and put them in a huge garbage can.

However, because I assumed it was illegal and would violate both FOIA and DOJ requests, I kept hard copies of all documents in my office and I retained all associated computer files.

Kennedy: So now we're going to show you that the governmental groups that are assigned with the responsibility of licensing the vaccines and adding them to the schedules are bedeviled by massive conflicts of interest that incentivize them to overlook that lack of scientific safety data.

So FDA is charged with the initial licensing phase of the vaccines, and the specific committee charged with that responsibility is called the Vaccine and Related Biological Products Advisory Committee, it's a mouthful.

The acronym is also a mouthful, VRBPAC.

There was an investigation of VRBPAC in 2013 by the US Government Reform Committee of Congress and here's what they found: "The overwhelming majority of members, 'both voting members and consultants, have substantial ties to the pharmaceutical industries,'" which is making huge profits on those vaccines.

Here are the specific conflicts that Congress found at FDA:

Three of the five FDA advisory committee members who voted to approve the rotavirus vaccine in December had financial ties to the pharmaceutical companies that were developing different versions of the vaccine.

One of the five voting members had a $9 million contract for a rotavirus vaccine. One of the five voting members was the principal investigator for a Merck grant to develop a rotavirus vaccine.

One of the five voting members received approximately

HHS Licenses, Recommends, Promotes and Defends Vaccines

FDA's Vaccine and Related Biological Products Advisory Committee ("VRBPAC")

2000 Investigation by U.S. House Government Reform Committee into VRBPAC :

- "The overwhelming majority of members, both voting members and consultants, have substantial ties to the pharmaceutical industry."
- "conflict of interest rules employed by the FDA... have been weak, enforcement has been lax, and committee members with substantial ties to pharmaceutical companies have given waivers to participate in committee proceedings... In many cases, significant conflicts of interest are not deemed to be conflicts at all."

Example of Conflicts of Interest

- For instance, "3 out of 5 FDA advisory committee [VRBPAC] members who voted to approve the rotavirus vaccine in December 1997 had financial ties to pharmaceutical companies that were developing different versions of the vaccine."
- 1 of the 5 voting members' employer had a $9,586,000 contract for a rotavirus vaccine.
- 1 of the 5 voting members was the principal investigator for a Merck grant to develop a rotavirus vaccine.
- 1 of the 5 voting members received approx. $1,000,000 from vaccine manufacturers toward vaccine development.

An ACIP vote to recommend a vaccine results in:

- Mandating the vaccine to millions of children.
- Immunity from liability for the manufacturer.
- Inclusion in the Vaccine for Children program.

Liability free captive market of 74 million American children with guaranteed payment

one million dollars from vaccine manufacturers toward vaccine development.

These are not independent arbiters of science who are looking out for our children. These are people who are looking out for themselves.

Once FDA licensed the vaccine, then it goes over to the CDC and CDC needs to decide whether or not to add that vaccine to the schedule.

This committee has really the frightening power to create a liability-free captive market of 74 million American children with guaranteed payment to the manufacturers. This committee has the power to create billions of dollars in profit for the pharmaceutical industry.

Of all the committees in the country, of all the committees in the world, this is the one committee that should be absolutely free of financial conflicts of interest with the pharmaceutical industry and yet the opposite is true.

This was a year 2000 investigation by the US Government Reform Committee of the United States Congress and they found the same kind of conflicts of interest in CDC as they had initially found in FDA.

They said CDC grants blanket waivers to ACIP members that allow them to deliberate on any subject, regardless of their conflicts, for the entire year. ACIP routinely used working groups where pharma insiders would effectively craft vaccine policy. ACIP reflects a system where government officials make crucial decisions affecting American children without the advice and consent of the governed.

Here are some specific conflicts that Congress found:

The chairman of the advisory committee served on Merck's immunization advisory board.

Another member shares the patent on a vaccine under development for the very same disease that he voted on and he had a $350,000 grant from Merck to develop this vaccine and was a consultant for Merck.

So you start out with having no good science, and handing that no-good science to this group of pharmaceutical industry insiders.

Until 2011, they acknowledged they weren't using evidence based guidelines.

That means most of the vaccines, almost all the vaccines, that are currently on the schedule, that your children are taking were added to that schedule not because of evidence, not because of science, but some other reason.

ACIP recommendations have transformed the vaccine market from a $1 billion industry in 1 to a $44 billion industry in 2017. And $44 billion buys a lot of corruption.

In 2009, the HHS Inspector General conducted a new investigation and here's what they found, CDC had a systematic lack of oversight. There were no changes.

97% of committee members' conflict disclosures had omissions. 58% had at least one unidentified potential conflict.

CDC has an $11.5 billion budget and look, almost $5 billion of that is allocated to purchase and promote vaccines and only $20 million to study vaccine safety. That pays for a couple of studies. CDC effectively is a vaccine company. It owns 56 vaccine patents.

The scientists who work for FDA and the CDC can receive royalties of $150,000 a year on vaccines that they develop, so this is the last agency that ought to be regulating vaccines. And yet we are trusting this agency with the health of our children.

Here's an example of the revolving door at CDC.

The former CDC Director from 2002 to 2009, when many of these vaccines were approved and many of these studies, these phony studies were being formulated, was Julie Gerberding. She oversaw numerous vaccine studies, many of which were recently deemed unreliable by IOM.

And in 2010, she became, a year after leaving the CDC, she was rewarded, let's say, with the Presidency of Merck's vaccines division with an estimated 2.5 million in annual salary and lucrative stock options.

Here's another unspoken conflict within HHS. After HHS licenses, recommends, and promotes vaccines with virtually no safety data, HHS is then statutorily required and vigorously defends against any claim that vaccines cause harm.

The Vaccine Act says, "In all proceedings brought "by filing a petition in Vaccine Court "the Secretary of HHS is named as the defendant." So the HHS, because it's defending vaccine injury cases, has a built-in incentive, rather than studying vaccines for safety, to kill any studies that may show that a vaccine is unsafe. This isn't just theoretical, this actually happens in real life and I'll show you an example.

In 2009, the Interagency Autism Coordinating Committee, which was a committee that was made up of scientists, public health officials, was looking at the wave of autism and thousands of parent complaints that said,

HHS Licenses, Recommends, Promotes and Defends Vaccines

2000 - Investigation Into ACIP by U.S. Government Reform Committee:

- "The CDC grants blanket waivers to the ACIP members each year that allow them to deliberate on any subject, regardless of their conflicts, for the entire year."
- ACIP routinely used working groups where pharma insiders would effectively craft vaccine policy.
- ACIP reflects "a system where government officials make crucial decisions affecting American children without the advice and consent of the governed."

2000 - Investigation Into ACIP by U.S. House Government Reform Committee:

Majority of the eight ACIP members were conflicted in their most recent vote:

[1] the chairman served on Merck's Immunization Advisory Board,

[2] another member shares the patent on a vaccine under development for the very same disease, had a $350,000 grant from Merck to develop this vaccine, and was a consultant for Merck,

[3] another member was under contract with the Merck Vaccine Division, received funds from various vaccine manufacturers including Pasteur, and was under contract as a principal investigator for SmithKline,

[4] another member received a salary from Merck as well as other payments from Merck,

[5] another member was participating in vaccine studies with Merck, Wyeth, and SmithKline, and

[6] another member received grants from Merck and SmithKline.

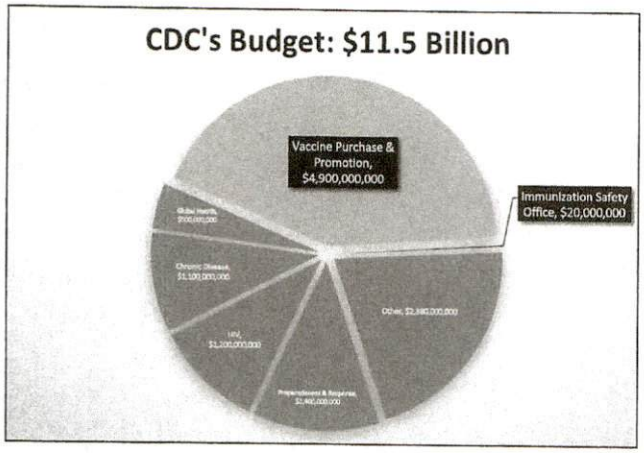
2009 – HHS Office of Inspector General Investigation

- "CDC had a systemic lack of oversight of the ethics program"
- 97 percent of committee members' conflict disclosures had omissions.
- 58 percent had at least one unidentified potential conflict.
- 32 percent had at least one conflict that remained unresolved.
- CDC continued to grant broad waivers to members with conflicts.

"Our child got autism from the vaccine." They recommended to HHS to study that relationship.

The Chairman of that committee, who was Dr. Tom Insel who was the head of the National Institute of Mental Health, came in and made the statement that, "I'm concerned about the optics."

If we say, "Yes, we think it's important to look at this "and to provide additional information, it implies "that



HHS Licenses, Recommends, Promotes and Defends Vaccines

CDC's website claims over 130 times that:
"CDC does not accept commercial support."
British Medical Journal (May 15, 2015)

- "Despite the agency's disclaimer, the CDC does receive millions of dollars in industry gifts and funding, both directly and indirectly, and several recent CDC actions and recommendations have raised questions about the science it cites, the clinical guidelines it promotes, and the money it is taking."
- "classic stealth marketing, in which industry puts their message in the mouths of a trusted third party"
- Quoting UCLA Professor of Medicine: "Most of us were shocked to learn the CDC takes funding from industry … it is outrageous that industry apparently is allowed to punish the CDC if the agency conducts research that has the potential to cut into profits."
- 2002-2009: Former CDC Director, Julie Gerberding oversaw numerous vaccine studies, many of which were recently deemed unreliable by the IOM.
- 2010: Became President of Merck Vaccines with estimated $2.5 million annual salary and lucrative stock options.
- CDC or NIH Employees whose names appear on vaccine patents can receive up to $150k in licensing fees per year (in perpetuity).
- After HHS licenses, recommends, and promotes vaccines with virtually no safety data, HHS is then statutorily required and vigorously defends against any claim vaccines cause harm.

"In all proceedings brought by the filing of a petition [in Vaccine Court] the Secretary shall be named as the respondent." 42 USC § 300aa-12 ("1986 Act")

we believe that there is a relationship "between autism and vaccines, and in some ways "this runs opposite to what HHS may define "through the HRSA process."

So he killed the approved study in 2010 leaving us no answers to this question.

Interagency Autism Coordinating Committee ("IACC")

After the IACC voted to conducted more research regarding autism and vaccines it was withdrawn because of concern it could support claims that vaccines cause autism in the Vaccine Injury Compensation Program. As head of the IACC explained:

DR. INSEL: "One thing that didn't get discussed when we voted on this is a problem that didn't occur to me until after the meeting, which is that this is perhaps the only issue that we've dealt with that is now part of litigation that involves the department; that it's a HRSA issue, and I'm concerned about the optics." "If we say, yes, we think it's important to look at this and to provide additional information, it implies that we believe that there's a relationship between autism and vaccines, and it suggests that in some way this runs opposite to what HHS may define through the HRSA process."

Vaccine Injury Compensation Program ("VICP")

Americans Injured by a Vaccine Must File a Claim in the VICP where:

- All filings are submitted under seal.
- They must fight against HHS (the Respondent)
- They must fight without any discovery as-of-right
- They must almost always prove causation
- They must fight against the Department of Justice (HHS's attorneys)

Placing the burden on the vaccine injured child's family to conduct the very safety science which would have potentially prevented the child's injury in the first place is unconscionable, but, yet, how HHS operates.

I have to say this, that it's a misnomer to call the Vaccine Court a court. It's a government program. All filings are submitted under seal, in secret.

The plaintiffs, the people who are injured by a vaccine must fight against HHS, respondent, they have to fight without any discovery as-of-right.

The manufacturer is not part of this lawsuit and there's no depositions, there's no document searchers, so how is that plaintiff supposed to prove the connection between their injury and the vaccine? They must almost always prove causation.

How can you do that without documents? They must fight against the Department of Justice, which is HHS attorneys, so they have the full power of the United States government against them, trying to deny them compensation.

Of course this system places the burden on the vaccine-injured child's family to conduct the very same safe-

$4,060,857,713.42

Despite the high hurdle to obtain compensation, VICP has paid more than $4 billion for vaccine injuries and this is with cap of $250k for pain and suffering and death.

*Source: hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-january-2019.pdf

Conflict of Interest Summary

- Industry incentivized to not conduct proper safety testing
- Regulatory agency incentivized to not conduct safety testing
- Regulatory function subsumed by promoting, distributing and defending vaccines

ty science that would have potentially prevented the child's injury in the first place.

Even in the face of all of these enormous hurdles against recovery, people who have been injured by vaccines have recovered more than $4s billion from HHS vaccine program in recent years. And that's despite a cap of $250,000 for pain and suffering and death.

I didn't get into this controversy because I wanted to. I was dragged, as I said at the beginning, kicking and screaming into this controversy. I've stayed in it because I don't know anything that's more important.

All of the environmental issues that I've worked on are absolutely critical, the future of our country and our planet, but we can't solve those environmental problems if we don't have kids with functioning brains and with good health. We need a generation of kids that's ready to grapple with big problems.

The things that I've shown you today are not my opinions, these are facts.

We want to make sure that the conflicts are removed from the regulators who are making decisions over our vaccines. And that the vaccines that our children get are as safe as they can possibly be. That the science is strong and robust. And none of that is possible unless we first do these things.

What's the Solution?

1. Subject vaccines to the same **rigorous approval process** as other drugs.
2. **Mandatory reporting** of vaccine adverse events and automate the VAERS* and VSD* databases.
3. Ensure everyone involved with Federal vaccine approvals and recommendations are free from **conflicts of interest.**
4. **Reevaluate all vaccines** recommended by the ACIP* prior to the adoption of evidence-based guidelines.
5. Study what makes some individuals **more susceptible to vaccine injury.**
6. Support **fully informed consent and individual rights** to refuse vaccination.

*VAERS: Vaccine Adverse Events Reporting System, *VSD: Vaccine Safety Datalink, *ACIP: Advisory Committee on Immunization Practices

First, we need to require that the vaccines go through the same rigorous approval process as other drugs.

We need to require mandatory reporting of vaccine adverse events and that means automating the VAERS and the VSD database. This is obvious.

We need to ensure that everyone involved with Federal vaccine approvals and recommendations are free from conflicts of interest.

We need to reevaluate all vaccine recommended by the ACIP prior to the adoption of evidence-based guidelines.

If they weren't making those decisions based upon science, those decisions ought to be invalidated. We need science-based policymaking.

We need to study what makes some individuals more susceptible to vaccine injury and we need to work to do the real science to identify the other subsets that have not yet been characterized.

And finally, we need to support fully informed consent and individual rights to refuse vaccination. We live in America, part of our tradition is informed consent.

We know that vaccines are a risky medical intervention and parents should not be removed from the debate over the rights of their children to receive or not receive a vaccine.

Thank you for your time.

You know, we all want the best for America's children and we need to start by having **good science and a clean regulatory process.** Thanks.

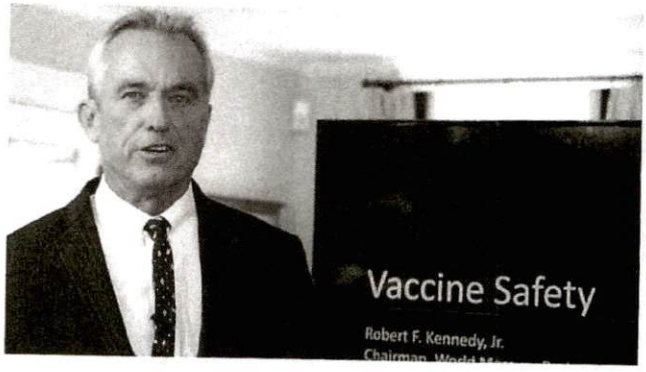
Robert F. Kennedy, Jr., Chairman
Children's Health Defense

Robert F. Kennedy, Jr.'s reputation as a resolute defender of the environment stems from a litany of successful legal actions. Mr. Kennedy was named one of *Time* magazine's "Heroes for the Planet" for his success helping Riverkeeper lead the fight to restore the Hudson River. The group's achievement helped spawn 300 Waterkeeper organizations across the globe.

Mr. Kennedy serves as President of Waterkeeper Alliance and of counsel to Morgan & Morgan, a nationwide personal injury practice. He was previously Chief Prosecuting Attorney for the Hudson Riverkeeper, Senior Attorney for the Natural Resources Defense Council, and a Clinical Professor and Supervising Attorney at Pace University School of Law's Environmental Litigation Clinic. He is co-host of Ring of Fire on Air America Radio. Earlier in his career he served as Assistant District Attorney in New York City.

He has worked on environmental issues across the Americas and has assisted several indigenous tribes in Latin America and Canada in successfully negotiating treaties protecting traditional homelands. He is credited with leading the fight to protect New York City's water supply. The New York City watershed agreement, which he negotiated on behalf of environmentalists and New York City watershed consumers, is regarded as an international model in stakeholder consensus negotiations and sustainable development.

Among Mr. Kennedy's published books are *American Values: Lessons I Learned From My Family, The New York Times'* bestseller *Crimes Against Nature* (2004), *The Riverkeepers* (1997), and *Judge Frank M. Johnson, Jr: A Biography* (1977) and two children's books *St. Francis of Assisi* (2005), *American Heroes: Joshua Chamberlain and the American Civil War* and *Robert Smalls: The Boat Thief* (2008).



His articles have appeared in *The New York Times, Washington Post, Los Angeles Times, The Wall Street Journal, Newsweek, Rolling Stone, Atlantic Monthly, Esquire, The Nation, Outside Magazine, The Village Voice,* and many other publications. His award-winning articles have been included in anthologies of *America's Best Crime Writing, Best Political Writing* and *Best Science Writing.*

Mr. Kennedy is a graduate of Harvard University. He studied at the London School of Economics and received his law degree from the University of Virginia Law School. Following graduation he attended Pace University School of Law, where he was awarded a Masters Degree in Environmental Law.

Updated 2/11/19

Vaccine Safety Project

VIDEO TRANSCRIPT

ROBERT F. KENNEDY, JR.

Children's Health Defense

Introduction

Hi, I'm Robert F. Kennedy, Jr. and I'm the Chairman of the Children's Health Defense and I made this video primer because in a dozen states across America today, state legislatures and governors are considering passing vaccine mandates and the facts in this video are facts that every political leader who's trying to decide whether to vote for or against those mandates ought to understand.

I want to start by saying that I am fiercely pro-vaccine. I had all six of my children vaccinated. I believe that vaccines have saved millions of lives.

But I want vaccines that are as safe as possible, I want science that is robust and I want to make sure that we have a regulatory agency that has unquestioned integrity and freedom of conflicts of interest and we don't have those things today.

The vaccine ingredient that got me involved in this controversy was thimerosal, which of course is a mercury-based preservative that is still in 48 million flu shots annually.

One of the characteristics of mercury is that it tends to injure boys instead of girls or over girls. Science indicates the reason for that is because testosterone tends to amplify the neurotoxic impacts of the mercury molecule and estrogen tends to wrap that molecule and protect the female brain.

This video indicates some of the human impacts of the continued use of thimerosal in American flu shots.

Trace Amounts Excerpt

I was six and a half months pregnant with twins, a boy and a girl. I went in for a routine exam and at the end of the exam, as I was about to leave, my doctor said, "You know, I really would like you to stop "by the nurse's station and get a flu shot." Against my better judgment, I went ahead and let them give me the shot.

Within five to six hours after the shot, I started getting severe cramps and bleeding. I immediately went back to the hospital where my doctor was and he said, "You are having a miscarriage."

I lost my son and my daughter ended up, at 18 months, diagnosed with severe autism. She regressed in my womb. I had her baby teeth analyzed and baby teeth form in the womb, her baby teeth had tons of mercury in them.

My doctor was so horrified by what happened, he said, "I'm not giving any more flu shots "to pregnant women."

- Any toxicologist will tell you that if you inject mercury or aluminum into a little baby, or a child, or a pregnant woman, there's going to be bad consequences including neurodevelopmental damages.

I. Who is Responsible?

But my question was, how did those neurotoxic elements get into our vaccine supply? What kind of testing was done? The answers to that investigation were shocking to me and I believe that they will be shocking to any pediatrician, any public health regulator, and any politician who is now considering vaccine I'm going to start by talking about this study that was published in February of 2017, of this year.

One of the leaders of the team is Dr. Peter Aaby.

Dr. Aaby is one of the world's foremost authorities on vaccines, particularly vaccines in Africa.

This study was a study of the DTP vaccine, diphtheria, tetanus, and pertussis, the most popular vaccine in the world and a vaccine that's given to virtually every vaccinated child in Africa.

Because of a quirk in the way that the vaccines were administered in the nation of Guinea-Bissau, it allowed Dr. Aaby and his team to do the kind of study vaccine safety advocates in this country have advocated for many, many years.

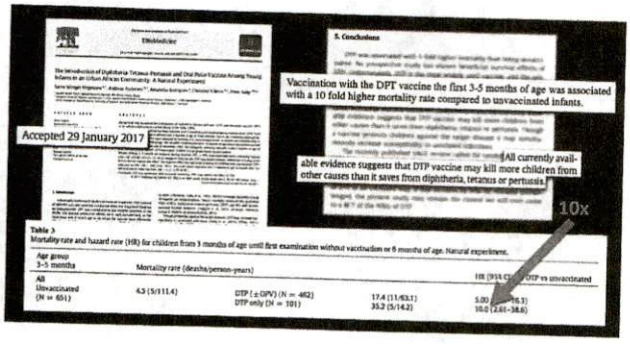
It is a vaccinated versus unvaccinated study and what they found was the vaccinated children had 10 times the death rate of unvaccinated children.

But the things that the vaccinated children were dying of, were things you would never associate with vaccines.

What the scientists concluded was that the vaccine, while it was protecting children from diphtheria, tetanus, and pertussis, had wrecked their immune system so that they were dying of these unrelated illnesses.

And here's what they concluded,

"All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis."



This is rather shocking. The interesting thing and the frightening thing about this study is that this was data that was 30 years old. Nobody noticed that this vaccine had been killing times the amount of kids.

And the relevant question for us, this study begs, is there a surveillance system in this country that would send off an alarm if the same thing was happening here from our current vaccine program? Or is there a safety testing program that would assure that this can't happen? And the answer, I'm about to show you, is no.

I'm going to start with this slide, and this slide shows a short list of vaccine adverse events. In other words, these are injuries that are acknowledged by the government and by the manufacturer to be caused by vaccines.

How do we know that? Well, this first list are injuries that have been compensated by the Vaccine Court. So the courts have decided yes, your injury was caused by the vaccine and we are going to pay you money for that.

Short list of Vaccine Adverse Events
(Compensated in Vaccine Court or Listed on Vaccine Inserts)

- Guillain-Barre Syndrome (GBS)
- Transverse Myelitis
- Encephalopathy
- Seizure Disorder
- Death
- Brachial Neuritis
- Acute Disseminated Encephalomyelitis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Bell's Palsy
- Idiopathic Thrombocytopenic Purpura (ITP)
- Rheumatoid Arthritis
- Multiple Sclerosis (MS)
- Fibromyalgia
- Infantile Spasms
- Anaphylaxis
- Ocular Myasthenia Gravis
- Hypoxic Seizure

(Listed on Vaccine Inserts)

- Autoimmune Diseases
- Food Allergies
- Asthma
- Eczema
- Juvenile Diabetes
- Rheumatoid Arthritis
- Tics
- ADD
- ADHD
- Speech Delay
- Neurodevelopmental Disorder
- Autism
- SIDS
- Narcolepsy
- Seizure Disorder
- Epilepsy
- Multiple Sclerosis
- Tourette's

These include autoimmune diseases, encephalopathy, that is brain damage, seizure disorder, death. Below is another list that really overlaps with the top list.

These are the injuries that the manufacturer is saying, "These could be caused by our vaccine." And they include autoimmune diseases, asthma, eczema, juvenile diabetes.

Now look at this, according to CDC one in six children now has a developmental disorder. The same injuries associated with vaccines.

According to the CDC
1 in 6 children has a developmental disability*

- ADHD
- Autism
- Intellectual Disabilities
- Learning Disabilities
- Hearing Loss
- Developmental Delays

*Source: cdc.gov/ncbddd/developmentaldisabilities/specificconditions.html

According to HHS Funded Publication
54% of children have chronic illnesses†

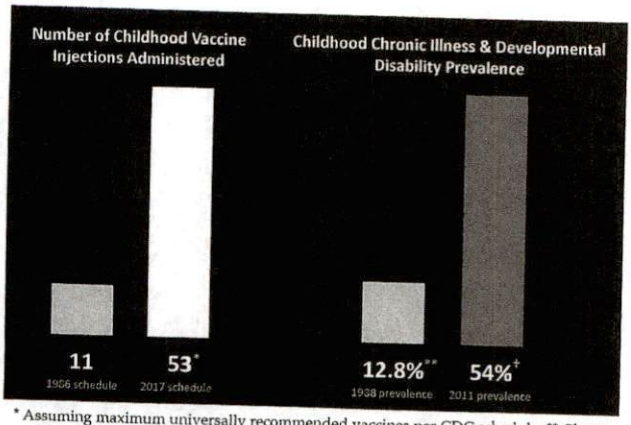
- Obesity
- Risk of Developmental Delay
- Environmental Allergies
- Learning Disability
- Asthma
- ADD/ADHD
- Chronic Ear Infections
- Behavior Problems
- Migraines
- Speech Problems
- Hearing Loss
- 12 others not listed

†Bethel et. al, 2011, A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations, Academic Pediatrics.

This is an epidemic. And according to HHS, it gets worse. 54% of children have some kind of chronic illness.

In 1986, Congress passed the Vaccine Act and gave blanket immunity to vaccine companies for injuries caused by vaccines. And for some of these new vac-

cines, they can make up to a billion dollars a year in profits or even more.



* Assuming maximum universally recommended vaccines per CDC schedule. ** Cleave et. al, 2010, Dynamics of Obesity and Chronic Health Conditions Among Children and Youth, JAMA. †Bethel et. al, 2011, A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations, Academic Pediatrics.

This is what happened, in 1986 there were 11 vaccines on the schedule, but today there are 53 jabs.

Look what happened at the same time, in 1988 only 12.8% of kids had chronic disease, today 54%. So the rise was coterminous with the expansion of the vaccine schedule.

Question one, who is responsible then for vaccine safety? In every other sector in this country, it's the manufacturer and distributor of the product who is responsible for safety.

With an automobile, it would be the automobile manufacturer, with a drug like Phen-fen or Vioxx, when those drugs were found to be unsafe, the company was responsible.

And, of course, that responsibility and that liability keeps the company concerned and focused on safety.

> By 1986: "The litigation costs associated with claims of damage from vaccines had forced several companies to end their vaccine research and development programs as well as to stop producing already licensed vaccines."
>
> (Source: IOM)

So this is the language of the Vaccine Act, "No person may bring a civil action against any vaccine "administrator or manufacturer in a State or Federal court "for damages arising from a "vaccine-related injury and death." So no matter how sloppy the line protocols, no matter how dangerous the ingredient, no matter how grievous the injury to your child, you can't sue the manufacturer for an injury caused by vaccines.

> "No person may bring a civil action… against a vaccine administrator or manufacturer in a State or Federal court for damages arising from a vaccine-related injury or death."
>
> (42 U.S.C. § 300aa-11)

So what are the consequences to having the only consumer product in America that's completely liability-free? First of all, there's no incentive among manufacturers to conduct safety studies.

In fact, there's a disincentive because there's a provision in the Vaccine Act that says essentially that the only way that a manufacturer can be liable is if they know of a side effect from that vaccine and they fail to warn. So their incentive is to do everything that they can to not learn of any side effects.

That's one consequence. The second is that there's a liability-free market of 74 million American children.

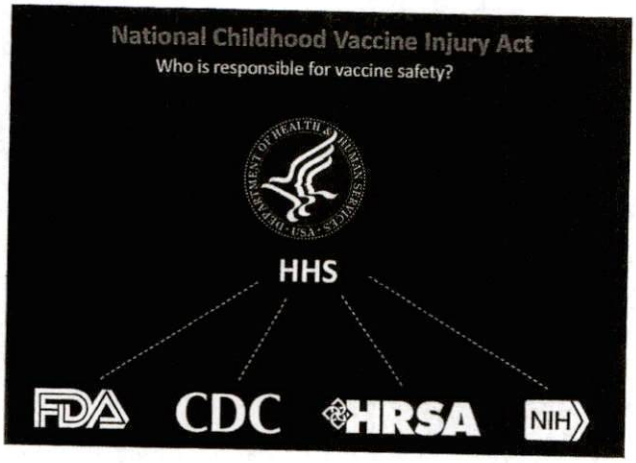
1986	2017	
11 Vaccines	53 Vaccines (plus 2 prenatal)	
DTP (2 months)	Hepatitis B (one day)	Influenza (2 years)
Polio (2 months)	Hepatitis B (one month)	Influenza (3 years)
DTP (4 months)	DTaP (2 months)	Influenza (4 years)
Polio (4 months)	Polio (2 months)	DTaP (4 years)
DTP (6 months)	Hib (2 months)	MMR (4 years)
MMR (15 months)	PCV (2 months)	IPV (4 years)
DTP (18 months)	Rotavirus (2 months)	Varicella (4 years)
Polio (18 months)	DTaP (4 months)	Influenza (5 years)
DTP (4 years)	Polio (4 months)	Influenza (6 years)
Polio (4 years)	Hib (4 months)	Influenza (7 years)
Tetanus (14 years)	PCV (4 months)	Influenza (8 years)
	Rotavirus (4 months)	Influenza (9 years)
	DTaP (6 months)	Influenza (10 years)
	Polio (6 months)	HPV (11 years)
	Hepatitis B (6 months)	MenACWY (11 years)
	Hib (6 months)	Influenza (11 years)
	PCV (6 months)	TDaP (11 years)
	Rotavirus (6 months)	HPV (11 ½ years)
	Influenza (6 months)	Influenza (12 years)
	MMR (12 months)	Influenza (13 years)
	Varicella (12 months)	Influenza (14 years)
	Hib (12 months)	Influenza (15 years)
	Hepatitis A (12 months)	MenACWY (16 years)
	PCV (12 months)	Influenza (16 years)
	DTaP (15 months)	Influenza (17 years)
	Hepatitis A (18 months)	Influenza (18 years)
	Influenza (18 months)	

The third is that there is a very strong incentive to develop more and more and more vaccines because the profits are so enormous and the costs are almost nothing.

Here are the results in detail, 11 vaccines in 1986. Fifty-three vaccines that our children are being given today under the schedule, and here's the future: 270 vaccines that are already in the pipeline.

Thousands of clinical trials that are developing new vaccines for the industry and a vaccine industry that is projecting vaccines as a $90 billion profit center over the next few years.

So, if the manufacturers have been lifted of any responsibility for vaccine safety, well, who's responsible?



Well, the Vaccine Act did not want to leave a vacuum. So it said that HHS is responsible, Health and Human Services Department and that specifically FDA, CDC, NIH and HRSA would be the agencies responsible. There's two stages before a vaccine comes to market.

First, the FDA has to license the vaccine. Then CDC has to add it to the schedule. The FDA is the agency that is in charge of the initial step of licensing the vaccine, and here's what FDA says that it does.

It says, "Vaccines undergo rigorous and extensive testing "to determine their safety." Is that true? Let's see. Let's first look at what FDA requires for regular drugs.

Now, for most other drugs, the safety testing is, indeed, rigorous and that kind of testing takes several thousand people who are given the drug and then the same number of people who, usually similarly situated people, who are given a pill that looks exactly like that drug but it's inert and neither the researchers nor the patients know which ones got the saline drug and which ones got the real drug, so it's double blind.

Then the researchers look at both of those groups for typically five years and they look at health outcomes and that's how they figure out whether or not the drug is safe.

For example, with Lipitor the safety review period was 4.8 years and the placebo group received a sugar pill that looked exactly like a Lipitor pill.

With Enbrel, which is another prescription drug, the safety review period was 6.6 years, and the placebo group was a saline injection.

National Childhood Vaccine Injury Act

42 USC § 300aa-2. Program responsibilities

(1) Vaccine research. ...**research carried out in or through [NIH, CDC, FDA]... to prevent adverse reactions to vaccines.**

(2) Vaccine development. The Director... shall ...coordinate and provide direction for activities carried out in or through [NIH, FDA] **to develop the techniques needed to produce safe and effective vaccines.**

(3) Safety and efficacy testing of vaccines. ...**safety and efficacy testing of vaccines carried out in or through [NIH, CDC, FDA].**

Evaluating the need for and the effectiveness and adverse effects of vaccines and immunization activities. The Director... shall ... coordinate and provide direction to [NIH, CDC, FDA, and other agencies]... in **monitoring... adverse effects of vaccines and immunization activities.**

42 USC § 300aa-27. Mandate for safer childhood vaccines

(a) General rule. ... the Secretary shall—

(1) promote the development of childhood vaccines that result in fewer and less serious adverse reactions..., and

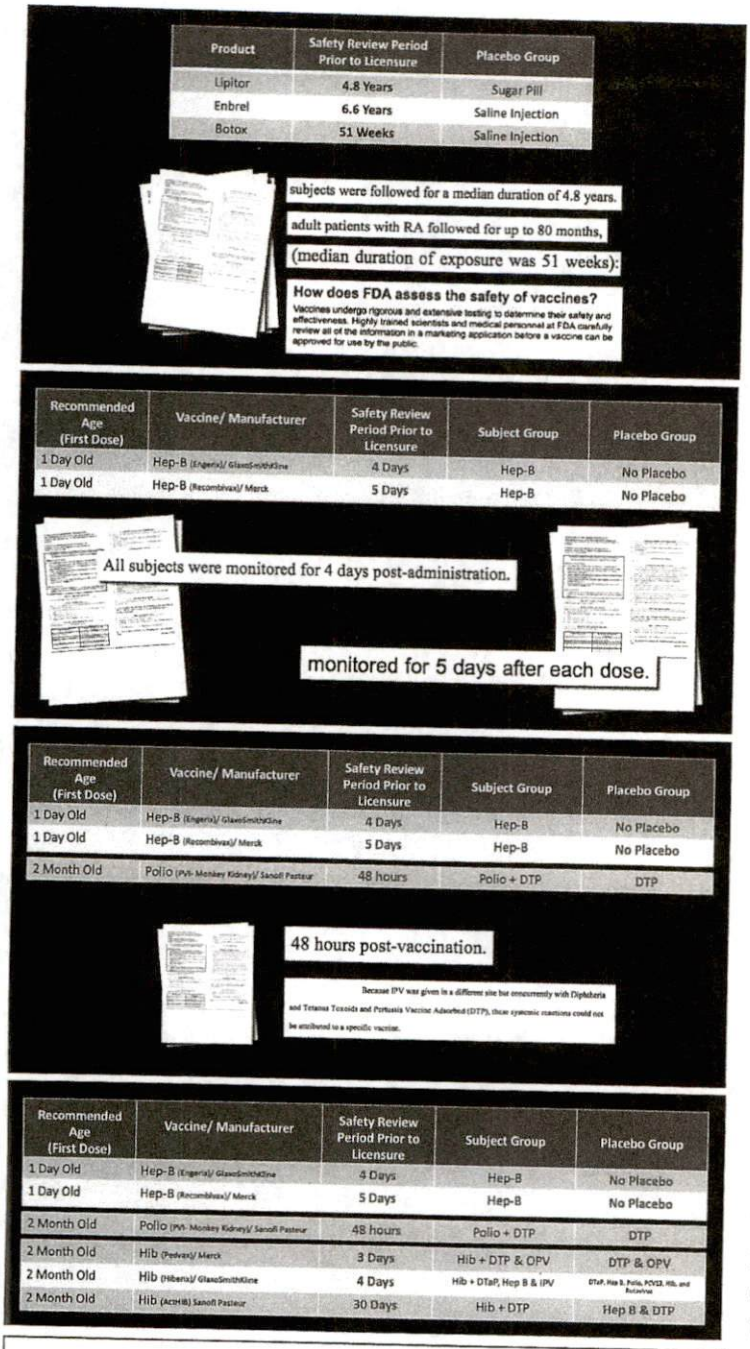
(2) make or assure improvements in... the licensing, manufacturing, processing, testing, ...field surveillance, adverse reaction reporting... and research on vaccines, in order to reduce the risks of adverse reactions to vaccines.

(b) Task force.

(1) The Secretary shall establish a task force on safer childhood vaccines which shall consist of the Director of [NIH, FDA, and CDC].

(2) The Director of the National Institutes of Health shall serve as chairman of the task force.

(3) ...the task force shall prepare recommendations to the Secretary concerning implementation of the requirements of subsection (a).



1986 Act: Vaccine Adverse Events Reporting System (VAERS)

In 2016, VAERS received 59,117 reports including:

43,200 ~~432~~ deaths,

109,100 ~~1,091~~ permanent disabilities,

413,200 ~~4,132~~ hospitalizations, and

1,028,400 ~~10,284~~ emergency room visits

"fewer than 1% of adverse events are reported"

(Source: healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

But look what they do with vaccines.

Vaccines are characterized by FDA not as drugs, but as biologics, and that gives FDA the capacity to fast track them without all of that rigorous and bothersome testing.

These are the two hepatitis B vaccines that are the only two that are approved for one day old children. So these vaccines are given to virtually every child that's born in this country in a hospital today.

Here was the safety review period, four days. That means if baby had a seizure and died on the fifth day, it never happened, it wouldn't ever be reported, no one will ever know because they only look at them for four days.

This one got five days. And then, look at this, there was no placebo.

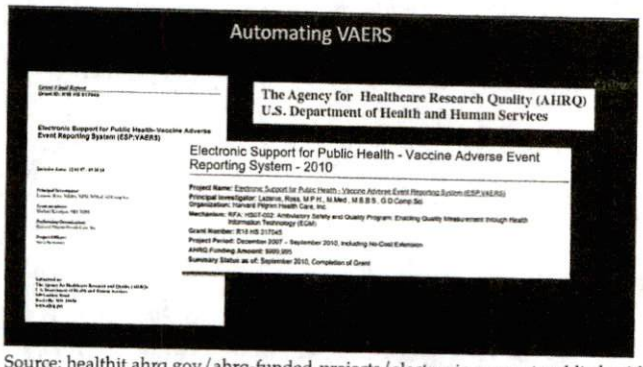
So what are they measuring it against? How do they even tell whether the test group had an unusual number of illnesses unless there's a placebo group to test them against? Of course they can't, it's not real safety science.

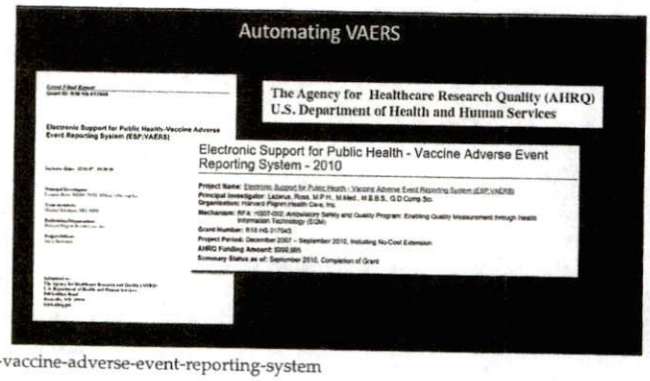
Yet, this is the only testing these vaccines received, so whoever approved these vaccines was not making an evidence-based decision. They were making a decision based upon something else.

Here's the polio vaccine for two-month-old children, the safety review was 48 hours. Look at the placebo group, they tested against the DTP vaccine.

This is the vaccine that was causing so many injuries that it caused Congress to pass the Vaccine Act because manufacturers were saying, "We're getting sued so much that we're going to "go out of business." That's not real science. That's not a placebo, that's what we call a spiked placebo. A placebo where you're using something toxic.

Here's some more examples, these are the Hib vaccines. And here are the safety review periods.





Source: healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

This got the longest one, the Sanofi Pasteur version got 30 days, the others got four days and three days respectively. But look what they were tested against, not a placebo. This one was tested against six vaccines at the same time.

That's not going to tell you anything about the safety of this vaccine prior to licensing, which means that the only thing that we're left with to determine whether vaccines are safe or not are post-licensing surveillance studies.

And what I'm going to show you is that the post-licensing surveillance is next to worthless.

The central mechanism for post-licensing vaccine safety surveillance is called the VAERS system, the Vaccine Adverse Events Reporting System.

VAERS last year alone said that 59,117 Americans were injured by vaccines and that doesn't tell the whole story. According to HHS, this number represents fewer than 1% of adverse events which are reported.

What would it look like if we were actually capturing all vaccine injuries? According to HHS's own calculations, it would be close to six million Americans injured by vaccines every year. And in 2010, the HHS actually commissioned a study that confirmed these astronomical levels of vaccine injury.

The HHS wanted to determine whether or not it was feasible to automate the VAERS system, so they hired an outside consulting group who came in and automated a system for one of the HMOs.

What they found, when they looked at how many people were actually getting injured, a true number, not reported by volunteers, but taken from medical records, of 376,452 individuals who were vaccinated, 35,000 of them had some kind of adverse reaction. That's one in ten.

That's very, very far from the one in a million number that the industry commonly uses when it talks about vaccine injury.

And it's a number that most public health officials and most Americans would consider completely unacceptable.

What happened to this system? Did HHS and CDC say, "This is science "that the public needs to know about, "so that we can ensure the safety of the vaccine supply?" No, they did the opposite. They literally stopped answering the phone calls for those consultants.

The consultant says, "Unfortunately, there was never 'an opportunity to perform system performance assessments' because the necessary CDC 'contacts were no longer available.'" So, instead of expanding the system nationwide, they shut it down.

They simply stopped answering the phone. These consultants had bad news and they didn't want to hear it.

Understandably there's going to be a lot of people out there who are going to want to dismiss what Robert F. Kennedy, Jr. says about the adequacy or inadequacy of vaccine safety science at HHS.

But it's not just me saying that, this is what the Institute of Medicine says about vaccine safety science at HHS. The Institute of Medicine, IOM, top scientists in the country, who are brought together to review the vaccine safety science at HHS.

This is their job, these are very prestigious individuals and they're paid for by the Federal government.

Here's what IOM says, in 1991, IOM reviewed a single vaccine, the DTP vaccine They found that there were 22 injuries or diseases that had been reported to be caused by that vaccine.

Of those 22, the existing literature, the scientific literature, supported causation in six of them. Existing literature acknowledged that six of those diseases were, in fact, caused by the DTP.

With four of those diseases, the literature rejected causation. But look at this number, with 12 of those diseases, there was no literature. It had never been studied.

And what kind of disease are we talking about? Meningitis, neurological damage, learning disabilities, and autoimmune diseases.

Because of the lack of science, they were handicapped in being able to make any kind of assessment about whether this vaccine was dangerous or safe.

So that was 1991, but look what happened three years later.

In 1994, IOM came back and looked at four other vaccines, they found that there were 54 illnesses that had been reported to be associated with those vaccines.

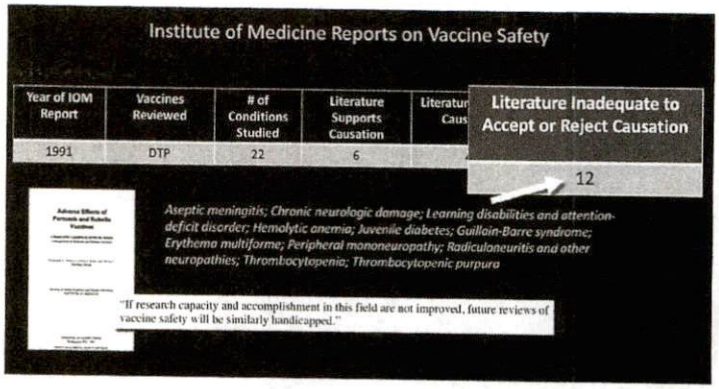
But for 38, there was no literature. It simply had never been studied.

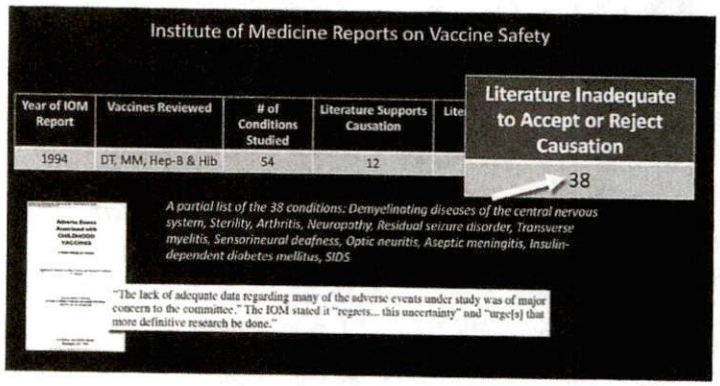
So, the IOM here is saying, "We don't have "the ability to assess the safety of vaccines "because the science simply doesn't exist." 17 years later, in 2011, IOM came back again. This time they reviewed four other vaccines, 155 conditions were reported.

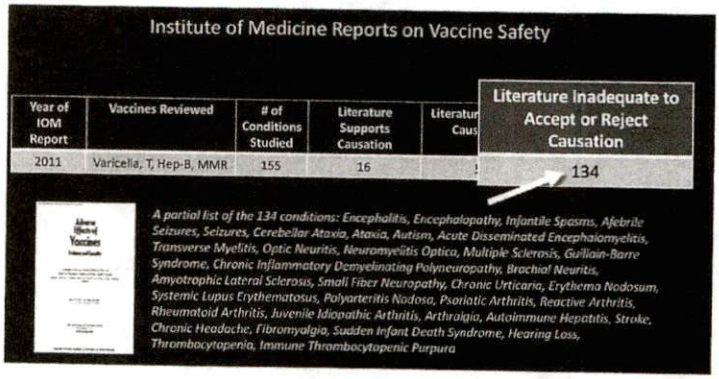
For 134 we don't know, and nobody knows, if the vaccines are causing that epidemic because we don't have the science to reject that hypothesis.

IOM's report was extensive and it was a 700-page report and I selected this because this deals with an injury that we've all heard about and that there's a lot of controversy about, which is autism.

This page was looking at whether the DTP vaccine can cause autism.







And what they found at the end of that is that, the evidence is inadequate to accept or reject a causal relationship between DTP and autism.

So what they're saying here is that they couldn't find any study of the relationship between DTP and autism, but in fact, they acknowledge in the first paragraph, they did find that there was one study out there, but that study found that DTP does cause autism.

But IOM decided to reject that study because it provided data from a passive surveillance system and lacked an unvaccinated comparison population.

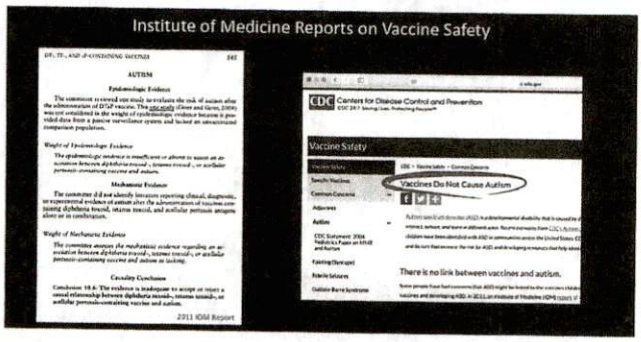
Well, that system that it relied on, was the VAERS system. It's HHS's own system.

What IOM is saying here is HHS is so slovenly and reckless at gathering data on vaccine safety that we cannot use the one system that they have because it's so unreliable.

So what does CDC do with this information? Do they come clean with the American public? Does it say to the American public, "We need to do our job.

"We need to go out and commission these studies "and find out whether there are any associations "between DTaP vaccine and autism?" No, this is what they do.

This is CDC's website: Vaccines do not cause autism.



And what does it cite? A 2011 Institute of Medicine study, this study.

CDC is counting on the fact that nobody is going to go out and read the 700-page report that it's citing there and find out that's not what the report says at all.

This is a lie. Now I want you to watch a 2008 interview with Dr. Bernadine Healy who was the former head of NIH.

- This is the time when we do have the opportunity to understand whether or not there are susceptible children, perhaps genetically, perhaps they have a metabolic issue, mitochondrial disorder, immunological issue, that makes them more susceptible to vaccines plural, or to one particular vaccine, or to a component of vaccine like mercury.

So we now, in these times, have to I think take another look at that hypothesis, not deny it.And I think we have the tools today that we didn't have 10 years ago, that we didn't have 20 years ago, to try and tease that out, and find out if, indeed, there is that susceptible group.

Why is this important? A susceptible group does not mean that vaccines aren't good.

Vaccine Ingredients (Partial List)

α-tocopheryl hydrogen succinate
β-propiolactone
2-phenoxyethanol
aluminum hydroxide
aluminum phosphate
aluminum salts
amino acids
aminoglycoside
ammonium sulfate
amorphous aluminum hydroxyphosphate sulfate
baculovirus and cellular DNA
beta-propiolactone
bovine serum albumin
calcium carbonate
calcium chloride
calf bovine serum
Canine Kidney (MDCK) cell protein
casamino acids
cetyltrimethlyammonium bromide
chick embryo cell culture
CMRL 1969 medium with calf serum
complex fermentation media
CRM197 carrier protein
dibasic sodium phosphate
dimethyl-beta-cyclodextrin
disodium phosphate dihydrate
DNA
Dulbecco's Modified Eagle Medium
EDTA (Ethylenediaminetetraacetic acid)
egg protein
ferric (III) nitrate
fetal bovine serum
formaldehyde
formalin
Frozen human embryonic lung cell cultures
glutamate
glutaraldehyde
guinea pig cell cultures
human diploid cell cultures (MRC-5) & (WI-38)
hydrolyzed gelatin
L-250 glutamine
L-histidine
L-tyrosine
lactalbumin hydrolysate
lactose
lipids
M-199 without calf bovine serum
magnesium sulfate
MDCK cell DNA
Medium 199 without calf serum
modified Latham medium derived from bovine casein
modified Mueller and Miller medium
modified Mueller-Miller casamino acid medium
monkey kidney cells
monobasic potassium phosphate
monobasic sodium phosphate
monosodium L-glutamate
MRC-5 cells (a line of normal human diploid cells)
MRC-5 diploid fibroblasts
neomycin sulfate
non-viral protein
nonylphenol ethoxylate
octylphenol ethoxylate (Triton X-100)
ovalbumin
phenol
phenoxyethanol
phosphate buffer
phosphate-buffered saline solution
polymyxin B sulfate
polysorbate 20
polysorbate 80
Porcine circovirus type 1
potassium aluminum sulfate
potassium chloride
potassium phosphate monobasic
potassium phosphate potassium chloride
recombinant human albumin
sodium bicarbonate
sodium borate
sodium chloride
sodium citrate
sodium deoxycholate
sodium dihydrogen phosphate dihydrate
sodium hydrogenocarbonate
sodium hydroxide
sodium phosphate
sodium phosphate dibasic
sodium phosphate monobasic monohydrate
sodium phosphate buffered isotonic sodium chloride solution
sodium pyruvate
sodium taurodeoxycholate
sorbitol
soy peptone
Spodoptera frugiperda cell proteins
Stainer-Scholte medium
streptomycin
succinate buffer
synthetic medium
thimerosal
Triton X-100
urea
VERO cells
vero cells (a continuous line of monkey kidney cells)
WI-38 human diploid lung fibroblasts
xanthan
yeast extract-based medium
yeast protein

What a susceptible group will tell us is that maybe there is a group of individuals, or a group of children, that shouldn't have a particular vaccine or shouldn't have vaccine on the same schedule.

I do not believe that, if we identified a susceptibility group, if we identified a particular risk factor for vaccines, or if we found out that maybe they should be spread out a little longer, I do not believe that the public would lose faith in vaccines.

It is the job of the public health community, and of physicians to be out there and to say, "Yes, we can make it safer.

Because we are able to say this is a subset, "we're going to deliver it in a way that we think is safer." So I think the public

would respect that. I think the government, or certain public health officials in the government, have been too quick to dismiss the concerns of these families without studying the population that got sick.

I haven't seen major studies that focus on 300 kids who got autistic symptoms within a period of a few weeks of a vaccine.

I think that the public health officials have been too quick to dismiss the hypothesis as irrational without sufficient studies of causation.

The reason why they didn't want to look for those susceptibility groups was because they're afraid that if they found them, however big or small they were, that would scare the public away.

Reporter: It sounds like you don't think the hypothesis of a link between vaccines and autism is completely irrational.

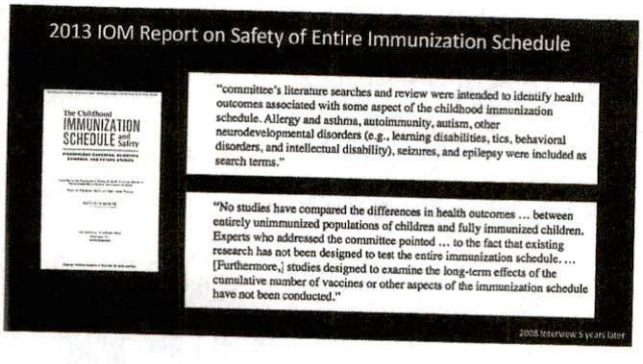
Healy: So when I first heard about it, I thought that doesn't make sense to me.

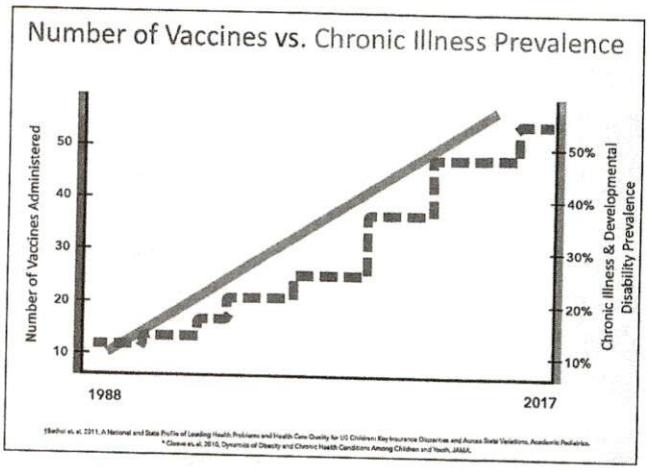
The more you delve into it, if you look at the basic science, if you look at the research that's been done on animals, if you also look at some of these individual cases and if you look at the evidence that there is no link, what I come away with is the question has not been answered.

So as you just heard, Dr. Healy's central point is that, if we really want to know the safety profile of individual vaccines and the vaccine schedule, there's one study that we need in order to do that.

That is a vaccinated versus unvaccinated study.

But despite Dr. Healy's call for that in 2008, by 2013 the Institute of Medicine found that studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have never been conducted.





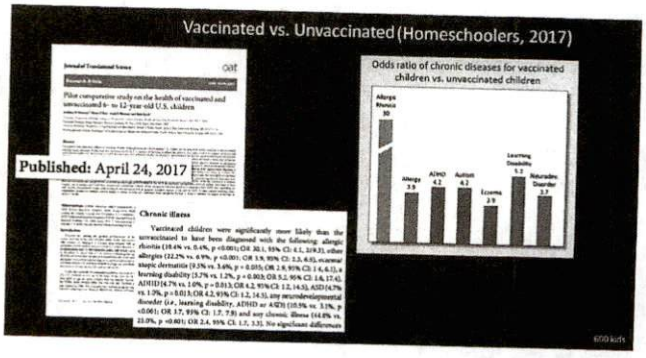
The good news is that CDC has the database with a capacity to do that study.

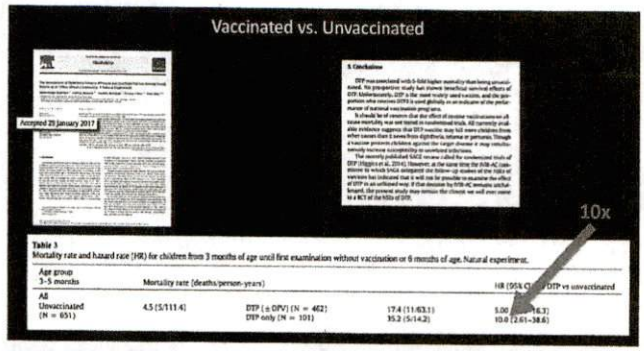
The CDC's Vaccine Safety Datalink has the health records and the vaccination records of 10 million people including hundreds of thousands of children.

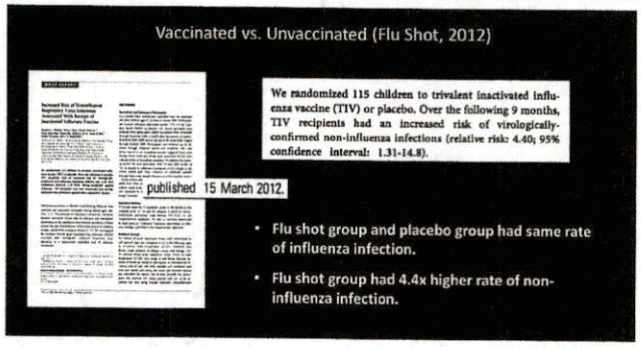
In 2011, IOM said, "It is possible to make this comparison "through analysis of patient information contained "in large databases such as the VSD." And why is the CDC not conducting these obvious kind of studies? Well, maybe it's because they don't like the results when those kind of studies are conducted.

For example, in the African study that I opened this presentation with, where vaccinated kids had 10 times the death rate of unvaccinated kids, or this study that was done in April of this year, and it's a study of about 700 homeschool kids ages 6 to 12.

The study found that the vaccinated children had less chicken pox and less pertussis, but that they had 30 times the levels of allergic rhinitis as unvaccinated children. 3.9 times the allergies. ADD 4.2 times. Autism 4.2 times.







This study that was published in 2012, which was a randomized study that compared children who received placebo to those who received a flu shot. What they found was that the flu shot group and the placebo group, had the same rate of flu infections.

But again, the flu shot group had 4.4 times higher rate of non-influenza infection So the flu shot was not giving the children protection against the flu, but it was influencing in a bad way, their immune systems to make them much more vulnerable to other illnesses.

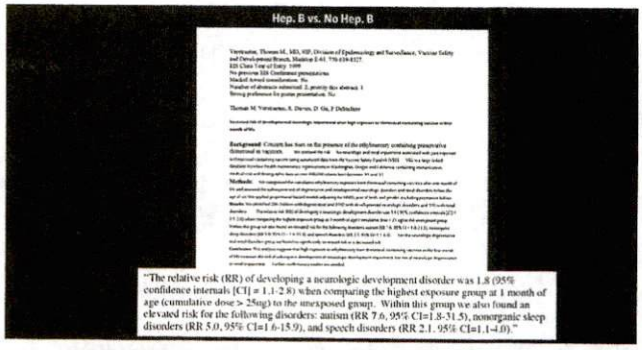
This is a CDC study done in 1999 secretly of its own vaccine safety database. What they found was astonishing.

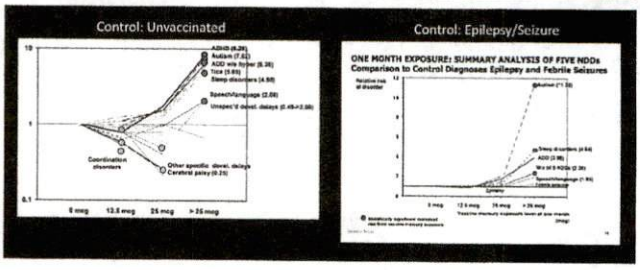
It looked at children who had received thimerosal vaccines and compared those to children who had not and what they found was that kids who had received the thimerosal vaccine had 1100% greater risk of receiving an autism diagnosis.

For comparison, smoking one pack of cigarettes a day for 20 years will create a relative risk of for lung cancer. This was 11.35.

CDC never published this version of the study, never let the public know about these risks and effectively closed the vaccine safety database to almost any independent researcher.

Now that study was known as the Verstraeten study and after that study came out, CDC panicked and began producing numerous studies in-house.





Those studies are almost all epidemiological studies and in my line of business, which is environmental law, epidemiological studies are regarded as the weakest form of studies.

We have an old saying that says, "Statistics don't lie, "but statisticians do." You could make an epidemiological study that proves, for example, that sex doesn't make you pregnant. How do you do that? You get rid of all the pregnant people before you study the population.

And then you can have a population where a lot of people are having sex and none is getting pregnant and you can prove that sex doesn't make you pregnant.

That's one of the gimmicks that CDC used in creating this new wave of epidemiological studies.

So we knew there was tremendous corruption inside of that department, but in 2014, we had a senior scientist in the CDC come forward and acknowledge that corruption.

Dr. William Thompson is a current employee at CDC.

He's a 17-year veteran of vaccine safety programs, he is the lead author, or a leading co-author on virtually all of the landmark studies that CDC has performed to exonerate vaccines from an association with autism.

Here's what he had to say.

- Here's the deal, is that the CDC is ... they're paralyzed.

So there's less and less and less being done as the place just comes to a grinding halt.

- [Interviewer] Mm-hmm-- [William] So really, what we need is for Congress just to come in and say give us the data and we're going to have an independent contractor do it and bring in the autism advocates and have them intimately involved in the study.

When I talk to you, you have a son with autism.

I have great shame now when I meet families with kids with autism because I have been part of the problem.

I shoulder that the CDC has put the research 10 years behind, alright? - [Interviewer] Mm-hmm-- [William] Because the CDC has not been transparent, we've missed 10 years of research because the CDC is so paralyzed right now by anything related to autism.

- [Interviewer] Right.

- [William] They're not doing what they should be doing- - [Interviewer] Right.

- [William] because they're afraid to look for things that might be associated.

So anyway, I ...

There's still a lot of shame with that.

So when I talk to a person like you who has to live this day in and day out, I say, well, so I have to deal with, you know, a few months of hell if this all becomes public, no big deal.

I'm not having to deal with a child who's suffering day in and day out.

So that's, you know, that's the way I view all this.

I am completely ashamed of what I did.

So that's that.

In the summer of 2014, Dr. William Thompson handed tens of thousands of pages of incriminating documents over to Congressman Bill Posey and he told Congressman Posey that he wanted to be subpoenaed to testify in front of Congress about the corruption in CDC's vaccine safety division.

In addition, he gave a private deposition to Congressman Posey and here's Congressman Posey's account of what Dr. Thompson told him during that deposition.

Congressman Posey:
In August 2014, Dr. William Thompson, a senior scientist at the Centers for Disease Control and Prevention, worked with a whistleblower attorney to provide my office with documents related to a 2004 CDC study that examined the possibility of a relationship between mumps, measles, rubella vaccines and autism.

In a statement released in August 2014, Dr. Thompson stated, "I regret that my co-authors and I omitted "statistically significant information in our 2004 article published in the Journal of Pediatrics.

The co-authors scheduled a meeting to destroy documents related to the study.

The remaining four co-authors all met and brought a big garbage can into the meeting room and reviewed and went through all the hard copy documents that we had thought we should discard and put them in a huge garbage can.

However, because I assumed it was illegal and would violate both FOIA and DOJ requests, I kept hard copies of all documents in my office and I retained all associated computer files.

Kennedy: So now we're going to show you that the governmental groups that are assigned with the responsibility of licensing the vaccines and adding them to the schedules are bedeviled by massive conflicts of interest that incentivize them to overlook that lack of scientific safety data.

So FDA is charged with the initial licensing phase of the vaccines, and the specific committee charged with that responsibility is called the Vaccine and Related Biological Products Advisory Committee, it's a mouthful.

The acronym is also a mouthful, VRBPAC.

There was an investigation of VRBPAC in 2013 by the US Government Reform Committee of Congress and here's what they found: "The overwhelming majority of members, 'both voting members and consultants, have substantial ties to the pharmaceutical industries,'" which is making huge profits on those vaccines.

Here are the specific conflicts that Congress found at FDA:

Three of the five FDA advisory committee members who voted to approve the rotavirus vaccine in December had financial ties to the pharmaceutical companies that were developing different versions of the vaccine.

One of the five voting members had a $9 million contract for a rotavirus vaccine. One of the five voting members was the principal investigator for a Merck grant to develop a rotavirus vaccine.

One of the five voting members received approximately

HHS Licenses, Recommends, Promotes and Defends Vaccines

FDA's Vaccine and Related Biological Products Advisory Committee ("VRBPAC")

2000 Investigation by U.S. House Government Reform Committee into VRBPAC :

- "The overwhelming majority of members, both voting members and consultants, have substantial ties to the pharmaceutical industry."
- "conflict of interest rules employed by the FDA... have been weak, enforcement has been lax, and committee members with substantial ties to pharmaceutical companies have given waivers to participate in committee proceedings... In many cases, significant conflicts of interest are not deemed to be conflicts at all."

Example of Conflicts of Interest

- For instance, "3 out of 5 FDA advisory committee [VRBPAC] members who voted to approve the rotavirus vaccine in December 1997 had financial ties to pharmaceutical companies that were developing different versions of the vaccine."
- 1 of the 5 voting members' employer had a $9,586,000 contract for a rotavirus vaccine.
- 1 of the 5 voting members was the principal investigator for a Merck grant to develop a rotavirus vaccine.
- 1 of the 5 voting members received approx. $1,000,000 from vaccine manufacturers toward vaccine development.

An ACIP vote to recommend a vaccine results in:

- Mandating the vaccine to millions of children.
- Immunity from liability for the manufacturer.
- Inclusion in the Vaccine for Children program.

Liability free captive market of 74 million American children with guaranteed payment

one million dollars from vaccine manufacturers toward vaccine development.

These are not independent arbiters of science who are looking out for our children. These are people who are looking out for themselves.

Once FDA licensed the vaccine, then it goes over to the CDC and CDC needs to decide whether or not to add that vaccine to the schedule.

This committee has really the frightening power to create a liability-free captive market of 74 million American children with guaranteed payment to the manufacturers. This committee has the power to create billions of dollars in profit for the pharmaceutical industry.

Of all the committees in the country, of all the committees in the world, this is the one committee that should be absolutely free of financial conflicts of interest with the pharmaceutical industry and yet the opposite is true.

This was a year 2000 investigation by the US Government Reform Committee of the United States Congress and they found the same kind of conflicts of interest in CDC as they had initially found in FDA.

They said CDC grants blanket waivers to ACIP members that allow them to deliberate on any subject, regardless of their conflicts, for the entire year. ACIP routinely used working groups where pharma insiders would effectively craft vaccine policy. ACIP reflects a system where government officials make crucial decisions affecting American children without the advice and consent of the governed.

Here are some specific conflicts that Congress found:

The chairman of the advisory committee served on Merck's immunization advisory board.

Another member shares the patent on a vaccine under development for the very same disease that he voted on and he had a $350,000 grant from Merck to develop this vaccine and was a consultant for Merck.

So you start out with having no good science, and handing that no-good science to this group of pharmaceutical industry insiders.

Until 2011, they acknowledged they weren't using evidence based guidelines.

That means most of the vaccines, almost all the vaccines, that are currently on the schedule, that your children are taking were added to that schedule not because of evidence, not because of science, but some other reason.

ACIP recommendations have transformed the vaccine market from a $1 billion industry in 1 to a $44 billion industry in 2017. And $44 billion buys a lot of corruption.

In 2009, the HHS Inspector General conducted a new investigation and here's what they found, CDC had a systematic lack of oversight. There were no changes.

97% of committee members' conflict disclosures had omissions. 58% had at least one unidentified potential conflict.

CDC has an $11.5 billion budget and look, almost $5 billion of that is allocated to purchase and promote vaccines and only $20 million to study vaccine safety. That pays for a couple of studies. CDC effectively is a vaccine company. It owns 56 vaccine patents.

The scientists who work for FDA and the CDC can receive royalties of $150,000 a year on vaccines that they develop, so this is the last agency that ought to be regulating vaccines. And yet we are trusting this agency with the health of our children.

Here's an example of the revolving door at CDC.

The former CDC Director from 2002 to 2009, when many of these vaccines were approved and many of these studies, these phony studies were being formulated, was Julie Gerberding. She oversaw numerous vaccine studies, many of which were recently deemed unreliable by IOM.

And in 2010, she became, a year after leaving the CDC, she was rewarded, let's say, with the Presidency of Merck's vaccines division with an estimated 2.5 million in annual salary and lucrative stock options.

Here's another unspoken conflict within HHS. After HHS licenses, recommends, and promotes vaccines with virtually no safety data, HHS is then statutorily required and vigorously defends against any claim that vaccines cause harm.

The Vaccine Act says, "In all proceedings brought "by filing a petition in Vaccine Court "the Secretary of HHS is named as the defendant." So the HHS, because it's defending vaccine injury cases, has a built-in incentive, rather than studying vaccines for safety, to kill any studies that may show that a vaccine is unsafe. This isn't just theoretical, this actually happens in real life and I'll show you an example.

In 2009, the Interagency Autism Coordinating Committee, which was a committee that was made up of scientists, public health officials, was looking at the wave of autism and thousands of parent complaints that said, "Our child got autism from the vaccine." They recommended to HHS to study that relationship.

The Chairman of that committee, who was Dr. Tom Insel who was the head of the National Institute of Mental Health, came in and made the statement that, "I'm concerned about the optics."

If we say, "Yes, we think it's important to look at this "and to provide additional information, it implies "that

HHS Licenses, Recommends, Promotes and Defends Vaccines

2000 - Investigation Into ACIP by U.S. Government Reform Committee:

- "The CDC grants blanket waivers to the ACIP members each year that allow them to deliberate on any subject, regardless of their conflicts, for the entire year."
- ACIP routinely used working groups where pharma insiders would effectively craft vaccine policy.
- ACIP reflects "a system where government officials make crucial decisions affecting American children without the advice and consent of the governed."

2000 - Investigation Into ACIP by U.S. House Government Reform Committee:

Majority of the eight ACIP members were conflicted in their most recent vote:

[1] the chairman served on Merck's Immunization Advisory Board,

[2] another member shares the patent on a vaccine under development for the very same disease, had a $350,000 grant from Merck to develop this vaccine, and was a consultant for Merck,

[3] another member was under contract with the Merck Vaccine Division, received funds from various vaccine manufacturers including Pasteur, and was under contract as a principal investigator for SmithKline,

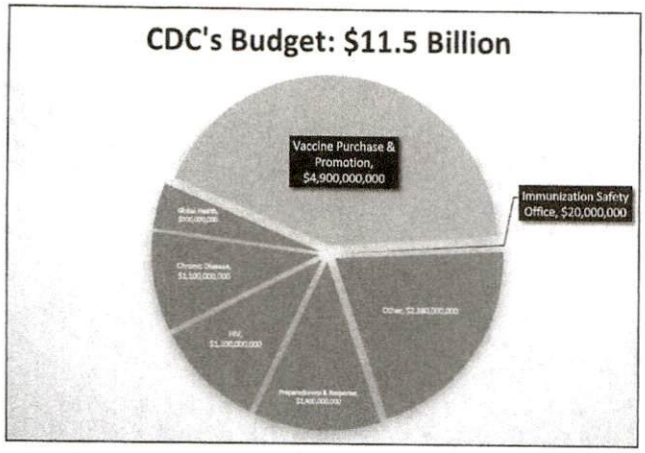
[4] another member received a salary from Merck as well as other payments from Merck,

[5] another member was participating in vaccine studies with Merck, Wyeth, and SmithKline, and

[6] another member received grants from Merck and SmithKline.

2009 – HHS Office of Inspector General Investigation

- "CDC had a systemic lack of oversight of the ethics program"
- 97 percent of committee members' conflict disclosures had omissions.
- 58 percent had at least one unidentified potential conflict.
- 32 percent had at least one conflict that remained unresolved.
- CDC continued to grant broad waivers to members with conflicts.



HHS Licenses, Recommends, Promotes and Defends Vaccines

CDC's website claims over 130 times that:
"CDC does not accept commercial support."
British Medical Journal (May 15, 2015)

- "Despite the agency's disclaimer, the CDC does receive millions of dollars in industry gifts and funding, both directly and indirectly, and several recent CDC actions and recommendations have raised questions about the science it cites, the clinical guidelines it promotes, and the money it is taking."
- "classic stealth marketing, in which industry puts their message in the mouths of a trusted third party"
- Quoting UCLA Professor of Medicine: "Most of us were shocked to learn the CDC takes funding from industry … it is outrageous that industry apparently is allowed to punish the CDC if the agency conducts research that has the potential to cut into profits."
- 2002-2009: Former CDC Director, Julie Gerberding oversaw numerous vaccine studies, many of which were recently deemed unreliable by the IOM.
- 2010: Became President of Merck Vaccines with estimated $2.5 million annual salary and lucrative stock options.
- CDC or NIH Employees whose names appear on vaccine patents can receive up to $150k in licensing fees per year (in perpetuity).
- After HHS licenses, recommends, and promotes vaccines with virtually no safety data, HHS is then statutorily required and vigorously defends against any claim vaccines cause harm.

"In all proceedings brought by the filing of a petition [in Vaccine Court] the Secretary shall be named as the respondent." 42 USC § 300aa-12 ("1986 Act")

we believe that there is a relationship "between autism and vaccines, and in some ways "this runs opposite to what HHS may define "through the HRSA process."

So he killed the approved study in 2010 leaving us no answers to this question.

Interagency Autism Coordinating Committee ("IACC")

After the IACC voted to conducted more research regarding autism and vaccines it was withdrawn because of concern it could support claims that vaccines cause autism in the Vaccine Injury Compensation Program. As head of the IACC explained:

DR. INSEL: "One thing that didn't get discussed when we voted on this is a problem that didn't occur to me until after the meeting, which is that this is perhaps the only issue that we've dealt with that is now part of litigation that involves the department; that it's a HRSA issue, and I'm concerned about the optics." "If we say, yes, we think it's important to look at this and to provide additional information, it implies that we believe that there's a relationship between autism and vaccines, and it suggests that in some way this runs opposite to what HHS may define through the HRSA process."

Vaccine Injury Compensation Program ("VICP")

Americans Injured by a Vaccine Must File a Claim in the VICP where:

- All filings are submitted under seal.
- They must fight against HHS (the Respondent)
- They must fight without any discovery as-of-right
- They must almost always prove causation
- They must fight against the Department of Justice (HHS's attorneys)

Placing the burden on the vaccine injured child's family to conduct the very safety science which would have potentially prevented the child's injury in the first place is unconscionable, but, yet, how HHS operates.

I have to say this, that it's a misnomer to call the Vaccine Court a court. It's a government program. All filings are submitted under seal, in secret.

The plaintiffs, the people who are injured by a vaccine must fight against HHS, respondent, they have to fight without any discovery as-of-right.

The manufacturer is not part of this lawsuit and there's no depositions, there's no document searchers, so how is that plaintiff supposed to prove the connection between their injury and the vaccine? They must almost always prove causation.

How can you do that without documents? They must fight against the Department of Justice, which is HHS attorneys, so they have the full power of the United States government against them, trying to deny them compensation.

Of course this system places the burden on the vaccine-injured child's family to conduct the very same safe-

$4,060,857,713.42

Despite the high hurdle to obtain compensation, VICP has paid more than $4 billion for vaccine injuries and this is with cap of $250k for pain and suffering and death.

*Source: hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-january-2019.pdf

Conflict of Interest Summary

- Industry incentivized to not conduct proper safety testing
- Regulatory agency incentivized to not conduct safety testing
- Regulatory function subsumed by promoting, distributing and defending vaccines

ty science that would have potentially prevented the child's injury in the first place.

Even in the face of all of these enormous hurdles against recovery, people who have been injured by vaccines have recovered more than $4s billion from HHS vaccine program in recent years. And that's despite a cap of $250,000 for pain and suffering and death.

I didn't get into this controversy because I wanted to. I was dragged, as I said at the beginning, kicking and screaming into this controversy. I've stayed in it because I don't know anything that's more important.

All of the environmental issues that I've worked on are absolutely critical, the future of our country and our planet, but we can't solve those environmental problems if we don't have kids with functioning brains and with good health. We need a generation of kids that's ready to grapple with big problems.

The things that I've shown you today are not my opinions, these are facts.

We want to make sure that the conflicts are removed from the regulators who are making decisions over our vaccines. And that the vaccines that our children get are as safe as they can possibly be. That the science is strong and robust. And none of that is possible unless we first do these things.

What's the Solution?

1. Subject vaccines to the same **rigorous approval process** as other drugs.
2. **Mandatory reporting** of vaccine adverse events and automate the VAERS* and VSD* databases.
3. Ensure everyone involved with Federal vaccine approvals and recommendations are free from **conflicts of interest.**
4. **Reevaluate all vaccines** recommended by the ACIP* prior to the adoption of evidence-based guidelines.
5. Study what makes some individuals **more susceptible to vaccine injury.**
6. Support **fully informed consent and individual rights** to refuse vaccination.

*VAERS: Vaccine Adverse Events Reporting System, *VSD: Vaccine Safety Datalink, *ACIP: Advisory Committee on Immunization Practices

First, we need to require that the vaccines go through the same rigorous approval process as other drugs.

We need to require mandatory reporting of vaccine adverse events and that means automating the VAERS and the VSD database. This is obvious.

We need to ensure that everyone involved with Federal vaccine approvals and recommendations are free from conflicts of interest.

We need to reevaluate all vaccine recommended by the ACIP prior to the adoption of evidence-based guidelines.

If they weren't making those decisions based upon science, those decisions ought to be invalidated. We need science-based policymaking.

We need to study what makes some individuals more susceptible to vaccine injury and we need to work to do the real science to identify the other subsets that have not yet been characterized.

And finally, we need to support fully informed consent and individual rights to refuse vaccination. We live in America, part of our tradition is informed consent.

We know that vaccines are a risky medical intervention and parents should not be removed from the debate over the rights of their children to receive or not receive a vaccine.

Thank you for your time.

You know, we all want the best for America's children and we need to start by having **good science and a clean regulatory process.** Thanks.

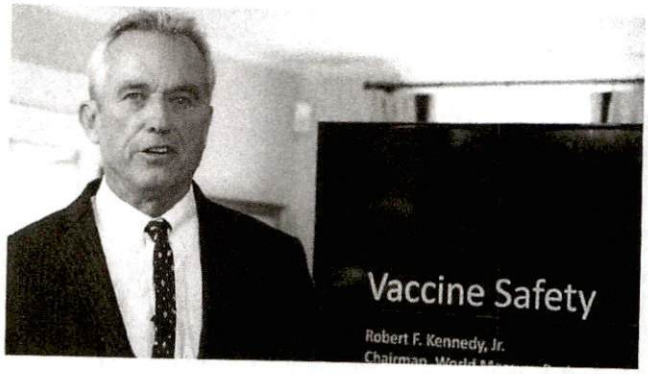
Robert F. Kennedy, Jr., Chairman
Children's Health Defense

Robert F. Kennedy, Jr.'s reputation as a resolute defender of the environment stems from a litany of successful legal actions. Mr. Kennedy was named one of *Time* magazine's "Heroes for the Planet" for his success helping Riverkeeper lead the fight to restore the Hudson River. The group's achievement helped spawn 300 Waterkeeper organizations across the globe.

Mr. Kennedy serves as President of Waterkeeper Alliance and of counsel to Morgan & Morgan, a nationwide personal injury practice. He was previously Chief Prosecuting Attorney for the Hudson Riverkeeper, Senior Attorney for the Natural Resources Defense Council, and a Clinical Professor and Supervising Attorney at Pace University School of Law's Environmental Litigation Clinic. He is co-host of Ring of Fire on Air America Radio. Earlier in his career he served as Assistant District Attorney in New York City.

He has worked on environmental issues across the Americas and has assisted several indigenous tribes in Latin America and Canada in successfully negotiating treaties protecting traditional homelands. He is credited with leading the fight to protect New York City's water supply. The New York City watershed agreement, which he negotiated on behalf of environmentalists and New York City watershed consumers, is regarded as an international model in stakeholder consensus negotiations and sustainable development.

Among Mr. Kennedy's published books are *American Values: Lessons I Learned From My Family, The New York Times'* bestseller *Crimes Against Nature* (2004), *The Riverkeepers* (1997), and *Judge Frank M. Johnson, Jr: A Biography* (1977) and two children's books *St. Francis of Assisi* (2005), *American Heroes: Joshua Chamberlain and the American Civil War* and *Robert Smalls: The Boat Thief* (2008).



His articles have appeared in *The New York Times, Washington Post, Los Angeles Times, The Wall Street Journal, Newsweek, Rolling Stone, Atlantic Monthly, Esquire, The Nation, Outside Magazine, The Village Voice,* and many other publications. His award-winning articles have been included in anthologies of *America's Best Crime Writing, Best Political Writing* and *Best Science Writing.*

Mr. Kennedy is a graduate of Harvard University. He studied at the London School of Economics and received his law degree from the University of Virginia Law School. Following graduation he attended Pace University School of Law, where he was awarded a Masters Degree in Environmental Law.

Updated 2/11/19

Please include in record for HB19-1312 Sen Finance cmttee hearing - OPPOSE

Yael Get IEP Help to: matt.bishop 05/02/2019 08:00 PM

My name is Yael Cohen.
>
> I'm a special education advocate. I help parents get the services that their kids with disabilities needed with the goal of becoming functioning tax paying adults when the school districts say no. And that happens more than you think.
>
> Before I begin talking about the finances of education, I want to mention that the immunocompromised kids will not be medically exempt from all these vaccines. If this bill was meant to protect these kids, know it's not going to protect them. In fact, it will likely harm them more.
>
> I learned about vaccine injuries when one of my clients explained to me that the Mayo Clinic had told her that her her daughters disabilities came from the vaccines and not to give her anymore. Before that, I also bought that they are all safe and effective.
>
> As I started to ask questions, I discovered that half of the kids in my practice are vaccine injured, most of them with seizures that started after they received their vaccine shots and many that continue to this day.
>
> More and more classes for kids with significant needs are opening in every district in large numbers. The feds only pay for about 18% of mandated special education in our state, as in every state.
>
> As we have more and more kids with vaccine injuries, we are about to be crushed financially to support our schools in Colorado. All our kids deserve to learn whether disabled or gifted or run of the mill. You're the finance committee. How are you going to pay for for all the kids with disabilities to learn and all the neurotypical kids too to learn? We won't be able to. We will drown.
>
> And while thanks to this bill, costs of education will rise, and this bill will cost our school hundreds of thousands and even millions of dollars since homeschoolers are thankfully exempt — unless they go to the umbrella enrichment programs which are a boon to our districts. For that, the districts get half the regular pupil rate for roughly a day a week.
>
> But once homeschool parents pull out of these programs, we are looking at taking tens of thousands from small districts to 14 million dollars for lager districts which will cease to exist.
>
> This is absurd!! This bill which supposedly has no financial implications is going to bankrupt our schools.

I am so disgusted with the majority party doesn't believe the minority has rights. Equally

disgusted that this is a party line vote where the party who
believes in choice only if it stops at the birth. That’s despicable as was that the Chair disallowed at least 3/4 of the public a chance to speak. Horrible. For many, this was their first involvement in politics. You had the choice of not bringing the bill to committee if you didn't want to hear the public, all of the public. And the representative and senators who brought this bill had the option of bringing it over since last Saturday. The committee chair said that the House only brought the bill over this morning. However, we know the Senate leadership had knowledge about it, as they discussed it on a hot mic the previous night. We expect your honest and true compassion and leadership.

It’s no on 1312.

Testimony HB1312- OPPOSE

Jenna Evangeline to: Matt.bishop 05/02/2019 05:15 PM

Please respond to Jenna Evangeline

Dear Senators,

I have a variety of concerns opposing the passing of this new bill. I feel that our personal rights and freedom to make informed choices for the health and safety of our child(ren), based on medical, religious, or personal reasons are being threatened. To start, I am concerned about incriminating language that may exist in the paperwork required for parents to opt-out of some or all vaccines. I want to be sure that the bill is also worded to give doctors the ability to opt-out their patients at their discretion, even if their conditions, diagnoses or reactions do not match the description outlined for medical exemption. I am concerned about the lack of adequate safety testing for the new vaccines before they are added to the list of required vaccines and about the overall number & frequency of vaccines that are required, and how the different ones are typically grouped together, administered simultaneously. Your attention to the concerned citizens is appreciated.

Regards,
Jenna Meling

HB19-1312 NO!

jtwelch713 to: matt.bishop 05/02/2019 02:16 PM

Dear Public Trustees and other officials;

Please understand how non-partisan this issue is. Most issues I tend to lean left or center, but on the issue of vaccines I am 100% with the Republicans (and yes even some Democrats!) who oppose them for very legitimate scientific and academic reasons as well as the more spiritual and medical ones. PLEASE DO NOT VOTE BLINDLY!

When you see reports like "3000 cases of measles in the US" turn off that knee-jerk reaction function before you hurt yourself or others, and think about it for a second.

The measles infection lasts about a week on average. The media has been *adding to* their reported numbers for how long now? Go ahead and call around to your local health departments. Hell, call the health departments in Washington and New York and ask how many *active* cases they have. Keyword ACTIVE cases. Why is that important? Because you take the CDC reported # of cases and subtract the # of active cases, and you get the number of people who recovered from the infection. Please try this exercise, document what these health departments tell you, and let me know if I'm wrong.

That's the key to understanding how this infection is not deserving of "emergency" or "crisis" statuses, and every public official and media outlet making these claims should be charged with creating hysteria by false emergency.

Re: Pan's seatbelt analogy.

They don't seem to realize that a seatbelt doesn't save a life merely by being strapped in; by existing. In order to save a life, there would have to be a crash, and forensics investigation determination afterward showing the survivor *would have died* had they not been wearing it (if they survived at all -- and how many don't survive even while wearing it?). Those results then have to be compared to the number of people who *survive* crashes *without* a seatbelt. Only then can you get a truly accurate account of how many lives seatbelts "save" each year, and it's no different for the claim of how many lives vaccines "save" each year.

Most importantly, we can sue a manufacturer if the seatbelt malfunctions. Enduring the vaccine injury court when vaccines malfunction, while the manufacturers get away with their criminal negligence, is pouring salt on fresh wounds for families.

Colorado has always had lower vaccination rates. We're proud to have been among the top ten healthiest states for decades. We have lower infant mortality. No serious outbreaks... o.O If you're thinking pertussis, check these out:

https://www.bu.edu/sph/2017/09/21/resurgence-of-whooping-cough-may-owe-to-vaccines-inability-to-prevent-infections/?fbclid=IwAR1klQ16KfWm9k85loZZDcPwnhFiQTz3-O4QbRK1

KnZj7LIjAto1Nujb9R0

https://pediatrics.aappublications.org/content/135/6/1130.long?fbclid=IwAR0ZpY1S3wcIyUrdVNBBOEmvZ2-6wY_ZdyEY9GJ_gKBomuNwYWAKdd2lvsk

"In the last 13 years, major pertussis epidemics have occurred in the United States, and numerous studies have shown the deficiencies of DTaP vaccines, including the small number of antigens that the vaccines contain and the type of cellular immune response that they elicit. The type of cellular response a predominantly, T2 response results in less efficacy and shorter duration of protection. Because of the small number of antigens (3-5 in DTaP vaccines vs >3000 in DTwP vaccines), linked-epitope suppression occurs. Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility."

https://www.ncbi.nlm.nih.gov/m/pubmed/30793754/?fbclid=IwAR07jOpxeI5udeRwY-6CTJ7fCnd3c15bEmGlkj8FPKXlF7Dy7legjGjDkxU

Mississippi has one of the highest vaccination rates, with higher infant mortality and lower health scores. HB19-1312 will increase vaccine rates, and everything that comes with it.

Mullica added Rotavirus vaccine to the bill:

"ROTAVIRUS vaccine was found contaminated with retrovirus. GlaxoSmithKline's Rotarix and Merck's RotaTeq – are contaminated with pig virus DNA. But there's a difference between the two vaccines: Rotarix contains parts of a pig virus that does not make pigs sick while Merck's RotaTeq contains parts of a pig virus that kills baby pigs.

How many mothers know that, when Merck's diarrhea vaccine is squirted into the mouths of their two month old babies, they are swallowing parts of a pig virus that suppresses the immune systems of baby pigs so badly, they waste away and can suffer respiratory, kidney, reproductive and brain damage before dying? In fact, the FDA pronounced both rotavirus vaccines safe, even though both remain contaminated and SAFETY DATA ON PCV2 CONTAMINATION OF ROTATEQ WAS NOT EVALUATED BY THE DFA ADVISORY COMMITTEE.

Rotavirus vaccine... required for daycare or school entry. "The American Academy of Pediatrics and doctors should be informing parents they have a choice and that one rotavirus vaccine is contaminated with DNA from a lethal pig virus while the other is not.""
~ NVIC

"RESULTS:

We found 18 reports of measles outbreaks in very highly immunized school populations where 71% to 99.8% of students were immunized against measles. Despite these high rates of immunization, 30% to 100% (mean, 77%) of all measles cases in these outbreaks occurred in previously immunized students. In our hypothetical school model, after more than 95% of schoolchildren are immunized against measles, the majority of measles cases occur in appropriately immunized children.

CONCLUSIONS:

The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons. Because of the failure rate of the vaccine and the unique transmissibility of the measles virus, the currently available measles vaccine, used in a single-dose strategy, is unlikely to completely eliminate measles. The long-term success of a two-dose strategy to eliminate measles remains to be determined."

https://www.ncbi.nlm.nih.gov/pubmed/8053748?fbclid=IwAR08hoNnJ3_wA8Plq4B076ZkwyXk-ey8qSAhmlN7BU90gafD5tX7B-kZswg

The Department of Health and Human Services (HHS) gave Harvard Medical School a $1 million dollar grant to track VAERS reporting:

"Adverse events from drugs and vaccines are common, but underreported...(and) fewer than 1% of vaccine adverse events are reported..."

Low reporting rates preclude or slow the identification of 'problem' drugs and vaccines that endanger public health..."

https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf?fbclid=IwAR0_hUWNNB_87Ep1QCnqhUjyrQtSA7h-LQmrlMXxAURt7BwhS3k6ZutZSJ0

https://physiciansforinformedconsent.org/measles/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5669393/?fbclid=IwAR1_9ceWBSsnl9DVuiAUnwXwlnwOqkRrk648Y2T41EBu0FiC1DCLHhS-z8k

https://academic.oup.com/cid/article/61/6/980/451431

https://www.ncbi.nlm.nih.gov/pubmed/21623535?fbclid=IwAR1X2RYYGolxp3oJRS1oVhe427g_f7ZugSY2DlpQzdjbtLfBv4isYS7vUrM

https://in-training.org/drugged-greed-pharmaceutical-industrys-role-us-medical-education-10639?fbclid=IwAR2jS1Ji-ZmUK1LKm3H4vSfbfWCHkERN8QCpklj2r6b-Vuaww7tCBpQxU98

http://immunityeducationgroup.org/happen-many-people-stopped-vaccinating/?fbclid=IwAR38qzWc6wwCOY3_U5IwgPR-FtDxoQ6j6NeQDPdzAYKcbB7xoDY-9ZwLNio

https://www.acsh.org/news/2015/05/19/science-publication-is-hopelessly-compromised-say-journal-editors?fbclid=IwAR1lH_WXaQB_swTJfQiGqF5JoEdpXn9dNvs_NPb-11KRwgkw-3bfP

WMV3Rs

https://thevaccinereaction.org/2018/06/the-theory-of-herd-immunity-has-nothing-to-do-with-vaccination-2/?fbclid=IwAR3Rjm6T-rBHCwK5UzBq2PAVuf_sqRcEjjLJD-b_kA5idwcX6bYZm1Sm1CU

"Contrary to what we're being told, the science is far from being settled when it comes to vaccine effectiveness.

These assumptions are not science, but merely scientism, a reverent, quasi-religious faith characterized by dogmatism in the name of science, which stifles the critical thinking, questioning, and doubting of allegedly settled truths that real science requires, and helps explain why the news media refrain from reporting deaths or injuries from vaccines."

Dr. Richard Moskowitz has been a licensed physician since 1967. He received his B.A. from Harvard in 1959, Phi Beta Kappa, Cum Laude in General Studies (Biochemical Sciences).

He received his M.D. from New York University in 1963. After finishing a Graduate Fellowship in Philosophy at the University of Colorado, he completed his internship at St. Anthony's Hospital in Denver.

Thank you for fully considering your vote rather than going with party lines.

~ Jeff Welch

719-337-5983

Colorado Springs, CO 80920

Testimony: HB19-1213 Oppose
Marcie Cooper to: matt.bishop 05/02/2019 01:39 PM

Dear Senators:

Thank you for your service to our beautiful state and for your allotted time for my testimony today.

As a Board Certified Advanced Holistic Nurse and practicing Registered Nurse I am appalled at this bill. I am a lifelong registered democrat, and I can tell you now that I will be seriously reconsidering this in the next election of this bill gets rammed through the Senate. (I can hardly believe the republicans are fighting for our rights for a change),

I have 3 kids, all in Douglas County schools, and all vaccinated with the exception of Influenza, HPV and 1 child is behind her last DTap.

I hold dear our rights to vaccinate on our own terms. The majority of scheduled vaccinations, were given to my children, but not on the "schedule" as this bill mandates. My youngest daughter experienced delayed development after receiving all the doses of scheduled vaccinations and when she wasn't talking at the age of 4 I began to dig a little deeper. No doubt she would qualify as Autistic, although I've never pushed this diagnosis. I determined it would be in her best interest to move cautiously slow with the remaining vaccinations- only 1 at a time and spread out over the last 19 years. Now, at the age of 14 she is just this year starting to catch up with her peers. I can't help but wonder what we may be dealing with if I had not had been prudent about the schedule.

There are blatant HIppa violations as well as the tracking system suggested strikes fear in many.

I have huge concerns over current accountability for injuries of vaccinations. The research on safety has been halted and may be stifling some of those who are opting out but the truth is that removing choice and mandating vaccinations is not going to add any level of confidence regarding safety of these vaccinations. This bill needs serious revisions and our overall national regulations on accountability need to be reviewed.

Please reconsider your vote on this and preserve our rights as parents, and listen to my very valid and deeply scientifically backed research on the matter.

This is irresponsible to Coloradans .

Sincerely,

Marcie Cooper MSN, RN, AHN-BC
720-333-1022

Testimony for HB19-1312

Robin Hinsdale to: Matt.bishop 05/02/2019 01:29 PM

Mr. Bishop,

Here is my testimony AGAINST HB 19-1312

I grew up home schooled in Michigan, a state where home schooling was illegal. Yes. I said illegal.

Now instead of my parents railing against the Democratic party (the ones that where for whatever reason keeping it illegal) for this one issue that affected us very much, they chose to still vote for Democrats and educate them.

Why? Because the Democratic party is right on so many things, so it is short sided to pick ONE thing (even if it effects you personally) that counts over everything else.

However, now here we stand, me - a die hard liberal Democrat, feeling unheard and even bullied by the party I held in such high esteem. And even embarrassed that the majority hold we have now is going to hurt so many people I care about. Including me and my child.

WHY are they protecting the rights of so many other minorities, and not mine?

WHY are my House and Senate Representatives saying they listen to us - then not responding to MULTIPLE emails and calls that I respectfully sent?

Why are my pleas to simply be heard falling on deaf ears?

I am at a loss and so disheartened. Many Democrats are. And many are saying they will never vote Democrat again.

To feel so unheard by people you put your trust in to hold your best interest above financial gain or losing face with "the party" will make many more leave.

Now I am doing my part as a life long Democrat in educating you all. This is not a party issue. This bill goes agaist civil rights. This bill undermines medical freedom. This bill discriminatory. This bill goes against HIPAA and FEMA. This bill undermines doctor's knowledge and gives power to the health Dept.

Vote NO on HB19-1312

Sincerely, Robin Hinsdale 801-318-1301

Increased vaccinations = increased neurotropic and immune diseases, where is the public health?

Elizabeth Jenks to: matt.bishop@state.co.us 05/02/2019 01:26 PM

#1
My name is Elizabeth Jenks.
I am a Registered Nurse.
For 12 years I worked in a public health clinic where I administered many, many vaccines even though I knew almost nothing about them.

For example, I did not know that vaccines contained heavy metals that cannot be completely excreted from the body after injection.
I did not know that retained heavy metals can cause brain inflammation and injury, mitochondrial injury, are toxic to the liver and kidneys, and act as endocrine disruptors.

I did not know that in the late 1980's some vaccines began to be manufactured on human cell lines.
Such vaccines are UNAVOIDABLY contaminated with fragments of human DNA. I did not know that when fragments of foreign human DNA are injected into someone, that they can be taken up by that person's stem cells resulting in de novo genetic mutations for them.

I did not know that vaccines induced autoimmune diseases and allergic conditions that won't be identified until years after a vaccine is given.

I did not know that vaccines could be contaminated with pathogens from the animal substrates they are propagated on.
Most concerning are retroviruses such as XMRV and HERV-K.
I did not know that injected retroviruses could live inside a persons own cells and turn them into virus or cancer factories.

Now that I know these things and much more, I do not ever want a vaccine injected into me or my child again ever again-
and I certainly don't want to be forced to receive any of the over 250 vaccines that are currently under development for the market.

The vaccine program puts everyone at risk of subclinical heavy metal poisoning, genetic injury, permanent immune malfunctioning, and injected infections.

Once a vaccine sets these pathologies in motion, there is no taking it back.

I would like to take this opportunity to publicly apologize to every patient that I unwittingly administered a vaccine to.

Like me, most medical authorities have not been trained to understand or identify vaccine adverse outcomes. Because of this, medical authorities regularly fail to identify vaccine injuries.

There is almost no justice for the millions whose natural health has been stolen from them by vaccination.

I will never allow my license to be used to deceive patients about the safety or necessity of vaccines ever again.

Thank you.

Photos-
1. Serial injections of neurotoxic heavy metals during brain development. This is the likely cause of 1 in 6 US children with neuro-developmental disabilities:
-speech and language disorders
-learning and concentration difficulties
-sensory and motor coordination problems
-explosion of emotional and behavioral diagnoses

2. Epidemics? Autism is affecting more children than some of the worst epidemics in their worst years.

3. Rise in autism follows on increased use of vaccines manufactured on human cell lines.

#2
I urge you to consider that when brain neurons are destroyed, they will never come back again. Human beings are capable of regenerating hair, and blood, and bone but we are all born with all the neurons we will ever possess in our lifetime. When brain neurons are killed, standby neurons may assist with brain functions via neural plasticity, but there will never be new brain neurons.

Children are born unable to walk and unable to talk because their brains are not capable of coordinating such sophisticated activity yet. The prenatal and newborn period is a uniquely explosive stage of brain development.

Aluminum, thimerosal, and other vaccine ingredients are NEUROTOXINS.
Neurotoxins are toxins that are destructive to nerve tissue (causing neurotoxicity). Neurotoxins are an extensive class of exogenous chemical neurological insults that can adversely affect function in both developing and mature nervous tissue.

Infants brains develop through a process of “wire together, fire together”. Please consider that if immature brain neurons are damaged or destroyed prior to their participation in normal brain development, that they will never reach their full neurological potential because they can never be replaced.

Depending on what stage of development an infant’s brain is in and to what level an infant’s physiology becomes overwhelmed by aluminum, mercury, or other neurotoxins contained in vaccines, is the extent to which a child will experience “developmental delays”. The term

developmental delay is a euphemism for brain damage that has taken place before full brain development. When an adult has a stroke it is very apparent which skills they have lost. When an infant suffers a brain injury, there are no developed skills that are lost- just skills that will never be acquired.

Currently in the US, 1 in 6 children suffer a neuro-developmental disability that will impact them academically, socially, and economically for their lifetimes. These are speech and language disorders such as apraxia and dysphonia, sensory and motor problems such as sensory processing disorder and inability to control fine and gross motor operations, learning and concentration problems such as dyslexia and ADD/ADHD, and an explosion of emotional and behavior problems including conditions such as obsessive-compulsive disorder, oppositional-defiant disorder, conduct disorder, social integration disorder, bi-polar disorder, executive function disorder, severe anxiety disorder, severe depressive disorder, and suicidal/ homicidal ideation. Not only are these children extremely difficult and expensive to parent but their neurological challenges will impact every aspect of their lives from school to social isolation and work difficulties. Like many persons with severe autism, a certain subset of this population will not be able to function independently as adults.

Our immune systems not only protect us from infection but they also protect us from poisons. Vaccines are undeniably concoctions containing metals and other toxicants. Vaccination then is a trade off between a type of “protection” from infectious diseases that involves a certain amount of poisoning. Some persons are more vulnerable to these poisons than others, either due to genetic factors or because they already have a build of toxicity and vaccinations represent “the straw that breaks the camel’s back”.

Heavy metals bioaccumulate. Heavy metals that have accumulated in a pregnant mother will be transferred to her infant via the placenta during the course of pregnancy. Presently there is no assessment or treatment of heavy metal burden by allopathic medicine. The only time heavy metals are assessed and treated in allopathic medicine is when there are symptoms and exposures that are incredibly dramatic. Less obvious more subtle chronic heavy metal pathophysiology remains ignored. I have great concern over this population of children that has received more than 10 times the vaccines that I have received. These children are “pre-loaded” with levels of aluminum and mercury that are likely to accelerate the current health care crisis of neurotropic and immune dysregulation diseases.

Not only are are 1 in 59 US children developing autism and 1 in 6 US children developing neuro-developmental disability other than autism, but 2/3 of adults of adults will die with dementia or Alzheimer’s disease. Some person’s refer to Alzheimer’s disease as “adult onset autism”. Alzheimer’s disease is quickly rising up the ladder as a leading cause of adult death in the US. Other adult neuro-degenerative diseases are also on the rise such as Parkinson’s, Multiple Sclerosis, and dysautonomia disorder.

What does it mean to be healthy? Are children and adults with so many neurological illnesses healthy? Presently 1 in 2 adults and 1 in 4 children take at least one prescription medication daily. One way to consider good health must be the ability to live without medications.

It is extremely concerning that the CDPHE and current Colorado legislators “blindly” embrace the goal of increased vaccination rates with ZERO appreciation for death and other serious consequences of vaccination. HB 19-1312 further entrenches the “vaccine injury program” that inexorably follows on the vaccine program.

Our forefathers carefully considered Natural Law when drafting the Constitution of the United States. It is repugnant that laws are being considered that deny persons the right to their own bodily autonomy and biological integrity. It cannot be moral to insist that human beings in their natural god given state are a public health threat. Infections kill people, not unvaccinated persons. It is always tragic when a person dies from an infection but it is every bit as tragic when someone is killed or disabled by vaccination. While our nation systematically counts instances of so called “vaccine preventable” infections, no systematic tabulation of vaccine injuries is undertaken. Ultimately, weighing the risks of vaccination vs the risks of infection cannot be honestly presented to persons weighing the risks and benefits of vaccination because no accurate data is available to patients or even to health care providers! Population outcomes of vaccination are secretly monitored in the Vaccine Safety Data Link (VSDL) this data is “proprietary” and not available for general public scrutiny or researchers independent of the. CDC. Parents and other persons considering vaccination are forced to place unreasonable trust in the CDC as keepers of mysterious vaccine safety information. If vaccines are so safe- then why is there no public access to the VSDL information?

The only analysis of VSDL information that I have ever had access to is the study performed by the CDC’s Thomas Verstraeten in 2000 entitled “Scientific Review of Vaccine Safety Datalink”. The various iterations of this study is discussed in detail in the documentary “Trace Amounts”. According to the film- the first analysis of the data collected in this study showed that children receiving the schedule of vaccines commonly recommended in the late 1990s with it’s commiserate concentrations of thimerosal (mercury) had a 7.6 relative risk of acquiring autism over children with no exposure to thimerosal. After various criteria were used to de-select study subjects, a second analysis of the data indicated that children administered the recommended vaccine schedule of the times had an 11.31 relative risk of acquiring and autism diagnosis.

Email exchanges between CDC employees indicate that Dr. Verstraeten was encouraged to re-evaluate the study data in such a way as to minimize the implications for autism. In an email dated 12/17/99 to ‘Robert Davis’ and Frank DeStefano with the Subject being “It just won’t go away”, Dr. Verstraeten writes, “As you’ll see, some of the RRs. Increase over the categories and I haven’t yet found an alternative explanation.”

In a bizarre “off site” meeting held at the Simpsonwood Conference center near Atlanta, Georgia, a third iteration of the VSDL study is presented to “vaccine stakeholders”. A third generation slicing and dicing of the VSDL data now shows a relative risk for autism of 1. 69. This meeting included representatives from the CDC, the FDA, the WHO, pharmaceutical companies, immunologists, neuro-developmental specialists, pediatricians, biostatisticians, and other epidemiologists. From minutes of the meeting very telling remarks are made.

Dr. Weil from the American Academy of Pediatrics, “You can play with this all you want. They are linear. They are statistically significant.”

Another participant remarks, “So we are in a bad position from the standpoint of defending any lawsuits if they were initiated and I am concerned.”

Dr. Clements from the World Health Organization says, “...perhaps this study should not have been done at all, because the outcome of it could have, to some extent, been predicted and we have all reached this point now where we are left hanging.”

Dr. Verstraeten: Personally. “I have three hypotheses. My first hypothesis is it is parental bias. The children that are more likely to be vaccinated are more likely to be picked up and diagnosed.

Second hypothesis, I don’t know. There is a bias that I have not yet recognized, and nobody has yet told me about it.

Third hypothesis. It’s true, it’s thimerosal.

Colorado’s own Dr. Robert Johnston says, "Forgive this personal comment, but I got called out at eight o'clock for an emergency call and my daughter-in-law delivered a son by c-section. Our first male in the line of the next generation and I do not want that grandson to get a Thimerosal containing vaccine until we know better what is going on. It will probably take a long time. In the meantime, and I know there are probably implications for this internationally, but in the meanwhile I think I want that grandson to only be given Thimerosal-free vaccines." Dr. Johnston works to this day in Denver as an immunologist and allergist, likely “treating” children with allergies and immune disorders caused but not officially attributed to vaccination.

After reading these comments do you personally feel that your own children and grandchildren are safe in the hands of “vaccine stakeholders”?

After this meeting the public is told that thimerosal as a preservative in vaccines recommended for children is being removed out of an “abundance of caution”. Do you think this statement derives from a concern over children or a concern over lawsuits? The original data from this study was “lost” and so no researchers independent from the CDC can evaluate this data to reach the same or different conclusions.

One month after Simpsonwood, Dr. William Egan, M.D. from the FDA, who attended Simpsonwood, testifies before Congressman Dan Burton. Congressman Burton was leading a 4 year Government Reform and Oversight Committee hearing about Autism and Childhood Vaccines. Congressman Burton’s own grandson developed autism after vaccination. Dr. Egan who had just attended the Simpsonwood meeting discussing a relative risk for autism of 1.69 under the prevailing vaccine schedule testifies under oath, “To date, you know, there is no evidence, convincing evidence, of harm from the thimerosal in vaccines.” (!!!!!) How many children would be spared an autism fate if Dr. Egan had not lied under oath at that hearing?

There are other examples of CDC deceit but this email is already too long. I wish I had the time and energy to convey to you the story of the CDC Whistleblower, Dr. William Thompson. In secretly recorded phone conversations to autism father, Dr. Brian Hooker, Dr. Thompson admits that he and his colleagues falsified the results of their 2004 Atlanta MMR/ Autism study to make it show that the MMR vaccine was not correlated with an increased risk for autism acquisition. Although a meeting had been arranged for Dr. Thompson and his colleagues to present and destroy all the original data from their study, Dr. Thompson retained original copies of all the data and later provided it to Dr. Hooker and to Congressman Bill Posey of Florida.

When Dr. Hooker analyzed the raw data from the Atlanta study, he uncovered a race effect where all children were at. A 7% increased risk of acuiring autism diagnosis and African American male children were 2 to 300 % more likely to acquire an autism diagnosis after receipt of a first MMR vaccine at one year of age than children who did not receive a first MMR vaccine until 3 years of age.

When Congressman Bill Posey presented this information on the floor of Congress and requested a hearing and thorough investigation of the whistleblower statements and documents in 2014, the CDC was allowed to investigate themselves and no such public hearing was undertaken.

Please watch Congressman Bill Posey for yourself: https://youtu.be/qxr-cv-JuI8

1 in 59 US children with autism.
1 in 6 US children with neuro-developmental disorders
5% of US children with an immune-based chronic illness.

Is ever increasing vaccination rates a valid metric of public health outcomes?

I BEG you to please vote no on HB 19-1312

Sincerely,

Elizabeth Jenks

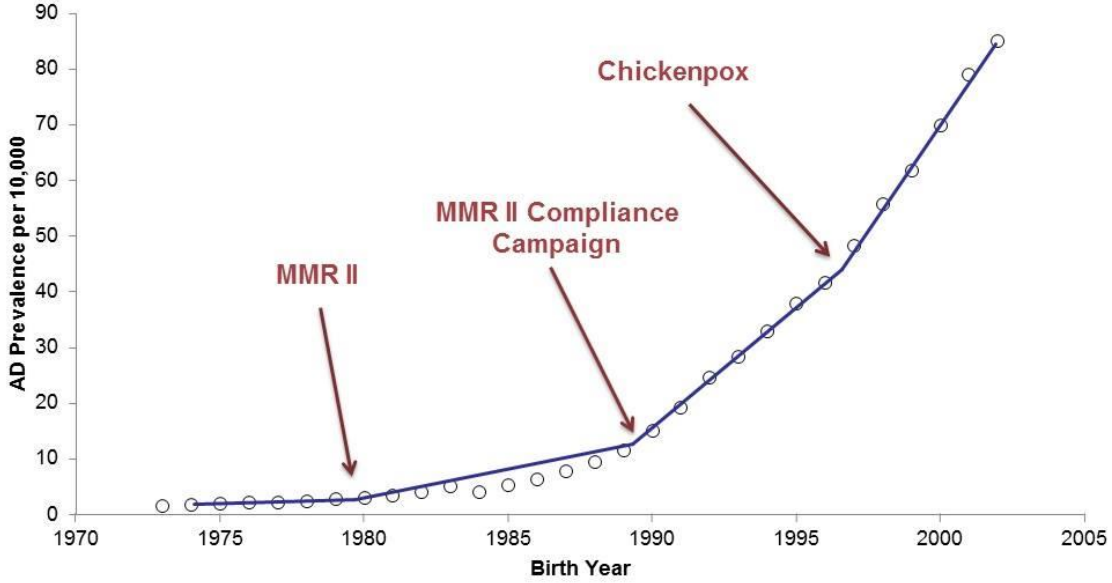
P.S. I am also a Navy Nurse Corps veteran. I consider a vote for this bill treasonous to the Constitution of the United States, traitorous to the citizens of Colorado, and traitorous to the millions of service members who have forsaken their lives to protect the freedoms guaranteed in our nation’s great Constitution.

"When an honest man discovers that he is mistaken, he will either cease to be mistaken, or he will cease to be honest." ~Author Unknown

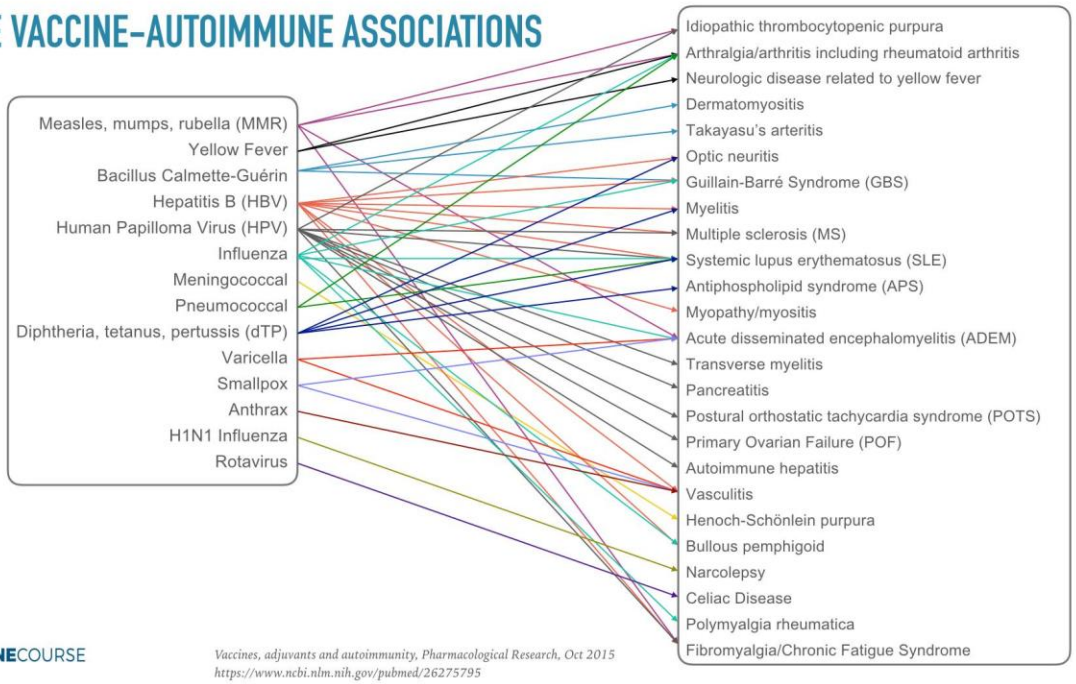
SOUND CHOICE PHARMACEUTICAL INSTITUTE

IN PURSUIT OF PRO-LIFE MEDICINES

Human Fetal DNA and Retrovirus Contaminants in Vaccines Coincide with Autism Changepoints

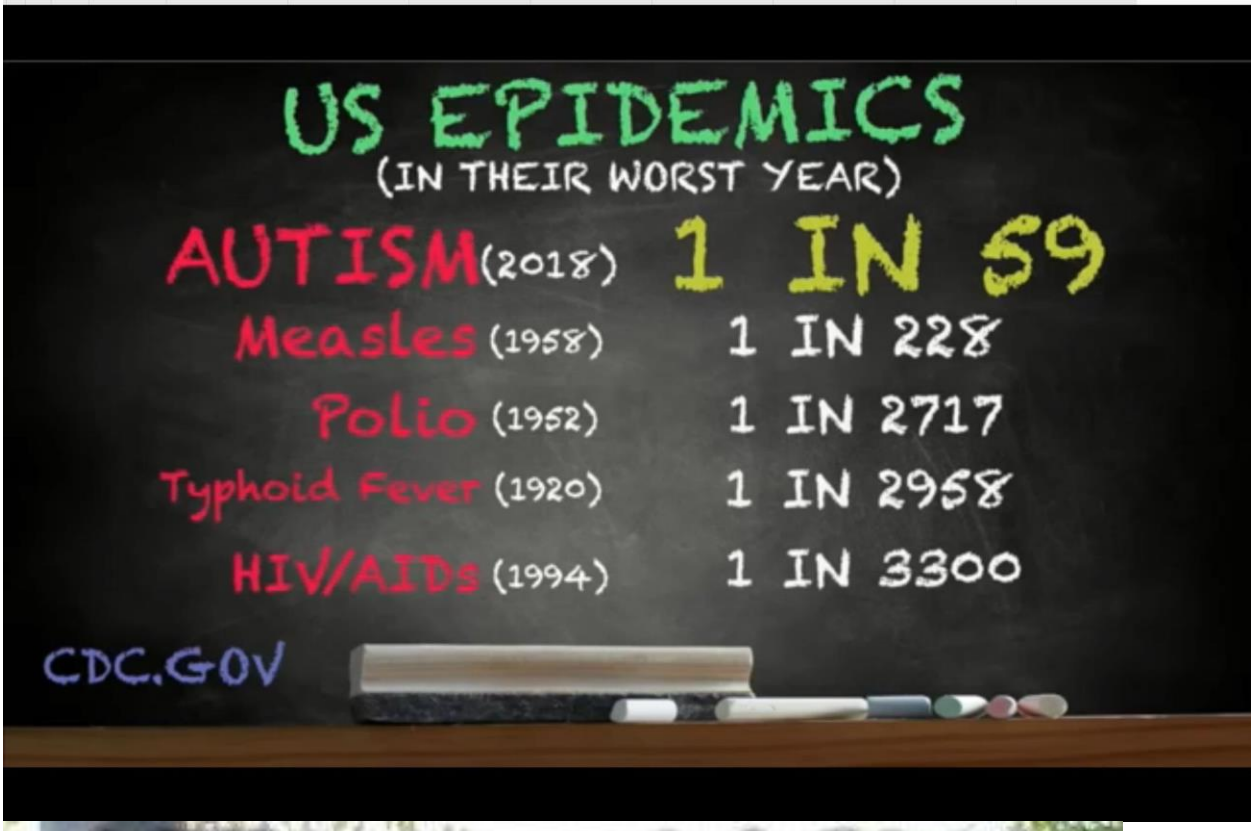


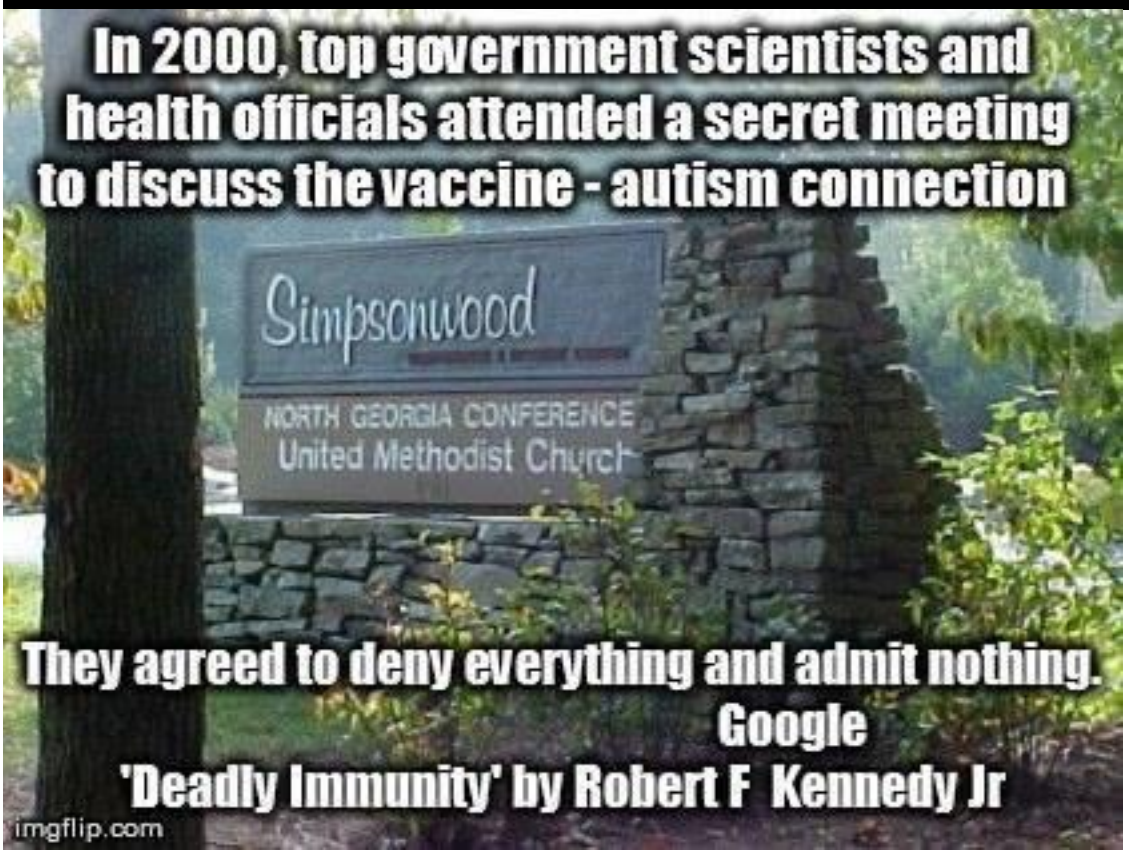
SOME VACCINE-AUTOIMMUNE ASSOCIATIONS

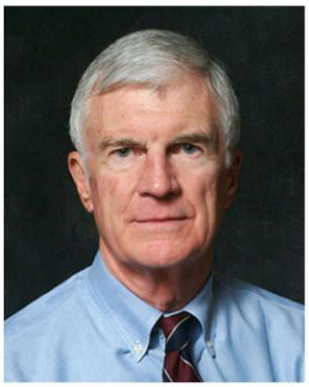


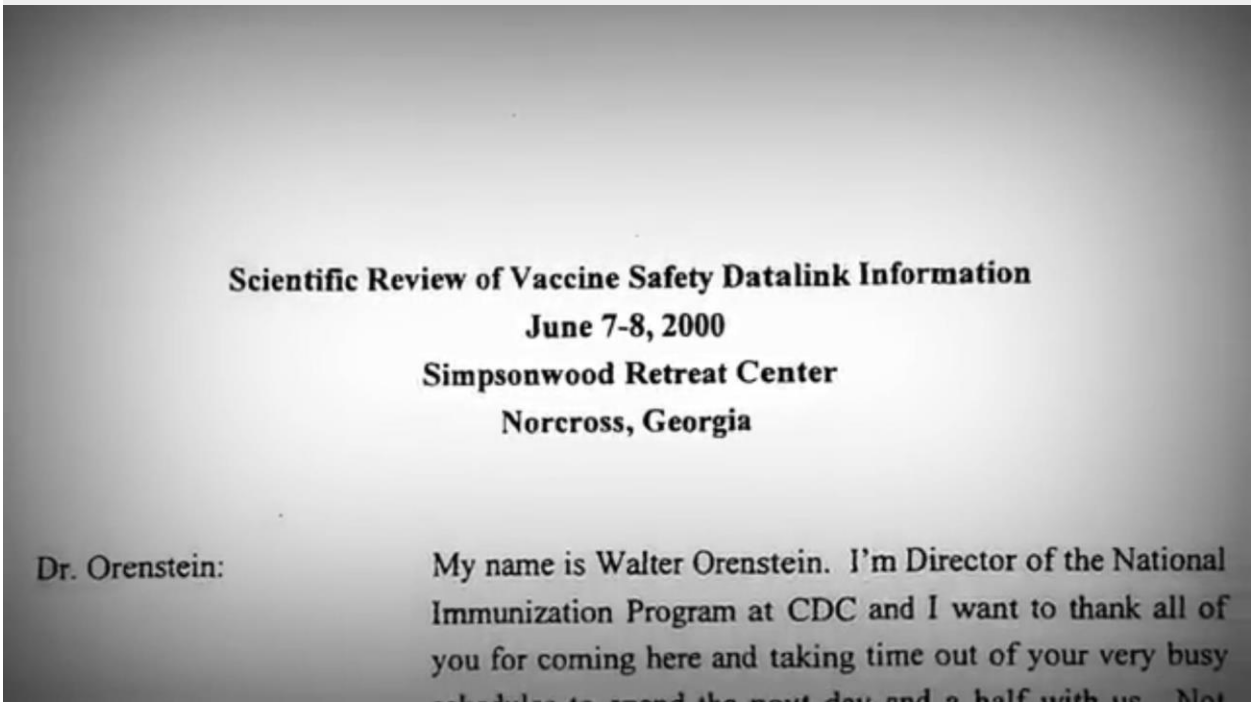
VACCINECOURSE

Vaccines, adjuvants and autoimmunity, Pharmacological Research, Oct 2015
https://www.ncbi.nlm.nih.gov/pubmed/26275795


US EPIDEMICS
(IN THEIR WORST YEAR)
AUTISM (2018) 1 IN 59
Measles (1958) 1 IN 228
Polio (1952) 1 IN 2717
Typhoid Fever (1920) 1 IN 2958
HIV/AIDs (1994) 1 IN 3300
CDC.GOV

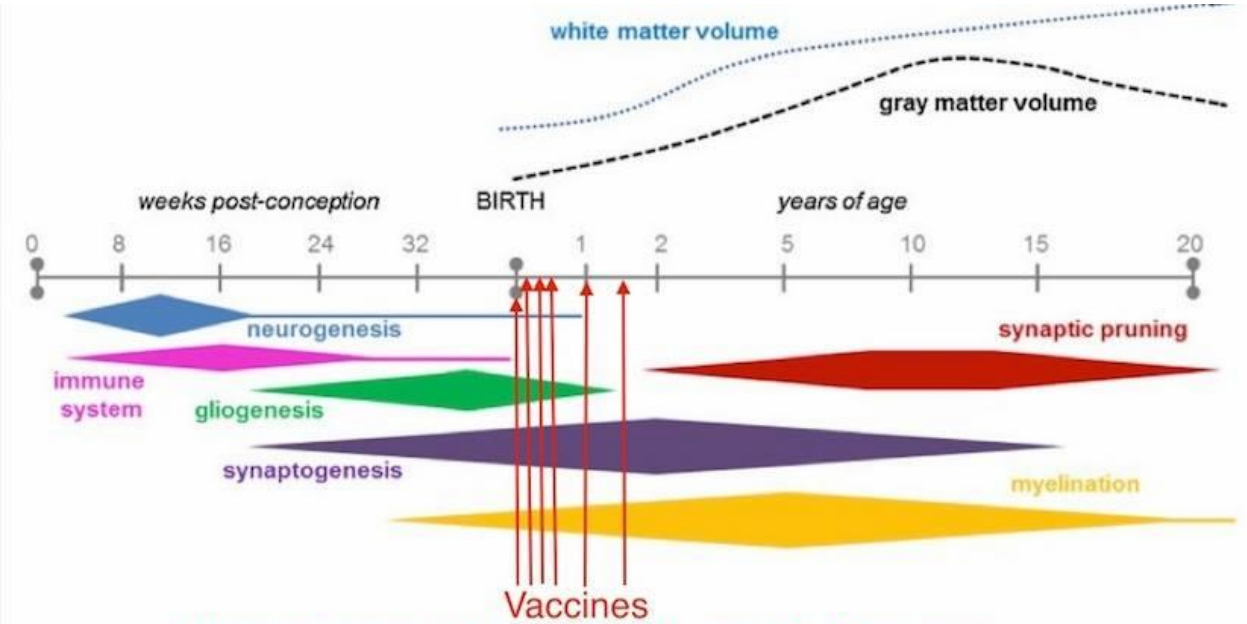

In 2000, top government scientists and health officials attended a secret meeting to discuss the vaccine - autism connection
Simpsonwood
NORTH GEORGIA CONFERENCE
United Methodist Church
They agreed to deny everything and admit nothing.
Google
'Deadly Immunity' by Robert F Kennedy Jr
imgflip.com



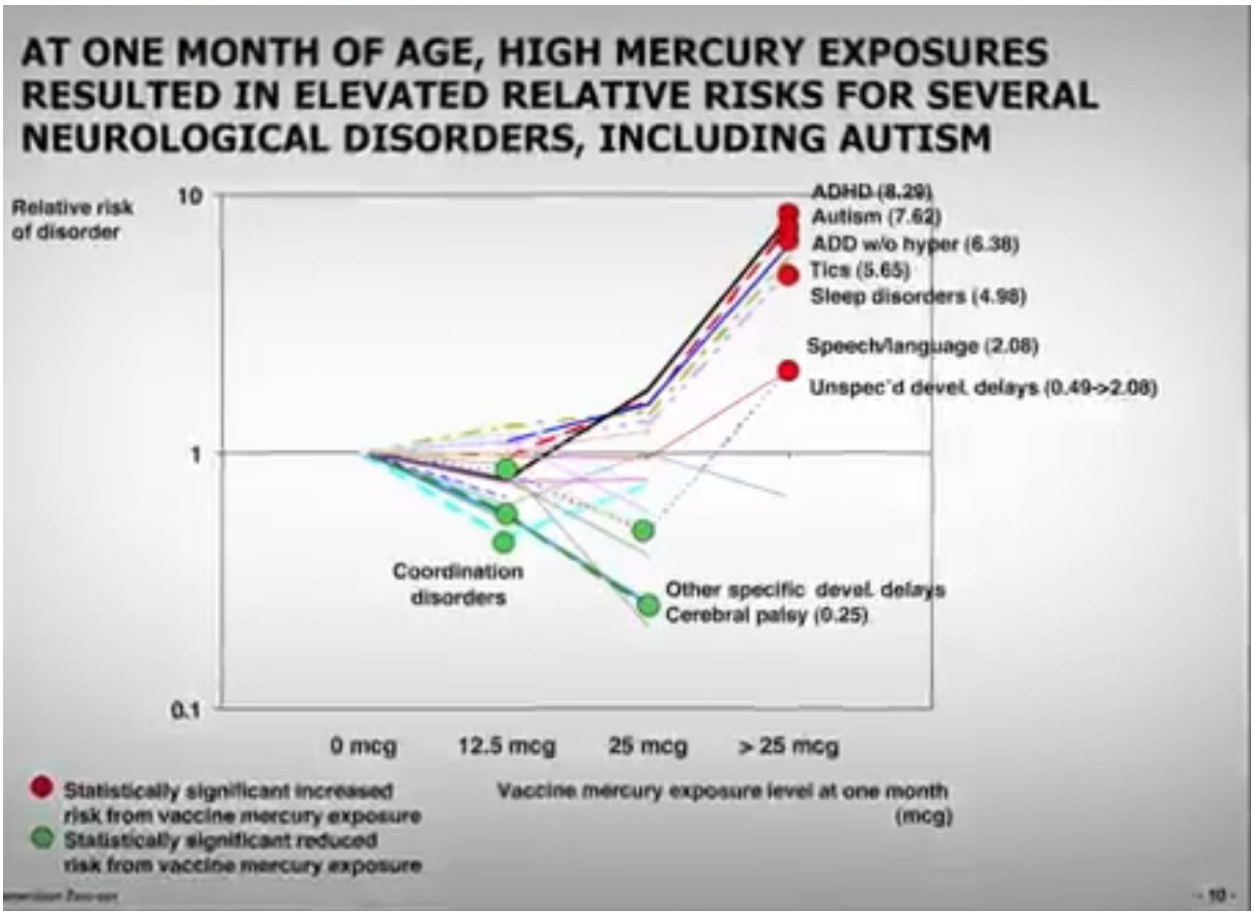


Scientific Review of Vaccine Safety Datalink Information
June 7-8, 2000
Simpsonwood Retreat Center
Norcross, Georgia

Dr. Orenstein: My name is Walter Orenstein. I'm Director of the National Immunization Program at CDC and I want to thank all of you for coming here and taking time out of your very busy



Vaccines given at 0, 2, 4, 6, 12, and 15-18 months



Testimony HB19-1312 - OPPOSE

Wendy McBride to: matt.bishop 05/02/2019 01:24 PM

Cc: Wendy McBride

My name is Wendy McBride. For the record, I am representing myself, my husband, and children. I am a native of Colorado and I am asking that you vote NO on HB19-1312.

I have patiently been to the first house hearing as well as the first senate hearing on this bill and along with many others, I was not able to give my oral testimony. I feel strongly, as a citizen of this great nation, to have a voice in our legislative processes. After last night's senate hearing, I am outraged in the lack of due process for all the testimonials that were silenced.

This bill violates medical freedom, parental rights, informed consent and the right to privacy. This bill is designed to increase vaccination rates at the expense of our children. While the media and the proponents fighting for this bill will tell you that we are providing "misinformation", The vaccine inserts as listed on the CDC, will show you the vast number of contraindications. It truly is shocking to me that in addition to the current schedule, the CDC schedule will add even more vaccines! Vaccines have NOT been proven safe. In addition, the safety clause at the end of this bill, gives voters no recourse to adjust or amend if this bill becomes law.

Safety is a huge concern for my family. It took me having two children who have been highly reactive to vaccines, before I stopped vaccinating. Right now this bill is focusing on vaccinations as a means to keep kids safer in schools. The focus needs to be on ensuring the actual safety of the vaccines and holding vaccine manufacturers liable.

This bill will make it harder for my kids and other children to obtain medical exemptions, regardless of the severity of the vaccine injury.
The ACIP and the CDC should not solely be able to dictate the medical exemptions. (Page 8 section 9-15 of the bill).

Secondly, as a parent, I have never been given the full disclosure of the vaccine ingredients and full list of side effects. How can we as parents be expected to accept vaccinations for our children when no known safety studies have been conducted with a true placebo?

I will not force vaccines on my children any longer. Adding more neurotoxins to their little bodies is subjecting them to serious injury or death. In 2019, VAERS (the vaccine adverse events reporting system), reported 2,387 adverse reactions from the MMR vaccine. I am not willing to risk losing my children to vaccines that have not been proven to be safe.

In closing, I'd like to add that Colorado needs to look at Texas for the recently added bill, SB2350, which introduced legislation to stop the administration of vaccines until they are proven safe against a placebo.

My ten year old daughter has been hospitalized every year of her life. She has had reactions to every vaccine, such that her dr put her on single dose vaccines. With this bill, my daughter will no longer be exempt. She now has severe food allergies, sensory issues, intestinal sensitivities, chronic sinus and ear infections. This was her first year without the flu shot, and the first year she wasn't sick all winter with flu and upper respiratory illness. This is not a coincidence.

I ask you now, to please vote NO. We have to protect our children. We have to protect our freedoms. I look forward to your reply.

Sincerely,

Wendy McBride
wendyomcbride@gmail.com
720-291-1900

Testimony HB19-1312- OPPOSE

Traci Biles to: matt.bishop 05/02/2019 12:48 PM

I want to go on record that I oppose bill HB19-1312. I wasn't able to speak at the senate finance hearing last night because of the limited time that was allowed for testimonies.

I have 3 children age 25, 15 and 14. When my oldest child was 6 months old I took her to the pediatrician's office for her scheduled vaccinations. She received several that day. By the evening she was burning up with a super high fever of almost 105 degrees and went into a full blown seizure. I drove her to the ER where they administered Tylenol and sent me home soon after saying she was just fine and her reaction was normal. She was not fine and that was not normal. She continued to black out from time to time as a child and had learning disabilities that made her struggle harder than other children in her classes. She developed severe Raynaud's disease when she was 12 after her last round of vaccinations. She still has it at 25 years old. It's so debilitating that her fingers and toes turn white and painful even in 60 degree weather. Winter is terrifying for her as she easily could lose her fingers and toes in a very short time because of her fragile condition.

My son who is 15 years old was fully vaccinated through kindergarten age. At 5 years old he developed asthma so quickly and so severely that he had to be hospitalized for 5 days because his oxygen concentrate level would not go above 80% and he almost died. He also suffered from eczema all over his body and was miserable throughout his early childhood years. After reading about the side effects of the vaccines he received I realized he was suffering from severe vaccine injuries and decided to stop his vaccinations and within a short period of time his asthma completely went away as did his eczema. He still suffers from learning disabilities due to brain injuries he received from his vaccines. He went through intensive brain integration therapy and sacral cranial therapy in the last 2 years to help him overcome his injuries and learning disabilities.

2 out of 3 of my children are severely injured from vaccinations. If this bill passes it will force us to have to move out of state because my school aged son can NOT have another vaccination again in his life due to how much he suffers from them. This bill vastly affects our lives in countless ways. My son won't qualify for a medical exemption with the way the bill is worded as is it.

Thank you for listening.

Traci Biles - Opposition for bill HB19-1312
Colorado Springs, CO

Testimony HB-1312 Oppose

Kyra Storojev to: matt.bishop@state.co.us 05/02/2019 11:29 AM

Dear Matt:

I am writing in opposition to the proposed schedule of shots for children with mandatory vaccines. There are too many and more in the pipeline that can impact children. Just when do we say too much is too much? Parents need to have control over this, they know their children and some cannot handle the large amount of about 50 before the age of 2?!

2019 CHILDHOOD VACCI

1962

OPV
Smallpox
DTP

5 Doses

1983

DTP (2 months)
OPV (2 months)
DTP (4 months)
OPV (4 months)
DTP (6 months)
MMR (15 months)
DTP (18 months)
OPV (18 months)
DTP (4 years)
OPV (4 years)
Td (15 years)

24 Doses

2019

Influenza *(pregnancy)*
Tdap *(pregnancy)*
Hep B (birth)
Hep B (2 months)
Rotavirus (2 months)
DTaP (2 months)
HIB (2 months)
PCV (2 months)
IPV (2 months)
Rotavirus (4 months)
DTaP (4 months)
HIB (4 months)
PCV (4 months)
IPV (4 months)
Hep B (6 months)
Rotavirus (6 months)
DTaP (6 months)
HIB (6 months)
PCV (6 months)
IPV (6 months)
Influenza (6 months)
Influenza (7 months)
HIB (12 months)
PCV (12 months)
MMR (12 months)
Varicella (12 months)
Hep A (12 months)
DTaP (18 months)

WHAT HAPPENED IN 1986?

- In 1986, Reagan passed a law that gave legal immunity to vaccine manufacturers.
- They could no longer be sued for injuries or death caused by their products. Safe vaccines wouldn't need such protection.
- Once that law passed, we suddenly 'needed' 48 additional doses of vaccines. (Do you remember any outbreaks in 1989?)
- Also, since that law was passed, U.S. Federal Government has paid out more than $4 Billion in vaccine injury compensation, and that's only a fraction of actual injuries.
- The U.S. gives more vaccines than most developed countries, yet we have the sickest kids

GUESS WHA

The CDC has only eve
The remaining 15 vac
for links to autism.

INF
CONSUM

For more information a

THERE ARE

- **Has tuberculosis**.
- **Has gotten any other vaccines in the past 4 weeks**. Live 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 postpone a vaccination. Someone who is moderately or severely ill should probably wait. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Getting MMR vaccine is much safer than getting measles, mumps, or rubella disease. Most people who get MMR vaccine do not have any problems with it.

After MMR vaccination, a person might experience:

Minor events:
- Sore arm from the injection
- Fever
- Redness or rash at the injection site
- Swelling of glands in the cheeks or neck

If these events happen, they usually begin within 2 weeks after the shot. They occur less often after the second dose.

Moderate events:
- Seizure (jerking or staring) often associated with fever
- Temporary pain and stiffness in the joints, mostly in teenage or adult women
- Temporary low platelet count, which can cause unusual bleeding or bruising
- Rash all over body

Severe events occur very rarely:
- Deafness
- Long-term seizures, coma, or lowered consciousness
- Brain damage

Other things that could happen after this vaccine:
- People sometimes faint after medical procedures, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions to a vaccine are estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety/**

5 What if there is a serious problem?

What should I look for?
- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?
- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your health care provider.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compe people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**. The time limit to file a claim for compensation.

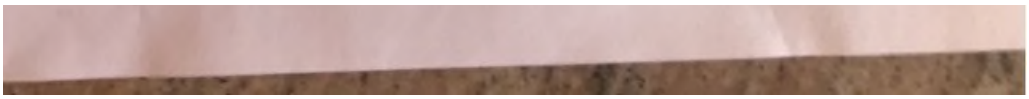
7 How can I learn more?

- Ask your healthcare provider. He or she can give the vaccine package insert or suggest other sourc information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement

MMR Vaccine

2/12/2018 42 U.S.C. § 300aa-



HB19-1312 - OPPOSED

Erika Roberg to: matt.bishop 05/02/2019 11:22 AM

My name is Erika Roberg and I am a Denver resident. I represent myself and my family, and I OPPOSE HB19-1312.

I would like it to go on the record that testimony on in the Senate Finance Committee was severely limited last night. With less than eight hours notice, over 500 people of Colorado showed up to testify in opposition to HB-1312, and only about 30 showed up to testify in favor of the bill. Despite that vast difference, each "side" was given only two hours total, including the time used by the Senators to ask question of the panel. This left the Senators largely muted from asking questions of the panel because they did not want to infringe on The People's time and voice. It is not ethical for our law makers to be asked to vote on a piece of legislation if they cannot have all of their questions answered prior to the vote.

Further, it is not ethical to encourage The People to submit written testimony to become part of the record, but not allowing those testimonies to be read prior to a vote on the bill. The testimonies are a moot point after the piece of legislation is voted on.

Thank you.

Erika Roberg
Denver, Colorado

Testimony SB19-1312

Cammie Parich to: Matt.bishop 05/02/2019 11:19 AM

Please see attachment for testimony
Thank you for your time and dedication,
Cammie Parich
720-384-8593

*one testimony two attachments one I made darker so you could read it better.

Screenshot_20190502-031900_Gallery.jpgScreenshot_20190502-032133_Instagram.jpg

WRITTEN TESTIMONY SHEET

DATE: 5-1-2019 NAME: Cammie Parich

SB/HB # and Title: SB19-1312 School Immunization Requirements PHONE #: 720-384-8593

PRIME SPONSORS: Kyle Mullica, Julie Gonzales, Kevin Priola

WRITTEN TESTIMONY:

As we all know vaccines are not one size fits all, just like any medication on the market. All medication comes with an insert just like all vaccines. These inserts list possible side effects that could and do happen. In Colorado our exemption rate is only 2.6%. This number is very small considering 10% of our population is allergic to penicillin. If we used penicillin instead of vaccines our exemption rate would be 10%, possibly higher if the parents of those who were allergic chose not to give it to their kids. No bill could ever decrease that 10% of exemptions. Likewise, no bill will ever decrease our 2.6%. This bill will do nothing but increase exemption rates, cause more mistrust in the pharmaceutical companies, cause mistrust in our government and take away our freedoms that so many have fought for in the USA. Please vote NO on SB19-1312. Thank you.

PRINT NAME: Cammie Parich SIGNATURE: Cammie Parich

Testimony HB-1312 - OPPOSE!

Lindsey Arkell to: matt.bishop 05/02/2019 10:58 AM

When I was a little girl my mom developed several debilitating symptoms and the doctors searched for years to find out the cause. They labeled it many things over the years - rheumatoid, autoimmune, stress... too many to name. Her doctor suggested a "routine" flu shot. BAM. Her health declined at a rapid rate. She was hospitalized. Her joints froze and cartilage disappeared. After being admitted to the hospital time after time for complications, her doctor sent her to a specialist at the University of Washington. They were horrified that a doctor would suggest a flu shot for someone with a health history like hers. (Doctors are not gods....) They told her to never receive another shot, of any kind, and for all of her children and their prospective children to follow in suit. They broke it down to genes. My brother also received a "routine" childhood vaccine - it crossed the blood brain barrier and he fought for his life and still has residual effects over 20 years later. I was a horrifically sick child. After the last set of "required" vaccines (much less than they have on the current schedule) I slowly started getting better. I then was put through a detox and it helped significantly.

This bill removes the right for us to discuss any of this openly with our doctors. They will have their hands tied and will go against everything they took an oath for - Do No Harm.

The database/tracking aspect of this Bill is TERRIFYING and unconstitutional. You can not opt out like you are being told.

I have a precious child. She is my world. I want nothing more in life than to protect her and watch her thrive. My child can not even take Tylenol without projectile vomiting, among other symptoms. We were told to not give her any. So how will she react to all the ingredients in a vaccine. Are we supposed to just sit back and cross our fingers and hope for the best? We have the right as humans, Americans and Coloradans to make an informed decisions for our health and our families health. This bill ignores the very exemptions the CDC put in place. It puts parents in a situation where we will receive a shrug and "well it was for the greater good" as we are left to pick up the pieces we never wanted to have to pick up - in whatever aspect that may be. We want our children whole.

Please Vote No on HB-1312. Please let us protect our children.

Thank you,
Lindsey Arkell

Testimony HB1312- OPPOSE

Ani G to: matt.bishop 05/02/2019 10:34 AM

I have concerns about the incriminating language for parents that might exist in the paperwork in order to opt out of some or all vaccines, or even if they just choose to wait until later than the reccomended timing on even one vaccine. I am afraid about government overreach regarding my children's health and medical care where my informed choice as a parent feels threatened. I am not comfortable with the large number of vaccines required, or the possibility of that number growing as more vaccines are approved and become mandatory, and I do not like that they are grouped and required to be taken several at a time. I would like timing options other than the inflexible early age vaccine schedule. I want to make sure that wording is clear that doctors can still opt patients out of vaccines at their discretion, even if their conditions, diagnoses or vaccine reactions do not match the description outlined for medical exemption. I want more vaccine safety testing, as well as a way to test all individuals in advance of vaccination for possible/likely vaccine reactions or injury as a preventative measure. Please kill this bill!!
With utmost urgency,
Danielle Glaser

--
Ani Danielle Glaser

Integrated Movement Therapist
Karuna Heart Yoga
karunaheartyoga.com

Please enter this email into the record

Michael Reed to: matt.bishop 05/02/2019 10:29 AM

I strongly protest my Senators limiting the testimony on any bill. This is overreach by the Democratic controlled legislature. I believe it will open this bill up to suits based on the First Amendment. Freedom of speech is being limited because there is a ground swell of people upset about unchecked government.

Sincerely,
Michael J Reed
Colorado Native

HB19-1312 testimony

Heather Delany to: matt.bishop 05/02/2019 10:19 AM

Hi, my name is Heather Hryshkanych and I am a stay at home parent with a masters degree in structural engineering, and I represent my family. I am in opposition of HB19-1312 because it is a threat for my children for their privacy to be invaded and their personal medical information to be put into a database.

This bill does not actually increase any public safety. It is clearly purposed to funnel children whose parents made informed decisions not to vaccinate into categories, categories that make it easier to “deal” with them in the future, when steps to further restrict exemptions are taken.

I would like to remind you that you are infringing on democratic and republican parents’ rights and we will remember how you vote, and respond accordingly when we get to vote.

Please vote no for the hundreds of parents who cared enough to show up today to represent the thousands in Colorado alone.

Thank you,
Heather Hryshkanych

Sent from my iPhone

Fwd: HB1312 - Financial Implications OPPOSE
Tamara Krouse to: matt.bishop 05/02/2019 10:12 AM

---------- Forwarded message ---------
From: **Tamara Krouse** <tamara.krouse@gmail.com>
Date: Thu, May 2, 2019 at 9:59 AM
Subject: HB1312 - Financial Implications
To: <lois.court.senate@state.co.us>, <leroy.garcia.senate@state.co.us>, <owen.hill.senate@senate.co.us>, <paul.lundeen.senate@senate.co.us>, <nancy.todd.senate@senate.co.us>, <rob.woodward.senate@senate.co.us>, <pete.lee.senate@senate.co.us>, <julie.gonzales.senate@senate.co.us>

Greetings,

Last night I had the displeasure of being one of several hundred that did not get present testimony last night. I am extremely disappointed, not only in this process but, in how poorly Senator Garcia and Senator Court handled last nights events.

While many presented outstanding testimony, for and against, very few presented the Finance Committee with financial implications. I would like to do so now.

I am in Pueblo County. We have 2 school districts; 60 and 70. In our small community, our schools are looking to have 1.7 and 1.3 millions dollars of revenue affected by families who could pull out of programs and services through the public schooling system strictly based on the number of CURRENT homeschooling students who participate. A combined total of $3 million dollars in revenue! In our small community, this is a huge representation of what these number look like in far larger communities!

According the Department of Public Health and Environment FY 2019-20 Budget Committee Hearing Minutes of Dec 6, 2018, the monies appropriated to the CIIS system are $251, 728.00. First, I would like to know what will become of these fund since the system will not be used? Second, I would like to know what the cost will be to manage this "new system"? Third, I would like assistance in determining what the new system will be capturing that is not already being captured by the CIIS system. The CIIS system; you are able to opt out of. The system tracks vaccine records, parent/guardian names or patient name, gender, address, date of birth, and the office where each shot is given.... several people already file for exemptions, and this information is also tracked.... what additional information is this bill looking to track that isn't already in place? And, frankly, after the amendments to the bill in House, I am not even certain anymore what was left making this bill even necessary.

Finally, what about the cost to administer this new database. Even if we trust this position to an entry level person at minimum wage - I will use currently wage of $11.20 per hour. For one full time employee we are looking at a yearly salary of $22,880. For one office, one person, in one county. We have 64 counties in the state of Colorado. So now, we are looking at $1,464,320. I doubt a small community such as Pueblo could get away with only one person entering our information... then what are we looking at? Doubling or even tripling this number to get an

average across the scores of families across the state? Sure. 3 people.... that is an easy and even manageable number, right? $4,392,960. Who, exactly, is going to pay those salaries? Then we will, of course, see an increase come 1.1.2020 when the minimum wage jumps another $0.80 per hour... 1 full time employee in one county becomes $24,960 times 64 counties $1,597,440 then times 3 employees $4,792,320!!! Who is paying for this??

Rep. Mullica continues to say there will be no financial implications... I don't see how it couldn't!

Take the vaccine debate itself out of it. There is already a system in place. We know the cost... there are no more bodies needing to manage it... This bill looks to add at least $4.8 million dollars of cost - and that is without knowing how much the system will cost by itself! Please vote NO on this bill.

Thank you.

Tamara Krouse
720.885.7918

--
Blessings and be well.

Caring for your spirit, soul & body
with what goes in and on your body!

Tamara Krouse
Health Coach
720.885.7918

Now may the God of peace Himself sanctify you entirely;
*and may your **spirit** and **soul** and **body** be preserved complete,*
without blame at the coming of our Lord Jesus Christ.
~ (1 Thessalonians 5:23 NASB)

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Testimony HB1312-OPPOSE
Tara Perry to: matt.bishop 05/02/2019 10:12 AM

Dear Mr. Bishop and Colorado Senate,

I wanted to reach out to you about CHCA, HB19 13-12.

I understand how important it is to keep our society as healthy as possible. I have friends and relatives who would be affected if anything as common as a cold reached them, much less a major illness.

However, after reading this proposed bill I am very concerned that it's overstepping government boundaries and taking away basic rights of our citizens, no matter which decision would be made by us.

A family who's forced to register their children's medical history, signing a paper that agrees their children are being put at risk, and requiring present and any future vaccinations that may come along are all grievious in nature.

It violates the HIPPA protocol, Admendments 1 (freedom of religion), 5 ("nor shall be compelled in any criminal case to be a witness against himself,"), and 14 ("1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.")

Furthermore, there is much talk about My body, My choice. While I am opposed to abortion, I do agree that a person has the right to choose what happens to his or her own body, including the topic of vaccination.

Regarding this, the bill doesn't just affect the parent's right to choose, but the choice of our next generations.

My husband and I have raised our children to think through the different issues that arise regarding laws in our country. They'll ask questions, debate, and decide for themselves where they stand on an issue.

After discussing this bill with my children and what's included, they're concerned about their future in this state, what will be required at a doctor's visit, and their future goals for schooling if they refuse one or more vaccinations.

Finally, I ask that you remember the years before World War II and how Hitler's policies are very simlar to this proposed bill, and the aftermath of them.

I ask that you fight for our children. I ask that you reject this bill in full and vote No today.

Thank you for listening to your Constituents and helping us all, no matter our decision, to have the RIGHT to choose for ourselves.

Sincerely, Mrs. Perry

Testimony HB-1312 - please oppose

Jessyca Hart to: matt.bishop 05/02/2019 10:04 AM

E-Coli latest ingredient in vaccines!

DO YOUR RESEARCH!!!!!

IMG_2670.PNG

Sent from my iPhone

Please oppose HB1312

Ryan Healy to: Matt.Bishop 05/02/2019 10:03 AM

Hi Matt,

I ask you to please oppose HB1312.

I'm gravely concerned about the direction Colorado is headed.

If HB1312 passes, we are considering removing our children from charter school programs and private school.

We are also considering leaving the State.

Ryan Healy "I Write Sales Letters and Emails to Sell Your Products"

Phone: 720-441-2679
Email: rhealy@gmail.com
Skype: ryan.healy
Website: http://www.ryanhealy.com

Testimony HB 1312-oppose

Jessyca Hart to: matt.bishop 05/02/2019 10:01 AM

Vaccines in themselves ARE NOT dangerous! It’s the things added to the vaccine that are hurting our children!

The latest delicious ingredient E-Coli! Yay, the CDC says it safe to inject into our developing children!!! The CDC also said smoking was safe at one time!

DO YOUR OWN research before you pass a bill that injects E-Coli, animal blood, aborted fetuses, aluminum and heavy metals into our children!

Shame on anyone with a good conscience that doesn’t do there research!

Thanks for your time!

Sent from my iPhone

Testimony HB19-1312-OPPOSE

Sondra Guy to: matt.bishop 05/02/2019 09:59 AM

Dear Sir,
My family and I wish to express our stance on HB19-1312. My oldest son was vaccine injured, but not according to the standards stated in this bill, and I WILL NOT subject the rest of my children to the same. We are strongly opposed and will move to a state that supports our freedom.
This bill is extremely discriminatory and screams of a Nazi type agenda in tracking those who don't conform to the majority. In this country we track criminals and pedifiles not those trying to protect their children. How is it that the Democratic Party ademently defends a woman's right to choose what she feels best for her body in regards to abortion but then do not support that same right in regards to what is injected into our bodies and those of our children. I ask that you will stay strong in your stance on the parental and personal right regarding what goes into our bodies and also the right to not be tracked as the result of this choice!
Please vote NO on HB19-1312!
Thank you!!
Dennie and Sondra Guy

Testimony HB1312- OPPOSE.
karen trickett to: matt.bishop 05/02/2019 09:43 AM

Bill 1312

I respect any parent's belief that vaccines protect their children from disease. I have 4 vaccinated grandchildren.

But what this bill clearly projects is total disregard for the rights of the thousands of Coloradans that feel equally strong in their belief and proof that vaccines can also cause harm and even death.

The exemption registration process required of this minority group shows blatant, unfair bias against anyone questioning the safety or efficacy of every vaccine on the schedule.

Are you so confident that any number of vaccines injected into all children is morally and ethically sound practice? No one knows the long term health consequences of the one size fits all current schedule much less adding to it continually. 3 new vaccines are already in this bill to be added this next year! How many will be enough to make Colorado citizens "safe from preventable disease"? How many children will be sacrificed in this dangerous, unethical and immoral experiment that is reminiscent of atrocities through vaccines in the near and distant past?

Why would a bill with so many unfinished mandates be presented unless vagueness was the intent; especially when there is no current health threat in Colorado? What was the rush to present a bill with an exemption form that has yet to be written and an "education document" that has also not been written? How can legislators ethically vote on the unknown?? Voting on intent is not responsible representation!

The final sentence of bill 1312 states, "The general assembly hereby finds, determines, and declares that this act is necessary for the immediate *preservation of the public peace, health, and safety. (Italics mine)*

The bill is NOT necessary! There will be NO public peace. Health cannot be guaranteed, and safety CAN BE disproven by REAL injuries and deaths from vaccines. 1312 is a bad bill in both its intent and description.

Please vote NO and preserve freedom of choice for ALL Coloradans!

Thank you so much for your attention and consideration.

Sincerely,
Karen Trickett
80433

Testimony HB 1312-OPPOSE

Katy Haverstick to: matt.bishop 05/02/2019 09:41 AM

Dear Mr Bishop,
Please vote to oppose HB 1312. This is a poorly written bill that leaves too many questions. This bill does not do anything to increase vaccination rates or protect vaccinated children, it does single out families who have made a health decision they feel is best for their family.
Please vote to oppose this bill.
Thank you,
Katy Haverstick

HB 1312 OPPOSE

cindydalton1 to: matt.bishop 05/02/2019 09:20 AM

Matt,
It was disgraceful last evening how many people showed up to testify against this egregious bill but were not allowed to speak.

A few comments:

- The survey indicating that 90% of parents approve of vaccines does not prove that they want vaccines mandated, nor that they approve of this vaccine schedule.
  It all depends on what question was asked.

- IRONY – many of the pro vaccine supporters may have vaccine injured children and do not even know it!
  Their children may not have autism or seizure disorders, but how many have allergies, asthma, ADHD, autoimmune diseases? Vaccines are known to be contributors to these conditions. Children today are less healthy than in previous generations.

- I believe that they are taking away medical exemptions from doctors because too many doctors were issuing exemptions – cutting into profits. Case in point – the reputable Dr. Sears, a pediatrician from Calif., had his MD license put on probation since he was issuing too many exemptions.

- I hope the Senate will remember the millions to be raked in by Big Pharma with NO LIABILITY! Taxpayers again will foot the bill for injuries. Big Pharma has no business mandating vaccines whey they are immune from damages!

- The cost for caring for vaccine injured children who grow up to be adults on disability or needing group homes will sink our health care system.

- Why are parents of vaccinated children fearful of the unvaccinated – if their child is vaccinated? Makes no sense.

- I have heard that much of the measles outbreak is due to illegal immigrants?

- The new schedule includes over 70 vaccines, of which 2 are to prevent measles?

I hope that the Senate will put this bill on hold – since not enough time exists to adequately discuss this bill with its vast implications. It should not be done in haste!

Thank you,

Cynthia Dalton, MNT
Master Nutrition Therapist

9660 Kings Mill Lane
Lone Tree, CO 80124
303-725-5274

Testimony HB1312 - OPPOSE

Mandi Vincent to: matt.bishop@state.co.us 05/02/2019 09:19 AM

My name is Mandi and I was born and raised in Golden, Colorado. I am married to a man that works at Coors...which is a good thing because my father wouldn't have agreed for me to marry a man that drank anything different. We are Coloradans through and through. We have a daughter. We also own a lot of cattle throughout the state of Colorado. 350-head of black angus cattle to be exact...so this whole process that politicians call "law making" seems awfully familiar to me. Only I'm on the wrong side of the whip this time.
Having 350 cows is going to make it very difficult for us when I have to uproot our lives and move it across state lines because I absolutely refuse to have my daughter in a database that tells God-knows-who God-knows-what. My daughter goes to public school and has created bonds and friendships. Before tonight...she didn't even have to know that she was "different". She is a citizen that Colorado should be proud to call it's own. As it stands my daughter is in position to be a proud 3rd generation female ranch owner...that is, if she wants to be. Because you see, in my family we believe in a thing called choice...well...except when it comes to beer. Thank you for listening.
Sincerely,
The Vincent Family

Sent from my iPhone

HB1312-oppose

Rachelle Alley to: Matt.bishop 05/02/2019 09:11 AM

Matt,

First I want to thank you for taking the time to read over this email-if you do.

I'm sure you are aware many are upset over this bill, and feeling panicked. I believe vaccines can be an effective way to rid our society of disease, but the amount we are being forced to give our children doesn't seem safe. I am a child of the 90's and was given maybe 12 vaccines total. I have a very strong immune system and never get sick.

I survived chicken pox as did my peers, I never get the flu vaccine and haven't had the flu in years, those who I know that get the vaccine almost always get sick with the flu. My younger brother was badly damaged by vaccines and had a complete speech regression after his MMR shot, he is 25 this may and is still speaking in echoleich speach. To say vaccines are completely safe on this current schedule is not true.

I believe there has to be a compromise. Parents should not be forced to vaccinate there children, there fears are well founded and they have done a large amount of scientific research to come to the conclusions they have come to.

Unvaccinated children aren't putting other people's kids at risk, as many of the kids contracting the measels are vaccinated. The vaccine sheds.

I would feel more comfortable with this particular vaccine if there were individual shots available to me, with less perservatives. Most of these parents are concerned with the neurotoxins in the vaccines that are used as binding agents and perservatives.

Myself included.

We are experiencing an epeidemic of depressed and anxious children, a plethora of health issues and mental health issues in our children.

While I think some of this could be from technology use increase and changes in our society/environment I also believe that the 72 shots we are giving our kids vs. The 12 my generation received could be playing a role in this too.

I don't want this bill to pass because I don't believe the amount of vaccines we are giving our kids is safe. There has to be a compromise.

Why not accept titters testing or expemptions for those who have family members damaged by vaccines or who carry the Mthfr mutation?

I personally have vaccinated my children on a spaced out schedule. I believe we should be allowed to do so without having to sign a form saying we're putting the general public in danger .

I also don't believe the flu, chicken pox, hep b or gardisil vaccine should be pushed on anyone.

Please take our thoughts into consideration.

Thank you,

Best regards,

Rachelle Christiansen

NO HB19-1312 testimony

core gabel to: matt.bishop@state.co.us 05/02/2019 09:03 AM

The Pharmaceutical companies and manufacturers of childhood vaccines have complete, umbrella protection from litigation, they cannot be sued for injury caused by a drug they make. The doctor or anyone administering a vaccine has protection from litigation. VIPC is the only way people can be compensated for childhood vaccine injury, it is the federal government and they have paid out over 4billion dollars for vaccine injuries.
Not one vaccine has gone through a safety test with a completely inurt saline placebo, or a completely unvaccinated control group. Not one vaccine has been through the same safety testing as all the other pharmaceutical drugs.
A common reaction to the MMR is a rash all over the body. More than 30% of the measles patients have at least had one MMR. There have been many cases where the vaccinated have contracted the disease they were inoculated for. That is no fault of the unvaccinated. That is vaccine failure.
Herd immunity is a myth, it is an unproven theory. The first person to look at herd immunity noticed that when a community all acquired true immunity from previously contracting measles they in turn protected the rest of the community, and there were fewer outbreaks than in a community who had not acquired a high rate of recovered infection that turned into life long immunity. When a mother who has true immunity to measles has a baby she passes her immunity as passive immunity to her baby through the placenta. Vaccines do not give that protection. Vaccines do not give life long immunity, and the measles in the MMR is active therefore, you can create herd immunity with any vaccine, only true immunity from recovered infection.
The reason many people are getting shingles and many at such a young age is due to the fact that children are not getting chicken pox at a rate needed. The chicken pox virus was contracted lives in you spine, when someone who has had the chicken pox then gets a natural booster from a child with chicken pox then the virus lays dormant. When there is no natural re-exposure to the chicken pox virus then the virus makes its way out of being dormant and presents itself as shingles.
Vaccines have caused our population to become venerable to the measles and shingles. Vaccines have created a problem.
Just because a survey suggests that 90% of people do not want the unvaccinated in schools and in public places does not make it right to pass this bill.

Testimony HB1312- OPPOSE

Kim LaRue to: matt.bishop 05/02/2019 09:03 AM

Senators,

I ask you to think of the children like my daughter. When she is exposed to a virus her body over reacts and she ends up needing hospitalization in some instances. We have taken a slowed approach to vaccines, because I myself reacted to MMR. Our daughter still gets vaccines but on a different schedule to keep her safe. When she had a "mild" vaccination of Hep B, she was unable to walk for three days.

Another concern is the addition of seemingly random vaccinations. Rotavirus is nasty. I had a difficult time completing my second daughter's series because her pediatrician did not have the vaccine in stock. Having to file an exemption for the rest of her educational career because of this seems extreme.

Finally the cost of making this work is outrageous. There are budgets, and how to make a program this extreme work in that budget is baffling. We lived in Lake County for a time. Sometimes it was a one or two employee operation. The additional cost for this small community would be extreme.

I have seen that this bill is to rid us of convenience exemptions. What I wonder, is why the current database is not able to generate a report of how many children of a specific cohort have had a vaccine. The system tracks all of the vaccines given in case of recall. The system has the age of the child. This would include the information of children who are homeschooling, because not every homeschooled child is unvaccinated. The funding would be a lot less expensive because the data is already there.

Thank you for taking the time to read my testimony.

Kimberly LaRue

Testimony HB1312- OPPOSE

Angelice Ebony Caballer to: matt.bishop 05/02/2019 08:54 AM

hank you for your service,

I am a parent of three children here in Co. Two of my children are vaccinated, one of the two we stopped after a life threatening reaction, and now a disability. Our toddler is not vaccinated our personal choice and informed based on her sisters reaction, and also the fact she gets seizures from temp over 99 degrees. Both of my children who are partial and non vaccinated do not qualify for a medical expemtion. We use the personal and we are very grateful for our right to use it.

Our fear is the tracking system honesty we would not be so passionate about this bill if it had the proper amendments such as the one Rep. Geitner proposed but was shot down by Rep. Mullica We are simply asking that our identity is not given out including names and addresses etc.

The fact that other states are force vaccinating such as New York is the reason why we feel threaten by this part of the bill. We understand the numbers are needed, but our identity should not be required. For a parent like my self whose child was nearly killed by the MMR vaccine, it frightens me to the core of my being that this could happen in our state with identification on file. I feel my child's life could be in danger because of this fact.

My husband and I have decided if this bill passes in the form it is now with the taking identification, we would move the state then have our children in danger lives. We are not one in a million , my cousins son has the same allergy and she too is thinking of leaving state to protect her son. My daughter told me they want to take our freedom. I believe she is right, it is bad enough she had to pay the price of vaccinating and the harm that can and does happen to some, but now she may have to move state and loose her IEP services she just was awarded. For some " emergency tracking system data base".... I attached my girls so you can see they are real and need to be protected not tracked like criminals. Please consider the thousands of families who do not want there children identities in a data base. The questions we have about what would happen to our children in the data base in and event of " emergency" will it be the same as New York? Ask your self what will happen in an event of an emergency to these kids, have you asked the author what will happen? I have not heard once anyone ask them what is the course of action and plan once they are in the data base and an emergency happens please give us insight.

Thank you

Limiting testimony

Nancy Lehnerz to: matt.bishop@state.co.us 05/02/2019 08:49 AM

Please enter my email into the record!!!

I strongly protest my Senators limiting the testimony on any bill. This is overreach by the Democratic controlled legislature. I believe it will open this bill up to suits based on the First Amendment. Freedom of speech is being limited because there is a ground swell of people upset about unchecked government.

Nancy Lehnerz

OPPOSE HB 19-1312

Jenna Perotti to: matt.bishop@state.co.us 05/02/2019 08:43 AM

I strongly oppose HB 19-1312. It is unethical, immoral, and creating an extreme fear and distrust in our Colorado government. It's completely unfair to discriminate and alienate those parents that choose to be informed. There are too many risks, as we've seen and heard in hours of testimony. You can do better for your residents.

Sincerely,
Jenna Perotti

Testimony HB1312 - OPPOSE

Gmail to: matt.bishop 05/02/2019 08:39 AM

My name is Nate Webster and I oppose HB 19-1312. I was born and raised in Colorado. I love this state, but the politics today are destroying Colorado.

In 1986, I was given the MMR vaccine. Within hours I experienced vomiting, diarrhea, fever and nausea (all side effects listed by the MMR). My mother rushed me to the hospital where I was hospitalized for the next three days. I eventually recovered, but I still suffered for the next seven years as I developed Irritable Bowel Syndrome (IBS) and a severe egg allergy. These are also side effects of the MMR. Lucky for me, vaccines were not big business before 1986, and my mother stopped all vaccinations for me. I thank God she did, because that act may have saved me from more serious neurological disorders that many other children suffer today. Vaccine reaction and vaccine injuries are MEDICALLY real. The pro-vaccines side likes to throw out ridiculous stats like “The chance of being injured by a vaccine are 1 in a million”. By those numbers you should have only heard of 6 vaccine injuries in the ENTIRE state of Colorado. Yet in the testimony you heard, how many unfortunate people stated they were injured? This is real, and this is a huge problem.

In 2014, I became a father. At that time, we lived in Florida. When we took my son to the pediatrician, it came time to discuss vaccines. When the issue came up about family history, I barely got the words “hospitalization” out of my mouth, when our doctor said “I’ve heard enough, do not vaccinate your son”. I didn’t even get the chance to talk about how my mother has also had vaccine reactions.

In 2016, my family and I moved to Arizona where we welcomed a beautiful girl into the world. We took our kids to the doctor in that state, and he also supported us in not vaccinating our children due to family history.

Finally in early 2019, I had the opportunity to achieve my dream job and move back to the great state of Colorado. However, the political climate here has slapped my family and I in the face. We have been to a doctor here. She flat out said that we won’t be able to get a medical exemption and we will have a hard time finding a doctor to support us because of fear of losing their practice. So here we are, two doctors from two different states support us. But we won’t have that in Colorado because the government thinks they know better! How ridiculous does that sound! The GOVERNMENT knows better than my DOCTORS! But the proponents of this bill say that it’s okay, because we can still get personal and religious exemptions. When was the last time you signed up to be tracked by the government? My guess is none of you, because you aren’t child molesters or felons....I checked in the government database. Do you seriously see my beautiful children on par with people who are a real risk to society?!

Colorado is better than this. This government overreach has gone to far. Please vote no on 1312. Otherwise you will see me, and my money, leave this state.

Nate Webster

HB-19-1312 - Adding Opposition Testimony

mavida04 v to: matt.bishop@state.co.us 05/02/2019 08:38 AM

Hello Committee,

Thank you for spending such a long committee hearing listening to so many testimonies last night. I wanted to add my unspoken testimony to the official recorded folder. I've copied it below here, and attached the same message since I'm not sure which is easiest for you to print out.

Please review all the information provided and vote NO on HB-19-1312.

Warmest regards,
Mike Vidales

First off, I would like to Thank the committee members for taking the time to have an open forum to discuss the bill "HB 19-1312".

My name is Mike Vidales and I represent myself, my family and many friends in this testimony that share many concerns with this proposed bill. I am a CU alumni with a Bachelors degree in Electrical Engineering. My day job encompasses Systems Architecture for Embedded Engineering on various electronic products. I'm also a husband and father of a beautiful family with 3 young kids. My wife and I are both Colorado natives going back as far as great grandparents.

I'm simply here to speak on behalf of the proposed database management and scientific process that we as a culture have grown to trust, but not without much due diligence and validation.

In regards to the database implementation for immunization record keeping, this is a redundant system within state and local government control to the public school databases already and it is not protected under HIPAA as stated in the CIIS and HIPAA Application document stating that CIIS is not a Covered Entity under the privacy rule. In fact the health department even provides Research Data Use Forms on their website to which anyone can apply for access to the immunization data including the protected health information of each person. These request forms are then reviewed by the CIIS Review Board before given any access. Therefore I'm curious, as are many other families, who are the members on this Review Board?

As an aside to database misuse, the scientific process is very much ingrained in my daily work - some projects mission critical. We are forced to test, validate, integrate and then quality check a product and deem it safe as best as possible with certifications and compliance tests like FCC and UL. If you parallel this scientific process into the immunization topic, we are seeing that many vaccine companies have not been using the best method for validating vaccines as 100% safe for every variant of human genetic makeup like we are told. We need to investigate things like how MTHFR genetic mutations play a role in vaccine injuries. We are all genetically different. Also, things like fresh water, clean sanitation processes, food preparation, electricity also play a role in the eradication of diseases, not just vaccines alone. That's why the final sentence in Section 25-4-904 giving the health department the authority to administer and enforce immunizations is problematic. Would I be responsible for a faulty product – Yes! Are other companies responsible for injury or death due to their products – Yes! Are vaccine companies – No!

This can't be the best option we have in front of us. Please vote NO on HB-19-1312.

Thank you

Mike Vidales - HB-19-1312 - Opposition Testimony.docx

Testimony HB1312- OPPOSE

Jordyn Watson to: matt.bishop@state.co.us 05/02/2019 08:16 AM

Dear Mr Bishop,

I hope you are doing well. I was informed to submit my testimony, to have on record, to you since my voice was not heard. Please find my testimony below:

I vaccinated all three of my children. I did so without question and I felt it was my only option. I was never, not once, provided with any information about possible side effects or other medical issues that could arise from vaccinating. At the time my, now adult children, were vaccinated there were far less vaccines on the schedule. My children had all of the "common childhood illnesses" (to include chickenpox, measles, and mumps). Parents were taught, from generations before them, how to manage these illnesses. They were mild and annoying but were most definitely not dangerous for the majority. It astounds me how the public, the media, has turned this into something hysterical and life threatening. Scaring new mothers to the point of wanting to harm those who cannot vaccinate. Fear that is shutting the ability to reason and listen to reason.

We are most definitely not incurring a "health crisis" over measles. We are, however, incurring a medical crisis from the adverse affects of vaccinations. This is being carefully concealed and swept under the rug. My grandson is one that has been concealed, swept under the rug, while we are left managing his care every, single, day. This is my testimony and I represent my grandson who cannot advocate for himself.

My daughter and I took my grandson for his first set of vaccinations. Within a few hours he had what was later termed as a mild seizure. It was so mild that it was ignored when we brought it up. We were told he was healthy and not to worry. We listened and did not question. We then took him for his second set of vaccinations. I was holding my grandson, less than hour after we came home from the doctors, and I witnessed him having a grand-mal seizure. He was not running a fever. We later learned that he suffered swelling of the brain, which is a listed adverse reaction to certain vaccinations. Many parent's lay their baby in a crib to sleep after vaccinations. We are told they will sleep and this is normal. How many baby's have suffered a seizure when no one was watching? We may never know the true numbers. Had I not been holding my grandson we would have never known what happened. We would have continued to vaccinate him and shake from fear knowing we could have lost more of him if this had happened. It is quite possible he may not have even survived another round of vaccinations. We thank God everyday that when we did take him back for his third set, explained what happened, the nurse turned somewhat white and told us, please do not vaccinate him further. She then went to the doctor and we were sent for further testing. We felt as if we had entered a rabbit hole. We so blindly trusted the process, never questioned, did what we were told was the "right thing to do" and that vaccines are, "safe and effective."

Fast forward 14 years and countless hours of research. We've learned so much and are appalled at the callousness of this situation and topic. The public is most definitely not being properly informed of the adverse affects, doctors are most definitely not reporting injury (much of this is fear of repercussions), vaccine manufacturers are not held liable, and safety testing was never conducted as it should have been. Unfortunately, unless your child is injured, the majority of the public continues to be oblivious to what is happening. Unfounded, media instilled fear, keeps them in check without questioning.

Our young man will never have an opportunity to be married, have children, drive, or even hold a job that can sustain him. He will be with us forever. His rights, his life was stripped from him. He did nothing wrong. He did not have a say in all of this but, yet, you want to add and track him like a common criminal.

This bill, HB 19-1312, will make it impossible for him to obtain a medical exemption. Why? Because his adverse reaction is not one that is recognized by the narrow contraindications of the ACIP. This bill forces physicians to follow those narrow guidelines. I continue receiving responses from representatives and senators claiming that this is not true. Several have said there was an amendment to counter this… however, that amendment did not pass and the language restricting medial professionals is still in this bill.

Let's talk about the tracking system. Even though it was said in the beginning that we could opt out, Representative Mullica learned that this information was false. We can opt out of one system but not the other. We already have a system in place, it is protected by FERPA, and is working just fine. In the event of an outbreak, the school system has the ability to contact the public. We do not need the expense or risk from another system.

Let's also be honest in that this bill is a mere stepping stone to stripping further exemptions in the future. Make no mistake, our medical freedoms are being taken away. We are heading down a dangerous path. Medical issues need to be managed between physician-parent-child and no one else.

I would also like to ask what gives Representative Mullica the right to add more vaccinations to an already overloaded schedule? There is a process for the addition of vaccinations to the school schedule and this was not followed. Medical exemptions will increase and this is what Representative Mullica and pharmaceutical lobbyist are counting on. They will use this as ammunition to remove personal and religious exemptions in the future. All while medical exemptions in this bill have been so extremely narrowly limited.

What you are going to find is your residents moving out of this state. Not one parent is going to take their child in to be further damaged. This bill will not increase vaccinations rates. It will harm the funding of schools, it will increase costs in your state, and it will force parents of vaccine injured children to move.

Please take the time to thoroughly research the language of this bill. The misinformation is astounding. How can you vote on a bill that many are not understanding. Medical exemptions are being limited. We are removing the doctor-patient relationship and trust. We are adding expense and we are tracking vaccine injured children as if they are common criminals and in a system that we cannot opt out of. Please vote no on this dangerous bill.

Respectfully,
Jordyn Watson

Testimony HB1312- OPPOSE.

Erin Lobdell to: matt.bishop@state.co.us 05/02/2019 08:13 AM

To Whom it May Concern,

Please take a stand for our children, for our families & vote against HB19-1312. Speak out against this detrimental bill & how negatively it will effect thousands of families, including mine.

I believe that when it comes to vaccines, it MUST be a parental choice. The US Supreme Court ruled vaccines to be unavoidably unsafe, & where there is risk, there must be choice. I have a vaccine injured son. When he wasn't quite two years old, he was given a vaccine without my consent, when he was at the hospital being treated for something unrelated. He was immediately a different child. He now has an IEP & attends a school for kids with his sort of needs.

This bill gives the health department the power to deny him the exemptions he deserves, thus further risking his health & wellbeing. Not only is my son vaccine injured, but he & all 5 of his siblings carry the MTHFR gene mutation. This makes them more succeptible to the carcinogens & heavy metals in vaccines. This would mean a vaccine injury at best & death at worst.

It's not our job as parents to be responsible for the health of others. Yes, if our child is sick, of course we shouldn't send them to school or daycare. But my non vaccinated children are some of the healthiest children I know. They don't have allergies, they don't have any chronic health issues. On the occasion that they do get sick, the time period is much shorter. My step daughter is fully vaccinated & has chronic health issues, allergies, & is sick more often & for longer periods of time.

My job as a parent is to protect my kids. I have been studying vaccines for more than 13 years. My mom stopped vaccinating me as a young child & did her research. She was the one who got me started on my journey. This bill will do far more harm than good, not just for families, but for schools, & for the state.

Please do this for my children. For everyone you love. If my child is further injured by vaccines or killed, is the state going to pay medical bills? Are they going to pay funeral expenses or replace my child? Are they going to pay for therapy or medication, for doctor visits or home care? I don't think so. Please consider all of this when making your choice. Our children are depending on it.

Regards,

Erin Miller

Testimony HB1312- OPPOSE

Krystal Scarborough to: matt.bishop 05/02/2019 07:57 AM

My name is Krystal Scarborough and I am a parent in CO.

About this bill:

>It does actually require a lot from parents; it requires a trip to the local county health office to register for a personal or religious exemption and it requires parents to hand over personal identifying information to CDPHE regarding personal medical information.

>The simple interface change actually strips parents of privacy rights under FERPA and gives CDPHE full access to PII with no clarity on how it will be used, destroyed or protected.

>This bill in no way benefits me as a parent.

>The certificate is meaningless. The form already worked as a ‘certificate’. Totally unnecessary.

>What is the sate going to do with our data? Other states are using it to harass parents to do further vaccinations. CDPHE already has aggregate data down to the school level on exemptions. The data can be accessed on their website and it all public health officials need in order to deal with "an emergency". They do not need your name, address and other information for that.

> First, it applies ACIP guidelines to medical exemptions (since Mullica refuses to clarify the language surrounding that, let's assume ACIP stands); it adds 3 NEW VACCINES to the state schedule. Just like that, ONE MAN added 3 vaccines to the state schedule, bypassing the state board of health procedures for such things; it creates a tracking database of citizens that have done nothing wrong, as well as tracking physicians who are giving exemptions, which will make medical exemptions even more challenging to get; it adds millions to the budget with zero appropriations.

>Actually, the medical process does not stay in place, it will change and make it harder to achieve exemptions as well as putting doctors and citizens into a state run database.

>To date, nothing has been improved on and the bill seems to be getting worse.

Please Oppose HD19-1312

Thanks for your time.

Krystal Scarborough

Testimony-STRONGLY OPPOSE HB 1312

Maranda Wilaby to: Matt Bishop 05/02/2019 07:42 AM

Good evening,
I strongly oppose HB1312. Please look up natural herd immunity against vaccine induced herd immunity. It's not the same thing. The term was originally used for natural immunity when a number of people got the disease naturally, they developed immunity for life. The phrase was taken by the vaccine industry and used as their own. However, it doesn't work the same and cannot give you lifetime immunity. Can you explain why communities with over 96% vaccine rates still get these supposed "vaccine preventable diseases"?
Why are so many who are fully vaccinated still getting these diseases? The product has failed. It has happened over and over but you want to force it anyway. Safety studies are not done with a double blind placebo. They are also not tested in combination of all the ingredients of all 72 doses on the recommended schedule.

I ask that you vote NO to 1312. "My child, my body, my choice" you have zero right to make medical decisions for other people. Nor do you have the right to track non compliance to a product, much less, one with defects and safety concerns. Vaccines have different effects on different people just like any drug. Only the parent and Dr. know what's best for each child and each case is different. I am ashamed this is even something I have to tell you. Stop trying to take away or God given freedoms.

Thank you,
Maranda Wilaby and family

On May 1, 2019, at 12:12 PM, Matt Bishop <matt.bishop@state.co.us> wrote:

> Good morning.
>
> Thank you for reaching out and sharing your thoughts on House Bill 19-1312. As a member of our nonpartisan staff, I am not authorized to directly confer political opinions to committee members. That said, I am happy to provide you with committee members' email addresses so you can reach them directly:
>
> - Senator Lois Court: lois.court.senate@state.co.us
> - Senator Pete Lee: pete.lee.senate@state.co.us
> - Senator Julie Gonzales: julie.gonzales.senate@state.co.us
> - Senator Paul Lundeen: paul.lundeen.senate@state.co.us
> - Senator Jack Tate: jack.tate.senate@state.co.us
> - Senator Nancy Todd: nancy.todd.senate@state.co.us
> - Senator Rob Woodward: rob.woodward.senate@state.co.us
>
> If there's anything further I can do to help, please feel free to reach out.

Testimony HB1312- OPPOSE

dtrvGod to: matt.bishop 05/02/2019 07:41 AM

Dear Mr. Bishop and Colorado Senate,

I wanted to reach out to you about CHCA, HB19 13-12.

I understand how important it is to keep our society as healthy as possible. I have friends and relatives who would be affected if anything as common as a cold reached them, much less a major illness.

However, after reading this proposed bill I am very concerned that it's overstepping government boundaries and taking away basic rights of our citizens, no matter which decision would be made by us.

A family who's forced to register their children's medical history, signing a paper that agrees their children are being put at risk, and requiring present and any future vaccinations that may come along are all grievious in nature.

It violates the HIPPA protocol, Admendments 1 (freedom of religion), 5 ("nor shall be compelled in any criminal case to be a witness against himself,"), and 14 ("1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.")

Furthermore, there is much talk about My body, My choice. While I am opposed to abortion, I do agree that a person has the right to choose what happens to his or her own body, including the topic of vaccination.

Regarding this, the bill doesn't just affect the parent's right to choose, but the choice of our next generations.

My husband and I have raised our children to think through the different issues that arise regarding laws in our country. They'll ask questions, debate, and decide for themselves where they stand on an issue.

After discussing this bill with my children and what's included, they're concerned about their future in this state, what will be required at a doctor's visit, and their future goals for schooling if they refuse one or more vaccinations.

Finally, I ask that you remember the years before World War II and how Hitler's policies are very simlar to this proposed bill, and the aftermath of them.

I ask that you fight for our children. I ask that you reject this bill in full and vote No today.

Thank you for listening to your Constituents and helping us all, no matter our decision, to have the RIGHT to choose for ourselves.

Sincerely,

T'Nell Page from Adams County.

Testimony HB 1312 OPPOSE

cynwheeler to: matt.bishop 05/02/2019 07:28 AM

Mr. Bishop,

I am the mother of 4. Of those 4, I have 2 children who were injured by vaccines. I'd like to give you a little background & why I oppose HB 1312. I am asking you to VOTE NO, during the 2nd & 3rd reading of this bill.

My third child was injured around age 5. We went to our usual "trusted" physician's office. During the time we were in the office, right before my child was suppose to receive 1 vaccine, they had an emergency. Because of this emergency they quickly vaccinated him and swept us out of the office.

We live not even 5 minutes from this office and within minutes of getting home, my 5 year old was breathing irregularly. He seemed to be gasping for air. I rushed him to the ER where he was given oxygen and benadryl. The ER staff told me it was most likely a reaction from the vaccine he had received less than an hour before, however it is totally common and we just needed to keep an eye on him. During that time he also developed a softball/grapefruit sized lump on his arm where he received his vaccine injection. It was bright red, hot to the touch and he said hurt. We were again told that it was a very common reaction to his vaccine. It should go away within a few days. My 5 year old couldn't lift his arm or move it for days, the "lump" last weeks.

I called our physicians office to report his reaction as instructed by the ER doctor and was given the run around as to what we do next. A few days later, a "friend" in the office called me to tell me, that an emergency staff meeting had been called by the head physician about my family. They couldn't tell me which vaccine my son had received. It "may have" been 1 of 3. It was their protocol to not only label each vial, but also the arm or leg in which each vaccine goes into. Unfortunately, in my son's case, they did niether and couldn't tell me which one he was now allergic to. My "friend" in the office said, they sat in this emergency staff meeting and heard the main physician instruct his nurses to tell me it was the Dtap and we would avoid that now. My "friend" felt that how this situation was being handled, they needed to tell me because of how this office was trying to hide the fact they messed up. This person advised me to seek the help of an allergist.

I reached out to our family allergist the next week. I explained our situation and what had happened. He then told me there is testing, however he won't even do it until my son was at least 15. Because, it was extremely traumatic testing. It could have been 1 of 3 vaccines they gave him. In order to determine which one, they would need to inject my son 10 times per possible vaccine at different dilutions. We would need to do it in the hospital, surrounded by medical staff & equipment. Therefore, he wanted to wait.

I proceeded to then ask the allergist & the main physician at our office for at minimum a medical exemption for the 3 possible vaccines. I was told NO. Both doctors explained that an allergic reaction was not grounds for one, as well as the rest of the medical community frowns at exemptions.

My now 6 year old son was diagnosed at 4 months old with epilepsy. We saw a pediatric neurologist who took an extensive medical history and background. After two eeg's & an MRI at months old, the neurologist told me he believed that my baby's

seizures were caused by his vaccines. They placed my son on what he called the "Cadillac" of all medications. Side effects included migraines, dry mouth, mood swings and stomach pain. All of which my infant experienced.

I approached this neurologist and our physician (yes again) and begged for a medical exemption. I was given the same explanation again. The medical community really frowns at doctor's who write exemptions and they just couldn't put themselves out there like that. They had NO regard for my son's lives.

In the aftermath of two of my children being hurt. Our physicians office slowly pushed us out. Using any excuse they could.

Section 3 (I)(a) page 5 lines 17-23:

The verbiage in this piece is confusing. It would appear that this still gives medical professionals the ability to exercise their medical opinion based on the child's health, circumstance, and history when in fact, all of that would be removed with the acceptance of the ACIP's medical exemption recommendations as later discussed in this bill.

Section 3 (3) page 8 lines 9-15:

This is an outrage. It may come across as a reasonable or acceptable request, but you must first become familiar with what the ACIP actually considers a contraindication that could result in a medical exemption. They suggest that only AFTER there has been a severe vaccine reaction would a person qualify for a medical exemption and that would be issued only for the one vaccine that is suspected to have caused the severe reaction (which is next to impossible to determine due to the current CDC schedule recommending multiple vaccines be administered at the same time). No family history or genetic mutation is listed as an acceptable reason for a medical exemption even though there have been hundreds of payouts in the Vaccine court for permanent disability or death due to those very reasons. We cannot subject our children to this sort of Russian Roulette or force the hands of our medical professionals to see every patient as the same genetically for the sake of vaccine compliance. This is medical tyranny.

In conclusion, this bill proposes to remove Colorado state authority by forcing the adoption of all ACIP guidelines, coerce parents into signing a standardized form (which nobody has seen) that likely will implicate them in court of law, force a "re-education" curriculum that is meant to indoctrinate the population not educate, and would create a system for tracking individuals that would force parents to forego HIPAA protection of medical information and has the intention of bypassing FERPA.

"In a speech explaining the Act to the Legislative Conference of Parents and Teachers, Senator Buckley said FERPA was adopted in response to "the growing evidence of the abuse of student records across the nation."

Designations of FERPA:

At the elementary or secondary level, a student's health records, including immunization records, maintained by an educational agency or institution subject to FERPA, as well as records

maintained by a school nurse, are “education records” subject to FERPA.

Parents have a right under FERPA to inspect and review these health and medical records because they are “education records” under FERPA. See 34 CFR §§ 99.10 – 99.12. In addition, these records may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to FERPA’s general consent requirement. For instance, one of these exceptions allows schools to disclose a student’s health and medical information and other “education records” to teachers and other school officials, without written consent, if these school officials have “legitimate educational interests” in accordance with school policy. See 34 CFR § 99.31(a)(1). Another exception permits the disclosure of education records, without consent, to appropriate parties in connection with an emergency, if knowledge of the information is necessary to protect the health or safety of the student or other individuals.

Thank you,
Concerned mother of two vaccine injured children.
Cynthia Wheeler
Sent from my Verizon, Samsung Galaxy smartphone

HB 1312 Strongly Oppose

Brenda Tibbitts to: matt.bishop 05/02/2019 07:20 AM

This is for my testimony which was not allowed last night. I am so strongly opposed by this government over reach on our civil liberties.

The state has no right to demand what we do with our own or our children's bodies. To inflict toxic chemicals on children not knowing what may happen in reaction is completely irresponsible and the state should be liable for all damages that will happen to these children.

How is it we have come so far as to force. Literally force people to either inject their babies with known toxins, or they have to sign a paper stating they are knowingly harming their children. This is so wrong.

Please represent the voters not the pharmaceutical companies. They have made over 500 million in 3 months from all this fake hysteria. Please represent we the people.

I am so disappointed with Mullica and all those who follow him blindly while filling pockets with perks from an industry who is all about profits.

Protect your voters.

I sincerely hope someone actually reads this. Our voices have been silenced!!!

Brenda

Sent from my iPhone

Testimony HB1312-OPPOSE

Elissabeth Small to: matt.bishop 05/02/2019 07:20 AM

Matt,

I am a concerned Colorado parent and citizen. This bill will come with a massive price tag that it truly doesn't specify how it will be financed. More budget constraints being added with the potential loss of a large portion of Colorado's economy in light of recent legislation seems naive at best and foolhardy at worst.
This bill also is jumping right at the throat of informed medical consent. Do we really think removing a freedom of consent is the way to make positive change? In light of the #metoo awareness movement I was hoping we were making strides in body autonomy and consent issues. This bill takes us a step backward. Please vote NO!

Respectfully, Lissa Small

Sent from my iPhone

Testimony HB1312- OPPOSE

Barbara White to: matt.bishop@state.co.us 05/02/2019 06:47 AM

Sir, please forward this as my testimony which I was not able to give,

It was completely unacceptable for the Finance Committee to limit the time they would hear from the voter's of Colorado to four hours for the HB 19-1312 hearing. If the committee did not have time to hear from the constituents of Colorado, then the committee did not have time to hear this bill.

I am respectfully asking you to vote **NO** on HB 19-1312. **I am a Colorado voter.**

We do have a vaccine injured child. You have no idea what we have walked through with this child since the day he was born. Less than 24 hours after he was born, he was mis-diagnosed, given an immunization and his health went down hill from there, he almost died. He spent eight days in the NICU, where he had to fight for his life. That was just the beginning of what we have walked through with this precious young man. I remember the words of the NICU doctor who said "We may not know for a long time how this effected your child". Our son struggled to thrive that first year. When he was around 15 months old, all our concerns were confirmed, we knew that this precious child was completely different from his older siblings who were 9 and 10 years older. We have spent thousands of dollars on medical care and therapies for him. AND WE ARE NOT DONE. We were threatened that if we did not continue to vaccinate our child that he would not be able to be seen in the hospital. Something that has continued frequently through the years.

I oppose this bill for several reasons and here are just a few of them:

*I oppose this bill because it takes the right of parents to make decisions regarding healthcare for their children away from them.

*This bill takes away privacy rights. HIPAA was created to keep medical records private.

*This bill also exposes my right to freedom of religion.

*It is not the government's job to make these decisions for parents

* I oppose this bill because medical exemptions will be taken away and for a family like us, with a child with genetic mutation issues, receiving vaccinations can cause more harm than benefit to him.

Please consider this: at what point do you decide protecting an individual from harm from a vaccine is just as important as protecting from an infectious disease?

Respectfully,

Barbara White
Colorado Springs Voter

HB19-1312 OPPOSE

Kim Martin to: matt.bishop 05/02/2019 06:19 AM

Hello,
My name is Kim Martin and I represent myself and my family. I strongly oppose this bill that imposes a tracking system on a minority of Colorado citizens. This will unfairly take away FERPA protection for hundreds of students in this state. It will do nothing to increase vaccination uptake as those of us who exercise our choice not to vaccinate have done hours of research into this subject. We do not make this choice out of convenience! Please listen and consider the testimony of the hundreds of citizens that oppose this bill. This will add 3 new vaccines to the state requirements without approval by the stakeholders. You will track healthy children who maybe have missed 1 vaccine, but a child that has Hepatitis B can go to school and enjoy his or her FERPA protection! Please vote NO on this unconstitutional bill!

Thank you,
Kim Martin

Sent from my iPhone

Testimony
Stacy to: Matt.bishop 05/02/2019 05:38 AM

Good afternoon. I am here today to express my deep concerns and state of worry with this bil as I am truly saddened by our current political atmosphere and how the cries of us constituents are being ignored. This bill greatly allows for government overreach and I am scared for my children's future, mostly based upon the tracking system and database. There are so many lies and misinformation being spread that its creating a false narrative to fit political propaganda. According to the CDPHE's (Colorado depaetment of public healths) own data, 2.6% of Colorado's school children have exemptions on file. This fraction of a percent are completely unvaccinated while the rest are partially vaccinated and have experienced adverse reactions that include permanent disabilities.

These bill forces students into the tracking system, CIIS, where they could never leave. What this bill intends to do is expose my children's Personal Identifiable Information in order to comply with a pharmaceutical lobby written sponsored bill. With the introduction of a tracking system, this would make parents pull kids from schools, it will cause many schools to lose money. Jefferson country will lose roughly 23,000 dollars if We move.. This forces my kids into a state database where their information can be shared with a long list of entities without knowledge or consent. There is contradiction on whether you can opt out or not, but the sponsor said you CANNOT . This allows for names, demographic information into a system that is never purged, and this puts us all at risk if breached or hacked. What if there was a breach? Given the climate of this debate, we could easily be a target. Not only is this a privacy risk, but this truly discriminates against people who make informed decisions. This would force many to go and have an exemption signed by a state employee who doesn't agree with their decision. This could put many of us in a place where we are judge, harassed, and exposed where our medical records and information should be kept private and confidential. If a person with HIV/AIDS has privacy rights where they are protected against discrimination, we should be given the same privacy laws as well.

This entire bill goes against the 2018 Democratic Party Education Platform that stated "13. In light of breaches of student data, we advocate for student privacy rights that reflect ethical, lawful, and responsible security of student data and that they oppose the monetization of this data and will support legislation which prohibits this data to be exchanged.

I am asking you to please vote no on this violating bill.

I

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Stacy Bretz

Sent from my iPhone

Testimony Hb1312 Oppose

AMBER ABDELLA to: matt.bishop 05/02/2019 05:06 AM

Thank you for the opportunity to send my testimony because I was unable to speak yesterday.

I oppose this bill.

You have heard these reasons before I am sure so I will list them briefly. This bill...

1) Oversteps FERPA, removes privacy of the unvaccinated and protects the vaccinated. Discrimination

2) Is based on fear-filled media-imposes propaganda. (Not one person has died from these so called outbreaks across the country yet did you know 35 people die every single month from prescription drugs JUST IN COLORADO -proper use included?).

There is NOT ONE scientific study proving herd immunity in the vaccinated. It is a marketing tool only. It scares those into lining up for their vaccines and gives someone to blame if there is an “outbreak”. Not. One. Study. There are “outbreaks” among those with almost 100% vaccination rates. How could this be? It is the fault of the vaccines not working NOT the unvaccinated.

3) our right to discuss medical exemptions with our doctors would be removed and we would have to follow the ACIPs guidelines. My father died from a flu shot. Family history is not included in the ACIP’s guidelines. My children would be unable to get one. This puts them at risk

4) There are already systems in place for collecting exemption data. This bill not increase vaccine rates WHICH ARE IN THE MID - 90’s. This bill is based on false information. This bill is a waste of time and money. We need less government involvement, not more.

Thank you

Amber Abdella

Sent from my iPhone

HB1312 Testimony OPPOSE

DomJF Hilder to: matt.bishop 05/02/2019 04:11 AM

Thank for the opportunity to submit written testimony.

I strongly oppose HB1312, as it will not increase immunization rates - as evidenced by the person who testified tonight providing documentation of the CDC meeting and recommendations for increasing vaccination rates.

The bill removes choice for parents, and unjustly discriminates against a minority group.

My body, my choice. My child, my choice. You can't have it both ways.

The measles "crisis" is fabricated by the same industry that stands to profit from mandates of the "solution". Why are the measles and mumps on numerous old comedy TV shows such as The Brady Bunch, and in children's books?! The measles can be easily prevented and treated with good nutrition and high doses of vitamin A. Why don't the media reports tell us this? Why aren't doctors telling us about the importance of vitamin A in the reduction of complications and symptoms with the measles infection? Because vitamin A and a healthy diet doesn't make the pharmaceutical companies money. Here are numerous citations to back up my statements about vitamin A and the measles:

A randomized, controlled trial of vitamin A in children with severe measles.

https://www.ncbi.nlm.nih.gov/pubmed/2194128

Routine high-dose vitamin A therapy for children hospitalized with measles.
https://www.ncbi.nlm.nih.gov/pubmed/8133555

Low serum retinol is associated with increased severity of measles in New York City children.
https://www.ncbi.nlm.nih.gov/pubmed/1436764

Measles severity and serum retinol (vitamin A) concentration among children in the United States.
https://www.ncbi.nlm.nih.gov/pubmed/8502524

Persistent measles infection in malnourished children.
https://www.ncbi.nlm.nih.gov/pubmed/871699

Vitamin A for the treatment of children with measles--a systematic review.
https://www.ncbi.nlm.nih.gov/pubmed/12521271

Retinoids inhibit measles virus in vitro via nuclear retinoid receptor signaling pathways.
https://www.ncbi.nlm.nih.gov/pubmed/18547655

Retinoids inhibit measles virus through a type I IFN-dependent bystander effect.
https://www.ncbi.nlm.nih.gov/pubmed/19447880

Also, I'd also like to bring a document to your attention, written by a medical doctor who specializes in treating vaccine injured. Please take a look, as I think you will find it interesting in this discussion. See attached.

Thank you for your time,
Jon Hilder

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Perspective

The Denial of Adverse Event Risk Following Immunization and the Loss of Informed Consent - A Perspective

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Abbreviations

HHS: Department of Health and Human Services; CDC: Centers for Disease Control; FDA: Food and Drug Administration; WHO: The World Health Organization; AEFI: Adverse Event Following Immunization; AAP: American Academy of Pediatrics; DTP: Diphtheria-Tetanus-Pertussis; OPV: Oral Polio Vaccine; PIC: Physicians for Informed Consent; VAERS: Vaccine Adverse Event Reporting System; EMA: European Medicines Agency; AAHS: Amorphous Aluminum Hydroxyphosphate Sulfate; NACCHO: National Association of County and Public Health Officials; GSK: GlaxoSmithKline; SV40: Simian Virus 40; MMR: Measles, Mumps and Rubella; I3C?: Indole-3-Carbinol.

"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information...The interests and welfare of the individual should have priority over the sole interest of science or society." 2005 UNESCO Universal Declaration on Bioethics and Human Rights" [1].

Introduction

Vaccines are public health measures that are not evidence-based as portrayed by authorities such as the United States Department of Health and Human Services (HHS) or the Centers for Disease Control (CDC). For example, despite political propaganda to the contrary, the scientific reality is vaccines are not subjected to the same kind of clinical trials as other drugs are. They are classified not as drugs but as biologics allowing them to be routinely approved and mandated with little to no evidence of efficacy or safety, while at the same time actual evidence of vaccine harm is systematically ignored by vaccine manufacturers and authorities who work together under multiple unethical conflicts of interest. Consequently, vaccines are a grave threat to public health and medical ethics. Furthermore, informed consent in vaccination is deeply endangered today both in medical practice and as an ethical principle in society. Natural immunity is similarly endangered today due to modern vaccination policy. Promoting categorically unsafe vaccines and discouraging the responsible development of natural immunity has become state sponsored policy where the policy itself is what gets protected – not the public.

In the U.S., the Food and Drug Administration (FDA) has stated their policy on this issue clearly, "any possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives." This was recorded in the Federal Register (vol 49, No. 107), and made specifically about the polio vaccine.

So, doubts about safety cannot be allowed to exist? An unambiguous policy that has nothing to do with science or public health. Considering how much of the world seems to blindly follow the lead of U.S. health agencies, or is coerced into following them, that FDA policy statement should be very alarming. The trust placed in U.S. agencies ignores that they have been compromised and captured by industry;[1] furthermore, physicians and scientists who criticize this system of rampant corruption[2] will be increasingly pilloried and attacked as incompetent, dishonest, and a dangerous menace to the public's wellbeing.

[1]http://icandecide.org/white-papers/VaccineSafety-Version-1.0-October-2-2017.pdf

[2]https://usrtk.org/wp-content/uploads/2016/10/CDC_SPIDER_Letter-1.pdf

https://www.huffingtonpost.com/carey-gillam/spider-bites-cdc-ethics-c_b_12525012.html

In their 2014 policy paper, Considerations regarding consent vaccinating children and adolescents between 6 and 17 years old, The World Health Organization (WHO) stated, "the physical presence of the child or adolescent, with or without an accompanying parent at the vaccination session, is considered to imply consent". A child sent to school on the day they are holding a vaccine clinic is now consenting by implication. A parent could refuse to send the child to school on vaccine day, but that assumes they knew about it. However, implied consent is Orwellian doublespeak inconsistent with the UNESCO declaration, and emblematic of an erosion of fundamental rights by the misinformed to protect marketing goals and polices that often have little to no public benefit.

Then in 2017, the WHO revised [2] what they would accept as an Adverse Event Following Immunization (AEFI). Only reactions that have been previously acknowledged in epidemiological studies would now be considered as vaccine-related. Deaths seen in post-marketing surveillance would be identified as coincidental or unclassifiable. These deaths are not classified as vaccine-related if the vaccine had not caused a statistically significant increase in deaths in the Phase III trials. For example, Sri Lanka suspended the use of a pentavalent vaccine after five deaths within four months after its introduction in January 2008, and in 2013, Viet Nam shelved the pentavalent vaccine because it had been associated with 12 deaths. However, in both cases, the WHO teams which investigated the deaths declared they were "unlikely" to be related to the vaccines used.

Puliyel, and Phadke wrote a letter to the editor of the Indian Journal of Medical Ethics expressing their dire concerns as there were 132 cases of children in India being hospitalized after the administration of a pentavalent vaccine between 2012 and 2016. Fifty-four of these children died. When these adverse events were analyzed using the new WHO criteria, not one of the deaths was classified as potentially vaccine-related [3].

"AEFI reporting is said to be for vaccine safety. In view of the above, it is necessary that the AEFI manual be re-evaluated and revised urgently. Safety of children (child safety) rather that safety for vaccines (vaccine safety) needs to be the focus" [3]. In other words, Puliyel and Phadke are saying that reporting on AEFI's is supposed to be about identifying problems so that if there are safety issues children can be protected from a flawed vaccine. AEFI reporting is not meant to obfuscate safety issues to protect the vaccine from scrutiny. Apparently, Puliyel and Phadke are either naive ("possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist") or they are attempting to inform their colleagues in the most politically polite manner possible that protecting vaccine policy, terminating informed consent, and AEFI denialism has become the global vaccine agenda.

But vaccines save lives, right?

It is worth noting that the American Academy of Pediatrics (AAP) published a summary of vital statistics on the trends in the health of Americans during the 20th Century: "Thus vaccination does not account for the impressive declines in mortality seen in the first half of the (20th) century" [4]. Perhaps, it would be more prudent for the WHO to state that the physical presence of a child on this planet implies consent to clean water, sanitation and a healthy diet, rather than eroding individual and parental rights for invasive medical interventions of questionable value.

The value of vaccines is called into question when unvaccinated and vaccinated populations are compared, which may be why so little is published in this area as the implication of such comparisons could destroy current global vaccine policies. In 2017, a rather unique study was published [5] that examined the introduction of the diphtheria-tetanus-pertussis (DTP) and oral polio vaccine (OPV) in an urban community in Guinea-Bissau (Africa) in the early 1980s. The conclusion of this study stated, "DTP was associated with 5-fold higher mortality than being unvaccinated. No prospective study has shown beneficial survival effects of DTP. Unfortunately, DTP is the most widely used vaccine, and the proportion who receives DTP3 is used globally as an indicator of the performance of national vaccination programs.

"It should be of concern that the effect of routine vaccinations on all-cause mortality was not tested in randomized trials. All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis. Though a vaccine protects children against the target disease it may simultaneously increase susceptibility to unrelated infections".

One might assume the intentions of most vaccine advocates is to help and protect children; however, by design (it seems) there is a pernicious lack of understanding about the risks involved. The indoctrination of today's medical community that "vaccines save lives" is so ingrained no room is left for the reality that many vaccines are flawed, or that there are serious safety concerns. The malevolent aspects of this level of indoctrination has its own risks that reach far beyond medical malfeasance.

The guiding principle that one simply does not expose a child to any unnecessary risk has apparently been abandoned if they are on the receiving end of a vaccine. Of course, many medical interventions have the risk to cause harm but the risk of that harm may be very small provided effective measures are in place, such as making sure, in the case of vaccines, the child does not have a known medical (physical, genetic or immune) problem that would amplify risk. It is often hard to judge the level of risk that can be tolerated, because the science in this area is not complete. In the case of vaccines, without a previous vaccine reaction in the child in question or one in an immediate family member who shares a common genetic pattern, it really isn't possible to calculate accurate risk. This doesn't mean the risk is not there, it is just it can't be precisely calculated.

Today, with our current knowledge base, risk is balanced against the benefit and whether there is a better alternative to accepting the risk. It is reasonable to accept a level of risk if the risk from all the other alternatives, including doing nothing, is even greater. A risk is not acceptable if there is a reasonable alternative that offers the same or greater benefit but avoids the risk. Vaccine enthusiasts routinely assume the risk of the disease is greater than the risk of the vaccine. The reality is quite different. And this goes right to the heart of informed consent, because it involves comparing relative risks of a medical intervention.

For example, it has not been proven that the MMR vaccine is safer than measles. The nonprofit organization Physicians for Informed Consent (PIC) recently reported in The BMJ that every year an estimated 5,700 U.S. children (approximately 1 in 640 children) suffer febrile seizures from the first dose of the MMR vaccine - which is five times more than the number of seizures expected from measles [49]. This amounts to 57,000 febrile seizures over the past 10 years due to the MMR vaccine alone. And, as five percent of children with febrile seizures progress to epilepsy, the estimated number of children developing epilepsy due to the MMR vaccine, in the past 10 years, is 2,850. In addition, PIC found that the Vaccine Adverse Event Reporting System (VAERS) receives only about 90 annual reports of seizures following the first dose of MMR—that's only 1.6% of the 5,700 MMR-vaccine seizures that occur each year. PIC contends that VAERS, as a passive surveillance system, does not adequately capture vaccine side effects and that serious side effects, including permanent neurological harm and death from MMR and other vaccines, may similarly be underreported.

Moreover, there are multitudes of medical alternatives to vaccines, whereby patients prevent and heal infectious diseases and build their natural immunity. Another foundational premise is that good sanitation practices, coupled with well-balanced diet and sensible exercise, encourage a lifestyle conducive to strong natural immunity.

Public health authorities act callously and dismissively toward indicators that help identify children at risk of vaccine injury, either because the authorities care to do so in the first place or for lack of sufficient studies on how to use combined indicators of risk to predict, prior to vaccination; furthermore, the costs involved in screening children are not compatible with priorities or budgets of one-size-fits-all mass vaccination programs. Nevertheless, there are potential tools of science that could provide indicators (biomarkers such as pre-existing Th2/Th1 skew, certain genetic polymorphisms, family history or autoimmunity).

Vaccine mandate proponents (and those who would take away the rights to exemptions) use the tools of speculation and obfuscation to deny evidence of vaccine injury and deaths. This allows vaccine mandate proponents to propagandize the morality of the compulsory vaccine programs, and even to stifle the capability of the medical community to acknowledge and treat vaccine injured children. If it is acknowledged that screening for risk is appropriate, then that risk itself is being acknowledged and that will increase the perception of risk with the public and obviously there will be those (vaccine mandate proponents) who would not want to take the risk, so risk-denialism has emerged as a part of compulsory vaccine programs.

The medical community has allowed a fixation on infectious disease entities alone to truncate our understanding of co-causations of several conditions, such as the role pesticides play, for example, DDT in Acute Flaccid Paralysis/Myelitis or in Burkett's Lymphoma, just to name one environmental problem behind conditions that are considered solely the cause of an infectious agent.

Ponder the huge increase in infant deaths in countries like India when polyvalent vaccines were introduced, but political and economic interests muddle decisions about safety. Indeed, safety is routinely and systematically ignored in the face of these interests. Safety concerns and finding out who might be more at risk from an adverse event does not sell vaccines, and in the U.S. the only way a vaccine manufacturer becomes potentially liable is if they deliberately hide safety problems they learn about their product and were not transparent or forthcoming about those safety issues. Thus, functional safety research has almost completely ended. New vaccines are tested against false placebos (i.e., comparables to other

vaccines) instead of using inert or saline placebos - then children are only followed for a short time (sometimes just a few days). If the child doesn't immediately report adverse events (especially the predetermined adverse events on the list provided by the manufacturer) then the vaccine is considered safe. However, what is taking place goes beyond using placebos that contain the full complement of adjuvants. Protocol V501-018 was the only controlled trial in the target age group of 9-15-year-olds for the Gardasil HPV vaccine and the FDA's June 2006 Clinical Review Table 210 shows that the vaccine formulation in Protocol 018 contained only half the amount of Merck's adjuvant amorphous aluminum hydroxyphosphate sulfate (AAHS) compared to marketed Gardasil. This failure to compare the marketed vaccine, containing 225 mcgs of AAHS, against the carrier solution control, suggests the intent to mislead. It also suggests reckless overexposure of children worldwide who received the marketed vaccine to double the AAHS amount in Protocol 018, helping to explain the high level of reported injuries and deaths worldwide.

A 2017 commentary [6] Puliyel and Sathyamala describes a shocking dereliction of duty on the part of regulators who were presented with vaccine data carefully tailored to obscure serious risks. Tackling concerns about infant deaths that have occurred following vaccination in several European countries, the authors of the commentary show that GlaxoSmithKline (GSK) neglected to report to regulatory authorities that there was a statistically significant increased risk of sudden infant death in the four days after administration of its hexavalent vaccine—and the European Medicines Agency (the EMA) ignored the omission and accepted GSK's apparently whitewashed data at face value.

In the U.S., the FDA estimates that passive surveillance captures about one percent of vaccine-related adverse events. A study [7] in Africa that compared passive with active surveillance found that passive surveillance "failed to identify half of all AEFIs (adverse events following immunization) that were identified through active surveillance, including all of the serious AEFIs".

Reviewing and reanalyzing GSK's sudden death data, Puliyel and Sathyamala note a "clustering" of sudden deaths among infants (under age one) in the first three days following vaccination—with 72% of the deaths (42/58) taking place in that time frame and nearly all (93% or 54/58) occurring within 10 days of vaccination. The authors state: "The fact that the rate of death decreases rapidly with the passage of time following immunization suggests that the deaths could be related to vaccination…. If one glosses over the deaths after vaccination, one can prevent/delay the evaluation of the vaccine's safety profile and this has the potential to result in more, unnecessary deaths, which is difficult to justify ethically".

The WHO and government health agencies are quick to dismiss as a "myth" any possible link between vaccines and sudden infant death syndrome (SIDS) or other unexplained infant deaths—despite a landmark ruling by the U.S. Court of Federal Claims in 2017 (No. 13-611V) that vaccines "caused or substantially contributed" to a 2011 SIDS death. Nevertheless, following Hexavac's withdrawal from the European market, the EU has gone on to grant marketing approval to two other hexavalent vaccines manufactured by Sanofi Pasteur (Hexyon and Vaxelis, in 2013 and 2016, respectively). The EU also gave a scientific thumbs-up for rollout of Sanofi's Hexaxim vaccine in non-EU regions.

Vaccinologists at the CDC give lip-service for need to invest in vaccine safety infrastructure [8] "at a level commensurate with investments in vaccine development," particularly through post-licensure studies that compensate for the "well-known limitations" of prelicensure clinical trials. In what seemed like a lucid moment, these vaccine researchers also state there should be "increasing emphasis…on proving, rather than assuming, that no problems are associated with a vaccine". But actions speak louder than empty words. One action was to ignore CDC whistleblower, Dr. William Thompson, whose confession is hard to ignore: "I have waited a long time to tell my story and I want to tell it truthfully. I have been involved in deceiving millions of taxpayers regarding the potential negative side effects of vaccines. We lied about the scientific findings. The CDC can no longer be trusted to do vaccine safety work. Can't be trusted to be transparent. The CDC can't be trusted to police itself".

William E. Thompson PhD, Senior Scientist, US Centers for Disease Control and Prevention – circa 2014 (as told to Dr. Brian Hooker in the documentary Vaxxed).

Puliyel and Sathyamala state, that as a result of the EMA's failure to perform due diligence on Infanrix hexa, "numerous children were unnecessarily exposed to the risk of death". They admonish that the "proof" offered by vaccine manufacturers cannot be accepted uncritically and that regulatory agencies must scrutinize pharma-authored/pharma-funded reports rather than simply rubber-stamping them. The problem is in not recognizing the extent to which regulatory agencies have been bled out from the inside by the vaccine industry. For example, in the U.S., the National Associa-

tion of County and Public Health Officials (NACCHO) operates under a written policy to eliminate all exemptions to vaccines "to the greatest degree possible," other than medical exemptions, which they want to allow only on their terms. The elimination of personal belief exemptions (PBEs) is code for eliminating informed consent. Agencies in collusion with medical boards encourage attacks on those with opposing opinions be that to discredit, silence or discipline them.

Indoctrinated by the "vaccines are, safe, and the science is settled" groupthink all risks associated with vaccines are now considered acceptable risks– there is no room for discussion or debate ("any possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist".) However, even acceptable risk may become unacceptable over time or because circumstances change – such as the changing to a hexavalent vaccine or the health status or clinical condition of a child. Note that the schedule of vaccines for children has never been clinically evaluated for safety either prospectively or retrospectively. Having no science is not settled science, it is non-science, pseudo-science and often fatally fraudulent.

What is unacceptable risk?

Few would argue that having a life-threatening anaphylactic reaction to a previous vaccine might be an almost certain consequence of receiving another vaccine, but should that be held out as the standard that needs to be reached for unacceptable risk? Unacceptable risk is not limited to a history of already being injured by a previously given vaccine. You don't withhold a white cane from a blind person until they can demonstrate that they might be hit by a bus whilst walking down the street. The fact that they are blind calls for a white cane. In the same way, in the war against disease, you don't force the genetically infirm, for example, to be part of a public health army any more than you would send soldiers in wheelchairs to the front line.

Proponents of compulsory mass vaccine programs might argue that giving white canes to all the blind is too expensive, or if the blind actually found out walking down the street without a cane could cause them harm, they might not walk down the street at all. Should anyone question how inappropriate it is to withhold white canes from the blind, the authorities will insist it is just "coincidence" that the blind are injured walking around without white canes.

That might seem sadly humorous, but adverse events (AEs) are not to be trivialized: [9] "AEs not only affect patients and their families but also may have devastating effects on health care providers, who may suffer emotional consequences both from preventable AEs and from subsequent malpractice litigation. Affected clinicians may feel guilt, shame, and isolation, and these feelings may be exacerbated by negative reactions from their colleagues. Anticipated or actual punitive consequences can add additional emotional and financial burdens on providers". Alas, there is legal immunity for healthcare workers in the U.S. for contributing to AEFI. Indeed, there are no punitive consequences. And given there is a lack of understanding about AEFI, there is no remorse either.

Who is responsible for vaccine safety?

A U.S. law was passed in 1986, called the Vaccine Injury Compensation Act (VICA) – this was at a time when there was no coercion to get vaccines and there were only 23 doses of vaccines required, but there were a lot of legal actions taking place against vaccine manufacturers and they insisted on liability protection or they would no longer make vaccines. The law removed all liability from vaccine manufacturers and gave 100% responsibility for determining and evaluating vaccine safety to the Department of Health and Human Services (HHS). Not only was HHS responsible for safety, but it was legally required to report on same to the U.S. Congress every two years. A recent court settlement had HHS admitting they have no reports – 30 years of no reports to Congress even though the law required same.

Eventually, these HHS reports to Congress would likely have attracted a great deal of public attention, and open hearings would have been a likely outcome. The science (or lack thereof) of vaccinology would be center stage and why would HHS want that? Better to ignore the law, hope no one notices, never study vaccine safety, and never try to improve on it? ("possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist").

"Vaccine safety is initially assessed in prelicensure clinical trials. However, such trials usually have sample sizes that are insufficient to detect rare adverse events. In addition, vaccine trials are usually carried out in well-defined, homogeneous populations with relatively short follow-up periods, which may limit their generalizability. Post-licensure drug evaluations have relied on passive surveillance systems to monitor adverse events. Such systems are

more practical and less expensive than controlled trials; however, their data are usually inadequate to determine causality" [10].

Send in the vaccines?

Where are the vaccines for some of the world's ongoing plagues? Is it just that there hasn't been enough money thrown at them, or are there just certain diseases that will never allow a vaccine to be efficacious? To facilitate protective immunity against malaria, TB and HIV requires the induction of humoral, antibody-dependent cellular inhibition (ADCI) and effector and memory cell responses that are sustained and vaccine efficacy at or above 75%. The genetic complexity of the pathogens in question exhibit genetic diversity and antigenic variation during the different stages of their life cycles that either exceed our current ability to create a vaccine or are not able to be addressed by any vaccine.

Even the vaccines used today don't necessarily provide protective immunity. The DTaP vaccine, for example, conveys no such protection, as that vaccine only mitigates the impact of the toxin made by the bacteria but is not capable of preventing colonization and transmission of B. pertussis. Those aP antibodies are also very ephemeral and may not last more than 3 years [11]. But there are other reasons for concern, "we conclude that aP vaccination interferes with the optimal clearance of B. parapertussis and enhances the performance of this pathogen. Our data raise the possibility that widespread aP vaccination can create hosts more susceptible to B. parapertussis infection" [12]. Parapertusis does not produce a toxoid so the vaccine has no activity against a toxin that is not even present.

For the acellular pertussis vaccine to work, the Bordetella pertussis bacteria must have pertactin (PRN)–a key antigen component of the acellular pertussis vaccine. A study that screened B. pertussis strains isolated between 1935 and 2012 for gene insertions that prevent production of PRN found significant increases in PRN-deficient isolates throughout the U.S. [13]. The earliest PRN-deficient strain was isolated in 1994; by 2012, the percentage of PRN-deficient isolates was more than 50%.

The CDC [14] found the B. pertussis strains isolated in 2012 from six CDC "Enhanced Pertussis Surveillance Sites indicated that 85% of the isolates were PRN-deficient and vaccinated patients had significantly higher odds than unvaccinated patients of being infected with PRN-deficient strains. Moreover, when patients with up-to-date DTaP vaccinations were compared to unvaccinated patients, the odds of being infected with PRN-deficient strains increased, suggesting that PRN deficient- bacteria may have a selective advantage in infecting DTaP-vaccinated persons".

In case the nuance of this was missed, the CDC did do a vaccinated vs. unvaccinated comparison (at least for the DTaP). What they found was those children vaccinated with the DTaP were far more likely ("a 2- to 4-fold greater odds") of having PRN-deficient B. pertussis than the unvaccinated.to be infected by PRN-deficient pertussis, which seem to now comprise almost 90% of the circulating strains. It means not only does the current vaccine have little to no efficacy but increases the chance of coming down with the very illness it is meant to prevent.

Gill., *et al.* state "This disease is back because we didn't really understand how our immune defenses against whooping cough worked, and did not understand how the vaccines needed to work to prevent it….Instead we layered assumptions upon assumptions, and now find ourselves in the uncomfortable position of admitting that we made some crucial errors. This is definitely not where we thought we'd be in 2017" [15].

So, public health authorities are mandating a vaccine that doesn't work as advertised, and once vaccinated the child is more likely to get the infection. Is that a public health intervention you coerce people to take or destroy the right of informed consent over?

Is it even a vaccine that should be used at all?

Suspending the DTaP and explaining the reason for stopping its use could significantly shake the public's confidence in all vaccines; having said that, to continue to use this harmful vaccine is clearly being done to protect the vaccine program, its policies and its profits. It is clearly not to protect children. Who is going to allow their child to get a vaccine that increases their chance of getting pertussis up to four times greater than if they had never been vaccinated if the parents had that information? I suspect almost no one. It goes without saying that if the public knew the real science then virtually no one would consent - there would just be dissent, which is as it should be as that would be the catalyst for improved and safer vaccines, as well as encouraging modalities the enhance natural immunity.

What are a nations' public health objectives if they aren't about protecting children and the public? In the U.S., public health objectives seem to be to vaccinate as many children as possible with as many vaccines as possible, deny AEFI even exist, and terminate informed consent.

Are safe vaccines even possible?

When compromised government agencies are the providers of vaccine safety information, together with the NGOs they control through funding are the providers of vaccine safety information that makes for a very unsafe situation. The British Medical Journal (BMJ) states these sources are not reliable [16].

In the Fall of 2018, the BMJ published: Pandemrix vaccine: why was the public not told of early warning signs? [17]. This article discussed the unearthed GSK internal reports suggesting problems with the vaccine's safety. Editor Doshi asks what this means for the future of transparency during public health emergencies, because we are dealing with a situation where truth and safety are not part of operation. However, a public health emergency is taking place now because a virtually unregulated, well-financed industry colludes with the very agencies, organizations, and academic institutions the public relies on to help protect them from disease.

When is a poison not a poison?

Using aluminum as an example, in the U.S., children receive over 50 injections and over 200 antigens in those injections. If you count pregnancy vaccines of TDaP and flu, that would be 4 more doses. The total amount of aluminum injected is over 10,000 mcg, but how safe is this?

The American Academy of Pediatrics (AAP) published a policy in 1996 called Aluminum Toxicity in Infants and Children (18) leaving little doubt that aluminum is a neurotoxin even at very small amounts.

Mold., *et al.* [19] looked at the brains of 10 donors who had autism and demonstrated they contain some of the highest levels of aluminum ever recorded in human brain, and the aluminum was found in the brain's immune cells, the microglia and the cells which provide support and protection for the neurons, the glia. How does a 15-year-old have as much aluminum in his brain as someone who is many decades older who has died of familial Alzheimer's disease? What does this mean for today's generation of children who receive 5,000 mcg of aluminum in vaccines by the age of 18 months and up to 5,250 additional mcg if all recommended boosters, HPV and meningitis vaccines are administered? Shaw would argue it is destroying their brains [20].

"Aluminum has long been identified as a neurotoxic metal, affecting memory, cognition and psychomotor control, altering neurotransmission and synaptic activity, damaging the blood–brain barrier (BBB), exerting pro-oxidant effects, activating microglia and neuroinflammation, depressing the cerebral glucose metabolism and mitochondrial functions, interfering with transcriptional activity, and promoting beta-amyloid and neurofilament aggregation" [21].

The danger of using aluminum-based adjuvants was further described by in Asin., *et al*. [22] in 2018: "Al-based adjuvants induce persistent, sterile, subcutaneous granulomas with macrophage-driven translocation of Al to regional lymph nodes. Local translocation of Al may induce further accumulation in distant tissues and be related to the appearance of system".

At the end of 2018, the same researchers published a study [23] a study describing behavioral changes in sheep after having received repetitive injections of Al-containing products, explaining some of the clinical signs observed in ovine ASIA syndrome (Autoimmune/Inflammatory syndrome induced by Adjuvants). Vaccinated lambs received the same aluminum adjuvant that is used in human vaccines and then began aggressively biting the wool from other sheep, pacing restlessly and overeating. The research effort was made to understand a new disease that had decimated Spanish industry between 2008 and 2010 following a government-mandated bluetongue vaccine campaign.

Obviously, if several toxins are in the mix together the risk of a toxic synergy taking place being far greater than the additive effects of each toxin, but if no effort is made to study what that synergy is there is no appreciation of how toxic a brew is created. It is pataphysics to believe the toxic metals in vaccines are safe.

Common sense alone should stop anyone from injecting the most toxic non-radioactive element into the human body. Nevertheless, in August of 2018, the CDC Immunization Safety Office posted a "fact" sheet that maintains that "Thimerosal in vaccines is not harmful to children," in spite of abundant evidence [24] to the contrary. The fact sheet parades their collection of CDC controlled thimerosal-related studies ("conducted by CDC or with CDC's involvement") that it has used for years to hush-up Thimerosal detractors.

Thimerosal is 49.55% percent ethylmercury by weight and is an organic mercury compound with toxicity comparable to methylmercury [25] but ethylmercury is far more toxic to and persistent in the brain, where it has a propensity to accumulate as inorganic

mercury [26], with an estimated half-life of as long as twenty-seven years [27].

All eight studies included in the CDC fact sheet involve lead or co-authors accused of fraud or known to have been involved in behind-closed-doors data manipulation or weighed down by serious conflicts of interest.

"Thimerosal was not scrutinized as part of U.S. pharmaceutical products until the 1980s, when the U.S. Food and Drug Administration finally recognized its demonstrated ineffectiveness and toxicity in topical pharmaceutical products and began to eliminate it from these. Ironically, while Thimerosal was being eliminated from topicals, it was becoming more and more ubiquitous in the recommended immunization schedule for infants and pregnant women. Furthermore, Thimerosal continues to be administered, as part of mandated immunizations and other pharmaceutical products, in the United States and globally. The ubiquitous and largely unchecked place of Thimerosal in pharmaceuticals, therefore, represents a medical crisis" [28].

Manufacturers use Thimerosal in some single-dose and multi-dose vaccines to impede bacterial growth during the manufacturing process even when it is not being used as a preservative. The CDC states that "when Thimerosal is used this way, it is removed later in the process" and only "trace amounts" remain (no more than one microgram per dose), which is extremely misleading given the known toxicity of mercury and some vaccines have as much as 25 mcg of mercury, but the FDA will obfuscate and state that is the same amount in a can of tuna fish, so nothing to be concerned about. Except this just brings to the fore the toxic load from eating fish, it does not placate concerns about mercury being injected into infants rather than orally ingested – indeed most of the mercury in fish is not bioavailable because it is ingested orally [29]. The FDA does promote the faux-science that comes out of other.

Grandjean and Landrigan observed that the developing human brain is uniquely vulnerable to mercury and other neurotoxins, often "at much lower exposure levels than had previously been thought to be safe" [30]. The authors also noted that developmental neurotoxicity occurs at far lower exposure levels than "the concentrations that affect adult brain function". Others have argued that there is no safe level of organic mercury [31].

One study showed that Thimerosal diminished the viability of human cells in the lab at a concentration one-fiftieth that of methylmercury [32]. Vaccine injury deniers will state that ethylmercury disappears from the bloodstream more quickly than methylmercury as if that means anything if you don't know where it goes after that, but we do know - it migrates quickly to organs and stays there [33].

'No worries' the vaccine enthusiasts say, for the WHO's Global Advisory Committee on Vaccine Safety states that "no additional studies of the safety of [Thimerosal] in vaccines are warranted". Don't expect the WHO to state the reality: "The ubiquitous and largely unchecked place of Thimerosal in pharmaceuticals, therefore, represents a medical crisis" [34].

Correlation does not imply causality, but...

"Both the epidemics of type 1 diabetes and metabolic syndrome correlate with an increase in immunization" [35].

The consumption of organic food increased at the same time many chronic childhood illnesses increased in the U.S., and no one would argue that organic produce has caused that increase, but when there are known poisons applied to the population at the same time as the plethora of chronic childhood illnesses increases, logic would call out the poisons in question before pointing the finger at organic fruits and vegetables.

When vaccines were found contaminated with glass fragments made by one manufacturer the FDA just accepted that the contamination would pose no risk because the manufacturer said so, and the FDA ignored it. Curiously, they are not ignoring the issue of retroviral contamination of vaccines and have launched an investigation into this danger that is not disclosed to those who will get vaccinated. So, from the FDA website: "These latent, or 'quiet,' viruses pose a potential threat, since they might become active under vaccine manufacturing conditions".

That is an interesting admission that the FDA doesn't actually know what level of threat these quiet viruses pose, given they did absolutely nothing when well over 98 million people were given the cancer-causing Simian Virus 40 (SV40) via the polio vaccine. A thorough review of the iatrogenic transmission of pathogenic agents via vaccine is beyond the scope here but the facts are readily available to those willing to observe what the FDA did in the case of the rotavirus vaccines.

[3]https://www.fda.gov/biologicsbloodvaccines/scienceresearch/biologicsresearchareas/ucm127327.htm

Two new genetically engineered oral rotavirus vaccines entered the vaccine marketplace in 2006 and 2008, respectively: RotaTeq, a pentavalent (five-strain) bovine-human reassortant rotavirus vaccine made by Merck, and Rotarix, a live-attenuated single-human-strain rotavirus vaccine manufactured by GlaxoSmithKline (GSK). Although pre-licensure trials found no evidence of an association between the two vaccines and intussusception, post-licensure monitoring later indicated a statistically significant increased risk of intussusception events for all rotavirus vaccines [36]. The FDA merely instructed Merck, in 2013, and GSK, in 2014, to update their labeling and prescribing information to include brief statements about increased intussusception risks but otherwise allowed the two vaccines to remain on the market.

Meanwhile, the governmental safety systems, oft purported to be rigorous, that ushered the two rotavirus vaccines to market failed to detect an additional and highly concerning problem, which an academic research team "unexpectedly" [37] identified in 2010. While conducting "a novel, highly sensitive analysis not routinely used for adventitious agent screening," …the researchers discovered that RotaTeq and Rotarix were contaminated with DNA from two porcine circoviruses—type 1 (in Rotarix) and both type 1 and 2 (in RotaTeq). Both GSK and Merck later confirmed these findings. The porcine circovirus 2 pathogen is associated with severe wasting and immunodeficiency in pigs.

Although the dangers from these viruses are unknown, horizontal gene transfer—the direct uptake and incorporation of genetic material from unrelated species is a clear risk (38) of genetically engineered vaccines. Unlike chemical pollutants, nucleic acids are infectious and can invade cells and genomes, multiplying, mutating and recombining indefinitely. Potential hazards of horizontal gene transfer include generation of new disease-causing viruses and bacteria (or reactivation of dormant viruses); spread of drug and antibiotic resistance genes among viral and bacterial pathogens; and random insertion into genomes of cells resulting in cancer.

Of great concern, outside of regulatory circles, is research [39] demonstrating that the pathogenic potential of Porcine Circovirus-2 to cause an AIDS-like disease in pigs is unleashed when there is simultaneous vaccine-induced immune system activation.

At a 2010 meeting convened by the FDA to discuss this contamination, a GSK executive went so far as to concede, "evolving technologies can lead to new findings that were not known at the time of licensure". The contamination of vaccine with viruses that can potentially cause cancer decades after vaccination, as the SV40 virus seems to have done, is downplayed as a "manufacturing quality issue" and swept under the rug. The space under that proverbial rug is crowded with one vaccine controversy after another, from the vaccine trials for the so-called Spanish flu epidemic (1918) that seems to have been the result of a botched military vaccine experiment that went on to cost over 100 million lives, the notorious Cutter incident that left many crippled, and some dead, as a result of vaccine-induced polio (1955), and the transmission of the cancerous SV40 virus to almost 100 million, just to name three. Nonetheless, the GSK researchers [40] expressed little worry, having framed the presence of the viral DNA in their vaccine as a simple manufacturing issue rather than a safety risk.

Are unforeseen outcomes inevitable?

Shortly after the GSK discovery, FDA recommended [41] that physicians temporarily suspend use of Rotarix and switch to RotaTeq, but when Merck's vaccine was found to contain similar contaminants, FDA reversed course and allowed continued use of both. Instead of calling for new safety studies and completing a new risk-benefit analysis (taking into consideration that mortality from rotavirus disease in the U.S. is very low), the FDA once again reassured the public that the benefits of rotavirus vaccination outweighed any "hypothetical" health risks of viral contamination. The agency's sole follow-up action was to rubber-stamp updates to the Merck and GSK package inserts to "reflect the presence of Porcine Circovirus Type-1 and -2 DNA in the vaccine[s]".

SV40 [42] is "occasionally" finding its way into the vaccine even today. Why is this being tolerated? How can the benefits outweigh the risks when, in addition to the proven risks, the scientific evidence reveals multitudes of under-appreciated risks? There is persuasive evidence that SV40 is present in human ependymomas, choroid plexus tumors, bone tumors, and mesotheliomas. A 2002 Institute of Medicine report cited strong biological evidence that SV40 can transform normal cells into malignant cells. Whether the porcine circovirus contamination that afflicts the two current—and highly engineered—rotavirus vaccines will turn out to have insidious long-term health effects remains an unanswered question.

When Gatti and Montanari [43] revealed, for the first time that vaccines had more than aluminum salts adjuvants, Polysorbate-80, and other inorganic chemicals in them, they also harbored stainless steel, tungsten, copper, mercury and rare elements that probably shouldn't be injected directly into the human body, but what do regulators do with this information?

Gatti was about to testify in a parliament enquiry on vaccine damages when her lab was raided by police and all their research materials confiscated. They had crossed the line by finding nano-contamination in random vaccines, Gatti and Montanari revealed, for the first time, what no one knew – information that could potentially make the public question the safety of vaccines. That kind of revelation is just not "allowed to exist". Take this one step farther and those who question vaccine safety are not "allowed to exist".

But assume, for the sake of argument, that vaccines are generally safe, they still will have unintended consequences. From the article, "Vaccination can drive an increase in frequencies of antibiotic resistance among nonvaccine serotypes of Streptococcus pneumoniae" [44].

"The bacterial pathogen Streptococcus pneumoniae is a major public health concern, being responsible for more than 1.5 million deaths annually through pneumonia, meningitis, and septicemia. Available vaccines target only a subset of serotypes, so vaccination is often accompanied by a rise in the frequency of nonvaccine serotypes. Epidemiological studies suggest that such a change in serotype frequencies is often coupled with an increase of antibiotic resistance among nonvaccine serotypes…we find that vaccination can result in a rapid increase in the frequency of preexisting resistant variants of nonvaccine serotypes due to the removal of competition from vaccine serotypes".

The Pneumococcal vaccine is not the only vaccine that has the potential to increase strains not covered in the vaccine that are much more problematic than the strain covered by the vaccine (for example the HPV and Hib). If this were about science and in the interest of public safety, then the use of the vaccine would be suspended until this issue was sorted out.

In 2006, researchers wrote in the Journal of Toxicology and Environmental Health [45] "Genetically modified (GM) viruses and genetically engineered virus-vector vaccines possess significant unpredictability and a number of inherent harmful potential hazards... Horizontal transfer of genes... is well established. New hybrid virus progenies resulting from genetic recombination between genetically engineered vaccine viruses and their naturally occurring relatives may possess totally unpredictable characteristics with regard to host preferences and disease-causing potentials.

"There is inadequate knowledge to define either the probability of unintended events or the consequences of genetic modifications".

Though this was 12 years ago, little has changed even as the technology has advanced. Today pharma has several different types of GM vaccines in production and in development. But what happens when foreign DNA is inserted into the human body is an evolving mystery. Will it trigger undesirable changes in human cells or tissues? Will it combine or exchange genetic material with human DNA? Will it transfer to future generations? No one knows if no one is looking.

Vaccine policy is not about public health

The Chicken Pox vaccine is an expensive mistake from the point of view of public health [46].

"Universal varicella vaccination has failed to provide long-term protection from VZV disease". The immunity the vaccine provides "is temporary and of unknown duration—shifting chickenpox to a more vulnerable adult population which, as Dr. Jane Seward cautioned in 2007, carries 20 times more risk of death and 10–15 times more risk of hospitalization compared to chickenpox in children". This is an interesting statement given that it is often stated that vaccination rarely leads to serious adverse events. But here the adverse events are not in the vaccinated but in an older population that didn't get the vaccine.

Infants who receive several vaccines concurrently, as recommended by CDC, are significantly more likely to be hospitalized or die when compared with infants who receive fewer vaccines simultaneously. Goldman and Miller showed that reported adverse effects were more likely to lead to hospitalization or death in younger infants [47].

"Our findings show a positive correlation between the number of vaccine doses administered and the percentage of hospitalizations and deaths. Since vaccines are given to millions of infants annually, it is imperative that health authorities have scientific data from synergistic toxicity studies on all combinations of vaccines that infants might receive. Finding ways to increase vaccine safety should be the highest priority".

In 2017, this was published: Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12- year old U.S. children [48]. The study reported no reductions in the incidence of measles, mumps, rubella, influenza, or rotavirus among vaccinated children. But it did find that there is a 7-fold increase in the odds of having a neurodevelopmental disorder if a child is vaccinated. And as highlighted above, the incidence of seizures after the MMR is ac-

tually 5x greater than developing seizures from getting the measles infection itself [49].

The Institute of Medicine (IOM) lamented in 2012 that "for the majority of cases (135 vaccine-adverse event pairs), the evidence was inadequate to accept or reject a causal relationship" [50].

The Institute of Medicine (now National Academy of Medicine) has issued three disturbing reports on the evidence for suspected and/or reported vaccine adverse events. For 80% of the suspected vaccine adverse conditions investigated, there wasn't enough research evidence to accept or reject vaccine causation. Of the reviews with sufficient evidence, 72% found that the vaccine did likely cause the injury.

In 2013, the IOM studied the entire Childhood Immunization Schedule and stated: "No studies have compared the differences in health outcomes… between entirely unimmunized populations of children and fully immunized children… Furthermore, studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted".

In the U.S., the Vaccine Injury Compensation Program has paid out approximately $4 billion in compensation to victims of vaccine injury. The children and adults who have been compensated for injuries have never been studied to determine why they were injured, in an effort to make vaccines safer for everyone. Preventing vaccine injuries should be tackled as zealously as we tackle preventing infectious diseases, but by ignoring or denying adverse events from vaccines and using vaccines as the primary intervention to combat infectious diseases we are neither preventing injury from vaccine or combating infectious disease.

Genomics seems to give us the best-educated estimate of the potential of risk for any given individual of having an AEFI.

"The long-term goal is to identify genetic features that could be determined before vaccination, allowing practitioners to modulate the vaccination plan according to risk. This type of practice—the goal of personalized predictive medicine—appears to be closer in terms of feasibility than ever, given the pace of genetic testing.

"It is highly likely that widespread genetic testing will become a common feature of vaccine testing protocols. In fact, a testing sequence using genome wide arrays for genetic polymorphisms followed by transcriptional and proteomic arrays at multiple time points in association with sophisticated laboratory immunological assays and carefully graded clinical scores will likely become the norm. The guiding biological concept for interpretation of such massive sets of disparate types of data will be that all of the data should 'tell the same story.' We can foresee a time soon when these data will not be interpreted individually; rather, integrated analytical tools will emerge to coordinate the use of genomic, proteomic, and clinical data from clinical trials. The potential for false discovery of associations is high, but new methods are emerging that will reduce such random associations" [51].

Risk cannot be precisely calculated from genetic association; nevertheless, it is still evidence that can be used today to determine the presence of risk even though the level of risk cannot yet be determined, but you have to ask the right questions.

"Is there a general association between vaccination and a specific adverse outcome?" Is this the right question to ask or should the right question be: "Who among those who otherwise might be vaccinated has highest specific risk of any adverse outcome?" or "how can we identify such individuals and protect them from vaccine injury?"

"This susceptibility to vaccine-induced autoimmunity is probably determined also by genetic predisposition… the dilemma of whom and when to vaccinate remains unresolved".

The above quote is from the article: Vaccination and autoimmune diseases: is prevention of adverse health effects on the horizon? [52].

There is clearly a disconnect between science and policy. If the science says you don't, for example, give the Dengue Fever vaccine to anyone who has not already been infected, then you don't give the vaccine to the previously uninfected. For when you do then those vaccinated get infected serious AEFI will occur, but that would require only giving the vaccine to dengue seropositive children – that may not be profitable for pharma. This choice would necessitate doing dengue virus serology on drawn blood. Is that a problem? It is if there is no rapid and reliable test or there is no budget for testing. The appropriate response is not, "testing for seropositive children is not standard of care," or "we don't have access to reliable testing, so we are going to just give the vaccine anyway," or "We have this vaccine let's just use it and see what happens in post-market surveillance".

As highlighted above, there are responsible alternatives to vaccines that can enhance the body's own immunity and heal infectious diseases. But pharma's one-size-fits-all profit motive discourages knowledge and practice of such alternatives. Indeed, even pharmaceutical alternatives that compete with vaccines are denigrated. For example, the off-patent drug Nitazoxanide [53] has activity against dengue and could be available to many given it is often sold for pennies in certain countries. Who is going to invest in the research on this drug that is off-patent and for a disease that is not prevalent in 1st World countries, where it might be sold for a price that would allow the drug company to recoup the cost of getting the drug approved for that use?

Informed consent is not some archaic ethos reserved for unenforceable global declarations, but for vaccine stakeholders there is a fear of informed consent becoming informed dissent. We must respect medical ethics above pharma. If that means vaccine uptake is poor then so be it, because you don't place children in unnecessary harm's way. It is not appropriate to misinform the public and say the chance of a serious untoward reaction is one in a million, when that is not a truth. AEFI denailism may eventually destroy the public's trust in physicians; and moreover, pharma's presently favored adjuvant-laden vaccine schedule may find itself no more respected than the practice of bloodletting.

In the U.S., the public is told by the government that 80,000 people die from the flu each year, but they might as well say 3 million die from the flu, because neither is true and a large portion of the population does not even believe the lower number, but despite the financial incentives given to health care providers for making sure as many are vaccinated as possible, scaring people is the only way you can sell a vaccine that may have as little as 10% relative efficacy. It raises questions about what is driving the obsession with vaccinations that have little to no benefit given there are alternatives to dealing with the flu beyond a vaccine? Be that as it may, health care providers and institutions that get financial incentives for promoting a specific intervention are probably not the appropriate source of information for true consent. Informed consent isn't even possible when vaccination is a condition of employment or school entry – and coercion makes informed consent impossible.

From the article, Peptide Vaccines: New Trends for Avoiding the Autoimmune. Response [54] "the rate of adverse complications in association with the combined measles, mumps and rubella (MMR) vaccine, has been found to occur in approximately 17,500 individuals per million vaccinated persons. The complications reported in consequence of the MMR vaccine administration include a diabetes type I syndrome, thrombocytopenia, arthritis and various CNS disorders such as acute disseminated encephalomyelitis and/or transverse myelitis." The real incidence of adverse events from the MMR are 1 in 57 not 1 in a million.

Epidemiological Obfuscation

Many epidemiological vaccine safety studies make the basic error of declaring "lack of association" because the confidence interval of the odds ratio does not span the null value[4]. These conclusions are simply wrong, in fact, epidemiological safety studies are not only the easiest to manipulate (and they have been by excluding certain population here or diluting down a certain population there, so to speak), they have significant short comings because they are utilized routinely by pharma and authorities (working together with conflicts of interest) to count what they want to count rather than answer important safety questions.

For example, there are 16 epidemiological studies most often cited by scientists, public health officials and members of the media when trying to refute any evidence of an association between vaccinations and autism. The flaws in these studies have been pointed out by government officials, other researchers, medical review panels and even the authors of the studies themselves. Taken together, the limitations of these studies make it impossible to conclude there is no association. In other words, from a risk assessment angle these studies are meaningless and provide no assurance of safety.

In addition, Poul Thorsen, a prominent researcher responsible for a series of epidemiological studies which utilized the Danish Psychiatric Central Research Register was indicted by a U.S. federal grand jury on 13 counts of fraud and 9 counts of money laundering based on a scheme to steal grant money the CDC had awarded to governmental agencies in Denmark for autism research.

The reason it is so easy to manipulate epidemiological studies is that epidemiology counts numbers without a lot of context—biosemiotics is not part of epidemiology. You can count the number of people having intercourse, but without an understanding of what intercourse does biologically, you can't casually associate intercourse with pregnancy. So, epidemiological studies allow for a lot of interpretation, but the truth is that it allows for manipulation of

[4]Null Value for a Risk Ratio: The value indicating no difference between the groups.

statistics to reveal just about whatever someone wants those statistics to reveal, as long as that someone doesn't have an expert in epidemiology looking over their shoulder. The CDC has had the ability to flood the medical literature with garbage epidemiological studies that help them push policy not public health.

Right now, there is an explosion of allergies to milk, peanuts, eggs to name three – it is a big mystery until you realize that vaccines contain bovine casein, eggs, porcine gelatin and peanut oil. They also contain glyphosate – the herbicide. "This combination of atopic children and food protein injection along with adjuvants, contributes to millions developing life-threatening food allergies" [55].

"No state party shall, even in time of emergency threatening the life of the nation, derogate from the Covenant's guarantees of the right to life; freedom from... medical or scientific experimentation without free consent... and freedom of thought, conscience and religion. These rights are not derogable under any conditions even for the asserted purpose of preserving the life of the nation" [56].

Medical ethicists have long maintained that a patient who has been coerced to consent to injection of biotechnology or a medical procedure, due to fear of losing access to basic necessities (i.e., food, medical care, education) should not be presumed to have provided lawful informed consent to the injection or medical procedure [57].

"As with all forms of medical therapy, informed consent must precede vaccination administration. In the informed consent discussion, health care professionals must discuss information central to the decision-making process for vaccination, including the indications, risks, and benefits of the vaccine and available alternatives, as well as possible consequences from nonvaccination… In addition, healthcare professionals should respect patients' informed refusal of vaccinations. For some patients, receiving vaccines conflicts with personal or cultural beliefs. For others, the perceived uncertainty of scientific research on vaccine safety hinders their acceptance of clinical recommendations for vaccination" [58].

The above policy is that of the American College of Obstetricians and Gynecologists (2013), but the duplicity in policies like this is that most of the members are neither informed and only rely on the CDC for information. One is not supposed to give a vaccine without informed consent, but can informed consent be obtained when the physician does not have the appropriate information? An OB/GYN physician would most likely be giving an HPV vaccine. Would said physician know that HPV is only associated with cervical cancer, but direct causality has never been proven? That there is no evidence that the vaccine can prevent invasive cancer let alone avoid death by this cancer, or that the clinical trial mortality was 64 x greater (in the U.S.) than getting the disease the vaccine maybe/might prevent? Would an OB/GYN physician know women who have adequate vitamin D levels probably won't get cervical dysplasia? Or that dysplasia might be treated nutritionally with Indole-3-carbinol (I3C)? That the benign drug Isoprinosine could potentially treat this cancer? [59]. That the clinical trial was run using only half the aluminum adjuvant as the marketed vaccine, and then compared against those who received a faux-placebo that also contained aluminum?

How does one obtain informed consent if one is not informed other than what is printed on a sanitized Vaccine Information Sheet from the CDC? Why would a clearly experimental vaccine be made mandatory? Might it have something to do with the fact the U.S. Government licensed the technology to make the vaccine to Merck and GSK, and thereby profits from its use?

Vaccine policy in the U.S. is inextricably linked to commercial interests leading to unconstrained government self-dealing in arrangements whereby the HHS can transfer technology to pharmaceutical partners, simultaneously both approve and protect their partners' technology licenses while also taking a cut of the profits. That is an interesting conflict of interest that, at best, does not get disclosed to the medical community, and at worst this is a situation where the agency in charge of safety is protecting their business partners and granting them a license to cause whatever harm results and with no accountability.

How are impartial vaccine safety recommendations even the least bit possible when the government assumes the vaccine is safer than the disease, approves the vaccine, makes the market for it, shields the vaccine from liability with its recommendations and then cashes in on the profits? This is a form of racketeering.

Conclusion

"that bloodletting survived for so long is not an intellectual anomaly—it resulted from the dynamic interaction of social, economic, and intellectual pressures, a process that continues to determine medical practice" [60].

Electricity for refrigerating food, plumbing for toilets and pipes bringing potable water, are the interventions that have improved health the most for most of humanity that has had access to them. There is no evidence that vaccines improved on what plumbers, civil engineers and electricians have done for public health. Given a choice between funding a vaccine or a toilet, the priority (based on evidence) is to fund the toilet. On the other hand, it should be abundantly clear that vaccines are no magic bullet; nevertheless, they are bullets, and often fired without any appreciation for the target, the consequences of hitting the target or even how the gun operates that fired the bullet.

"Vaccines may have a place in our medical arsenal, but they are not the silver bullet they're portrayed to be. Year after year the pharmaceutical industry, looking for lucrative new profit centers, churns out new vaccines. They use pseudo-science to convince the public that these products are safe and effective, and they use public shaming to convince the citizenry that non-compliance is a public health threat"[5].

In the U.S., the Pharmaceutical industry is the largest campaign donor to politicians and the largest advertiser in all forms of media, but even that level on influence should still yield to safeguards on human rights and bioethics. For when a medical intervention becomes shielded from liability and is then mandated by governments who are often in an unholy partnership with the corporations responsible for that intervention then we are all in peril. When coercion becomes part of the equation, a crime against humanity is being perpetrated. The intellectual and social suppression of views, research and information inconvenient to vaccine stakeholders and proponents is no different today than it was for those who opposed the practice of bloodletting and dosing patients with mercury. The difference today are the economic factors, for it is projected that by 2020, global vaccine revenues exceed $60 billion dollars, so with that amount of money in play vaccine and public health policies have been made to support the desires of a criminal cabal where informed consent is perhaps the only remaining firewall.

While phlebotomy therapy is now restricted to two or three specific conditions, obviously the obsession with dosing humans with mercury (Thimerosal) has not been retired and is almost the exclusive province of the vaccine industry. As standard-of-care, bloodletting went on for hundreds of years past when physicians began using statistics and pointing out the practice was not efficacious. With hundreds of new vaccines in the pipeline, the human race may not survive a few hundred years more of vaccines as currently employed. Thus, vaccine risk awareness and informed consent are the real protectors of public health at this critical time in history.

Bibliography

1. Andorno R. "Global bioethics at UNESCO: in defence of the Universal Declaration on Bioethics and Human Rights". *Journal of Medical Ethics* 33.3 (2007): 150-154.

2. World Health Organization. "Causality assessment of adverse event following immunization (AEFI): user manual for the revised WHO classification". WHO/HIs/EMP/Qss (2013).

3. Puliyel J and Phadke A "Deaths following pentavalent vaccine and the revised AEFI Classification". *Indian Journal of Medical Ethics* 2 (2017).

4. Guyer B., *et al*. "Annual summary of vital statistics: trends in the health of Americans during the 20th century". *Pediatrics* 106.6 (2000): 1307-1317.

5. Mogensen SW., *et al*. "The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment". *E Bio Medicine* 17 (2017): 192-198.

6. Puliyel J., *et al*. "Infanrix hexa and sudden death: a review of the periodic safety update reports submitted to the European Medicines Agency". *Indian Journal of Medical Ethics* 3.1 (2018).

7. Morbidity and Mortality Weekly Report 66.12 (2017): 343-344.

8. Chen RT., *et al*. "Combination Vaccines: Postlicensure Safety Evaluation". *Clinical Infectious Diseases* 33.4 (2001): S327-S333.

9. Disclosure of Adverse Events in Pediatrics: Committee on medical liability and risk management, council on quality improvement and patient safety. *Pediatrics* 138 (2016).

10. Baum C and Anello C "The spontaneous reporting system in the United States". In: Strom BL, ed. Phannacoepidemiology New York, NY: Churchill Livingstone (1989): 107-118.

11. Schwartz KL., *et al*. "Effectiveness of pertussis vaccination and duration of immunity". *CMAJ* 1 188.16 (2016): E399-E406.

[5]https://thehill.com/blogs/congress-blog/healthcare/295562-if-only-half-of-america-is-properly-vaccinated-where-are-the

12. Long GH. "Acellular pertussis vaccination facilitates Bordetella parapertussis infection in a rodent model of bordetellosis". *Proceedings of the Royal Society* 277.1690 (2010): 2017-2025.

13. Pawloski LC., *et al*. "Prevalence and molecular characterization of pertactin-deficient Bordetella pertussis in the United States". *Clinical Vaccine Immunology* 21.2 (2014): 119-125.

14. Martin SW., *et al*. "Pertactin-Negative Bordetella pertussis Strains: Evidence for a Possible Selective Advantage". *Clinical Infectious Diseases* 60.2 (2015):223-227.

15. Gill C., *et al*. "The relationship between mucosal immunity, nasopharyngeal carriage, asymptomatic transmission and the resurgence of Bordetella pertussis". F1000Research (2017): 1568.

16. Doshi P. "The unofficial vaccine educators: are CDC funded non-profits sufficiently independent?". *BMJ* 359 (2017): j5104.

17. Doshi P. "Pandemrix vaccine: why was the public not told of early warning signs?". *BMJ* 362 (2018): k3948.

18. Pediatrics, Pediatrics 97.3 (1996): 413-416.

19. Mold M. *et al*. "Aluminium in brain tissue in autism". *Journal of Trace Elements Medicine and Biology* 46 (2018): 76-82.

20. Shaw CA. "Aluminum as a CNS and Immune System Toxin Across the Life Span". *Neurotoxicity of Aluminum* (2018): 53-83.

21. Gherardi R., *et al*. "Biopersistence and brain translocation of aluminum adjuvants of vaccines". *Front Neurology* (2015).

22. Asin J. *et al*. "Granulomas Following Subcutaneous Injection with Aluminum Adjuvant-Containing Products in Sheep". *Veterinary Pathology* (2018).

23. Asin J. *et al*. "Cognition and behavior in sheep repetitively inoculated with aluminum adjuvant-containing vaccines or aluminum adjuvant only". *Pharmacological Research*.

24. Hooker B., *et al*. "Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines Is Safe". *BioMed Research International* (2014).

25. Risher JF and Tucker P. "Alkyl mercury-induced toxicity: multiple mechanisms of action". *Reviews of Environmental Contamination and Toxicology* 240 (2017): 105-149.

26. Burbacher TM., *et al*. "Comparison of blood and brain mercury levels in infant monkeys exposed to methymercury or vaccines containing thimerosal". *Environmental Health Perspectives* 113 (2005): 1015-1021.

27. Rooney JP. "The retention time of inorganic mercury in the brain - a systematic review of the evidence". *Toxicology and Applied Pharmacology* 274 (2014): 425-435.

28. Geier D., *et al*. "A review of Thimerosal (Merthiolate) and its ethylmercury breakdown product: specific historical considerations regarding safety and effectiveness". *Journal of Toxicology and Environmental Health* 10 (2007): 575-96.

29. Bradley M. *et al*. "A Review of Mercury Bioavailability in Humans and Fish". *International Journal of Environmental Research and Public Health* 14.2 (2017): 169.

30. Grandjean P and Landrigan PJ. "Neuro behavioural effects of developmental toxicity". *Lancet Neurology* 13 (2014): 330-338.

31. Rice DC. "The U.S. EPA reference dose for methylmercury: sources of uncertainty". *Environment Research* 95 (2004): 406-413.

32. Guzzi G., *et al*. "Effect of thimerosal, methylmercury, and mercuric chloride in Jurkat T Cell Line". *Interdiscip Toxicology* 5 (2012): 159-161.

33. Harry G., *et al*. "Mercury concentrations in brain and kidney following ethylmercury, methylmercury, and Thimerosal administration to neonatal mice". *Toxicology Letter* 154.3 (2004): 183-189.

34. Geier D., *et al*. "A review of Thimerosal (Merthiolate) and its ethylmercury breakdown product: specific historical considerations regarding safety and effectiveness". *Journal of Toxicology and Environmental Health* 10 (2007): 575-596.

35. Classen JB. "Review of evidence that epidemics of type 1 diabetes and type 2 diabetes/metabolic syndrome are polar opposite responses to iatrogenic inflammation". *Current Diabetes Review* 8 (2012): 413-418.

36. Kassim P and Eslick GD. "Risk of intussusception following rotavirus vaccination: An evidence based meta-analysis of cohort and case-control studies". *Vaccine* 35.33 (2017): 4276-4286.

37. Dubin G., *et al* "Investigation of a regulatory agency enquiry into potential porcine circovirus type 1 contamination of the human rotavirus vaccine, Rotarix: approach and outcome". *Human Vaccines and Immunotherapeutics* 9 (2013): 2398-4208.

38. Chan VSW. "Use of Genetically Modified Viruses and Genetically Engineered Virus-vector Vaccines: Environmental Effects". *Journal of Toxicology and Environmental Health, Part A* 69 (2006): 1971-1977.

39. Rakowka SK., *et al*. "Activation of the Immune System is the Pivotal Event in the Production of Wasting Disease in Pigs Infected with Porcine Circovirus-2 (PCV-2)". *Veterinary Pathology* 38 (2001): 31-42.

40. Han HH., *et al*. "Serologic response to porcine circovirus type 1 (PCV1) in infants vaccinated with the human rotavirus vaccine, Rotarix™: A retrospective laboratory analysis". *Human Vaccines and Immunotherapeutics* 213 (2017): 237-244.

41. Kuehn BM. "FDA: Benefits of Rotavirus Vaccination Outweigh Potential Contamination Risk". *JAMA* 304 (2010): 30-31.

42. Rizzo P., *et al*. "Unique Strains of SV40 in Commercial Poliovaccines from 1955 Not Readily Identifiable with Current Testing for SV40 Infection". *Cancer Research* 59 (1999): 6103-6108.

43. Gatti AM and Montanari S. "New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination". *International Journal of Vaccines and Vaccination* 4 (2016): 72.

44. Obolski U., *et al*. "Vaccination can drive an increase in frequencies of antibiotic resistance among nonvaccine serotypes of Streptococcus pneumoniae". *PNAS* 115 (2018): 3102-3107.

45. Chan VS. "Use of genetically modified viruses and genetically engineered virus-vector vaccines: environmental effect". *Toxicology Environment Health* 69(2006): 1971-1977.

46. Goldman GS and King PG. "Review of the United States universal varicella vaccination program: Herpes zoster incidence rates, cost-effectiveness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data". *Vaccine* 31(13), 1680-1694.

47. Goldman G and Miller N. "Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990-2010". *Human and Experimental Toxicology* 31 (2012): 1012-1021.

48. Mawson AR., *et al*. "Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children". *Translational Science* (2017).

49. Miller S. BMJ 359 (2017): j5104.

50. Stratton K., *et al*. "Adverse Effects of Vaccines : Evidence and Causality". *Injury* (2011): 0-24.

51. Crowe JE. "Genetic Predisposition for Adverse Events after Vaccination". *The Journal of Infectious Diseases* 196 (2007): 176-177.

52. Vadala M. *et al*. "Vaccination and autoimmune diseases: is prevention of adverse health effects on the horizon?". *EPMA* 8 (2017): 295-311.

53. Rossingnol JF. "Nitazoxanide: a first-in-class broad-spectrum antiviral agent". *Antiviral Research* 110 (2014): 94-103.

54. Rajčáni J and Szathmary S. "Peptide Vaccines: New Trends for Avoiding the Autoimmune Response". *The Open Infectious Diseases Journal* 10 (2018): 47-62.

55. Arumugham V. "Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy". *Journal of Developing Drugs* 4 (2015): 4.

56. The Siracusa Principles on the limitation and derogation provisions in the International Covenant on Civil and Political Rights. UN Doc E/CN.4/1984/4 (1984).

57. Bi S and Klusty T. "Forced Sterilizations of HIV Positive Women: A Global Ethics and Policy Failure". *AMA Journal Ethics* 17 (2015): 952.

58. Ethical issues with vaccination for the obstetrician-gynecologist. Committee Opinion No. 564. American College of Obstetricians and Gynecologists". *Obstetrics and Gynecology* 1211 (2013): 144-150.

59. Kadrova A., *et al*. "Isoprinosine in treatment of cervical intraepithelial neoplasia (CIN I-III) and cervical cancer (CC) in situ affected patients with human papillomavirus (HPV) 000308". *International Journal of Gynecological Cancer* 15 (2005): 136-137.

60. Kerridge IH and Lowe M. "Bloodletting: The story of a therapeutic technique". *The Medical Journal of Australia* 163 (1995): 631-633.

Volume 2 Issue 1 January 2019

HB1312 Testimony OPPOSE

Melinda Hilder to: matt.bishop@state.co.us 05/02/2019 03:33 AM

Dear Senators,

Thank you for the opportunity to submit my testimony, as it was not heard tonight along with hundreds of others.

I am strongly opposed to HB-1312.
This bill violates the doctor patient relationship and will revoke my son's medical exemption which is supported by a significant history of numerous debilitating autoimmune diseases in my family.

- Why will my pediatrician's professional recommendations for my son no longer be valid when all of her recommendations are backed with current science and medical expertise?
- Why should we trust that the ACIP guidelines aren't influenced by a pharmaceutical company agenda, when we know that the ACIP committee has been documented to have significant conflicts of interest?
- Are you aware that medical schools do not teach medical doctors, even pediatricians about vaccine injuries, VAERS (Vaccine Adverse Event Reporting System), vaccine ingredients and that many physicians are not even aware that pharmaceutical companies are not liable for any injury resulting from vaccines? In fact, most doctors have never read the inside of a package insert and believe that the VIS (Vaccine Information Sheet) are the only risks to vaccines, and this information is not supported by the current science, nor is it supported by the manufacturer as listed on the package inserts. The adverse reactions, ingredients, safety trials information is required to be documented on the inside of a package insert. This is part of the reason why so many doctors think vaccine injuries are rare, because they are not actually trained what to look for with adverse reactions. If you ask any mom who called the doctor's office after experiencing some sort of reaction after receiving a vaccination, the response is almost 100% of the time "oh that's normal" and then deny any sort of connection the vaccine could possibly have with real adverse reactions, such as seizures. This is part of the problem. The doctors you are hearing on these "expert" panels supporting this bill, are unfamiliar with the science and facts that show vaccine damage is very real, and unfortunately very common. They firmly believe that vaccines are safe and effective, and that they save lives. These same doctors will tell you that injecting aluminum, fetal tissue, and many other ingredients and contaminants is perfectly safe for a day old infant - yet are unaware that the medical literature tells us that these ingredients are problematic. May I remind you though, that vaccines are not a religion, and that looking at the current science (that is not industry sponsored) tells us that more research is warranted when it comes to vaccine safety.
- Despite what you may have heard, the science is never settled - that is the nature of scientific discovery, and with vaccines the science is still growing so naturally there will be differing professional opinions within the field, as occurs within most any profession. Currently, the majority of medical professionals go along with their professional organization's recommendations and don't have the time to do in-depth studies about vaccines, vaccine ingredients, vaccine injuries, etc., and instead rely on the recommendations set forth by professional organizations or agencies such as the CDC. Are you aware that it takes upwards of 7+ year for recommendations to catch up to the current science? And, are you aware the the CDC has many conflicts of interest, with current whistleblowers with thousands of documentation and recorded testimony showing that the CDC committed fraud and manipulated the data on a key vaccine study? Why should we trust the recommendations coming from agencies that have allegedly committed fraud on the safety of the very products that they both recommend and hold patents to?
- I trust my doctor's judgement when it comes to vaccines, because I know she has spent thousands of hours on her own time, researching vaccines, vaccine injuries and is educated on how to prevent and treat them, along with her expertise on how to prevent communicable diseases such as the measles. It was our pediatrician who helped educate me as a new mom, about how to not fear these "vaccine preventable diseases", because in reality, they

are childhood illnesses that the pharmaceutical companies have used to profit from. You might still think, well vaccines saved us. But, if you take a look at the historic accounts going back to the early 1900s, you will see that it was not vaccines that saved us. It was clean water, sanitation systems, improved working and living conditions, along with improved nutrition. For example, the measles death rates were reduced by 99% before the vaccine was ever introduced. The statistics presented to you by those supportive of this bill, are inflated and taken out of context. Measles is a common childhood infection, that is not deadly in our country. This is a fabrication of the statistics. The measles (along with other common viral infections) are deadly in 3rd world countries, where malnutrition is rampant, along with limited access to clean water, sanitation systems, working/living/war conditions, etc.

- So even though we hear the mantra, "vaccines are safe and effective" over and over by doctors and the media, this message is oversimplified and does not accurately reflect the current medical literature which shows strong links between vaccines/vaccine ingredients and chronic diseases, such as autoimmunity.
- The government has no place in removing a doctor's ability to practice medicine, especially when the pharmaceutical companies stand to profit from mandating their liability-free products on hundreds of thousands of children, with known risks.

I am happy to provide supportive documentation for my above statements upon request. Thank you.

Please vote NO on bill HB-1312.

Respectfully,
Melinda Hilder

Testimony
Lindsay Swain to: matt.bishop 05/02/2019 03:11 AM

To Whom It May Concern,

Sixteen years and 3 months ago I didn't question vaccinations and I didn't question my doctor's advice. I am a naturally inquisitive person and I like to understand how and why everything works, but in this case, my pediatrician was the professional and I was "just" a young mom. Like any mom, all I wanted was the best for my children including health and safety. Which is why I gave them vaccinations. I thought this was protection, health and safety.

I could not have been more wrong and not a day has gone by since February 21, 2003 that I don't carry around the guilt of not questioning, not investigating, not knowing BETTER than the "practice" of medicine.

My second child, Summar Jean Swain, went to the pediatrician for her 2 month "well" check up. Twelve hours after she given 3 injections, including 5 total vaccinations, I laid her upright in her carseat since she had reflux and sitting upright seemed to help. It was after midnight and I had been consoling her all night, hoping she would finally sleep. She didn't sleep. She cried out in a horrible scream. As I unfastened her buckles, she was struggling to breath and her face was turning to an ash color. I held her as I literally watched the life leave her face. My husband called 911 and first responders arrived quickly. I was praying out loud as the fireman tried to resuscitate her. He looked at me and said "keep praying." I knew why he said that. Only a miracle could save her.

The ambulance arrived and I got in the front. We didn't go anywhere. I didn't know why they weren't rushing us to the hospital until an hour later when they announced her time of death. She died in the ambulance. They tried to revive her in the ER, but she had already been gone. There was no life left in her tiny little body but I held her. In the middle of the night I held her lifeless body until a kind nurse told me she would stay with her until her body would be released for an autopsy.

Unless you have been through this horrible nightmare, you cannot understand. A mother does not hand her baby over to strangers. Leaving that hospital was the worst thing I have ever had to do. I left my baby. The child I was supposed to protect.

My arms physically ached for weeks. I didn't understand at first but then I realized it must be that my physical body ached for the baby that grew inside of it. There is NO instinct stronger than a mother's instinct to protect her child.

I spent the next several years researching vaccinations. Why was I never told of the risks? Even on the CDC website it lists ingredients such as aluminum and thimerosal and adverse reactions which could include brain injury and death. Why didn't I look this up on my own? Because I trusted my doctor. Then why didn't my doctor tell me? I didn't know they were so toxic. I didn't know my child could be harmed or worse that her life could be taken.

Of course I chose not to vaccinate my children after this. And even after what happened to Summar, my next pediatrician told me he would give me a year and if I still chose not to vaccinate he would not treat my children. He did ask me to show him some of my research. When I showed him the study in Japan where their SIDS rates decreased after they postponed the DPT vaccine, all he said was "well I wonder how many deaths there were from Pertussis." So is

that what we're doing? Playing Russian Roulette with our children? Are we sacrificing a few for the greater good of keeping the majority of children healthy? And do vaccines even make children healthy? Has there ever been any study done on the overall health of vaccinated vs non vaccinated children? Because in my 15 years of not vaccinating my children, I can say from experience that my children are sick MUCH less frequent than my friends who vaccinate their children. It is not a subtle observation.

I have so much more I could say but I will end with this. Who fights for MY child? Who fights for the children who's bodies cannot process the toxicity of vaccinations? Who fights for the thousands of vaccine injured children across the country? How can we know what children can and cannot process these toxins in their tiny bodies? Exaclty! My child is NOT an experiment and she is NOT a sacrificial lamb.

If we want to put time, money, and mandates into medicine then we MUST put that energy into making effective vaccines that are SAFE and non toxic, not in enforcing unsafe toxins into the bodies of tiny humans.

I beg you to choose what is morally right for every human.

Lindsay Swain
Ft Collins, Colorado

Testimony HB1312- OPPOSE.

Miss Betty to: matt.bishop@state.co.us 05/02/2019 02:37 AM

Hi,

I'm a mom resident of Aurora,CO mom of 3 boys, and I oppose bill HB19-1312, I vaccinated my older 2 boys, 9 yr old and 7yr old, and I didn't have any hesitations to vaccinate my 3rd child who is now 2yrs old, I took him to get vaccinated and he had a bad reaction to MMR vaccine! He got extremely sick a few hours after he received the vaccine and with high fever of 103.8°F , lasted 4 weeks, he would say "it hurts as he cried" and pointed to his joints and cried uncontrollably, I never had that happen before with my other 2 boys and I didn't know there were this severe side affects because nothing was given to me by the pediatricians, no pamphlets for me to read and get inform.

When I go get a prescription it says all the possible side affects and I strongly believe every parent should have the right to be given the complete information of the possible side affects of each vaccine, neglecting to, is negligent!

I'm also not comfortable having my kids personal information in a data base.

We want the best for our children and to keep them safe, if people would wash their hands for the appropriate amount of time, not touch their T zone in the face many diseases would not be transmitted! I should know I work in the medical field and we know the importance of it.

Furthermore,I listened along with other moms the committee hearing held May 1st til it ended, I was shocked that even though it was clearly brought up by several members of the committee the bill lacks clarification and needs amendments it still passed the 1st hearing.

I am a democrat who is extremely concerned with this bill, not just me but a lot of parents, we are organizing and many have expressed they would take their kids out of public schools if this bill is passed, I agree!

Please listed to us, this bill has been rushed, and we do feel we aren't being heard!

Thank you,

Betty Castillo

Testimony from opponent of bill 1312

Emilia Lesniewska to: matt.bishop

05/02/2019 02:13 AM

Good evening,

My name is Emilia Lesniewska and I'm here to represent myself and my family. I want to say that the bill isn't ready and it is rushed leaving some important medical exemptions out such as genetic conditions, currently known as MTHFR. My son Aleksander has difficulty detoxing substances from his body. Even a dose of Baby Advil makes his body stiffen up and he is acting disoriented for many days. Luckily he is not vaccinated and he needs to stay this way and be able to attend kindergarten. If this bill passes, I will have to change the importance of the medical exemption for personal exemption, which can be easily amended in the future, and he will no longer be protected by an exemption.

I know so many people who had measles and are healthy now. It's not a national threat like the sponsors are trying to scare the citizens. Those illnesses are not deadly. They are building our immunity. My child had chicken pox and it was very mild and now he has immunity. Everyone in our generation had those illnesses and survived. Research shows that having chicken pox may make us immune to certain types of brain cancer. There is no need to inject our children with toxic heavy metals and unknown genetic material with 52 injections which is putting our children at risk of vaccine injury, ceizures, severe allergic reaction or even death. I want to protect my constitutional right to body autonomy. Storing my data about medical or religious exemption in a central data base is a privacy breach and against HIPPA and may lead to vaccinating my child against my will. Please vote against the bill HB19-1312.

Sincerely,

Emilia Lesniewska

Testimony OPPOSE 1312

Tara Eveland #CBD to: matt.bishop@state.co.us 05/02/2019 01:50 AM

I was not heard today after waiting all day.

That is not listening to Colorado voters. I urge you to kill this bill. It's a bad piece and everyone knows it.

I am opposed to this bill

Tara Eveland
Arvada Co
--
Curious about CBD and what it can do for you or a loved one? Ask me about my local CBD Info Meetings or visit the blog here.

Testimony HB1312 OPPOSE

Nancy to: matt.bishop 05/02/2019 01:48 AM

I strongly oppose this bill.
This absolutely removes the doctors ability to write a medical exemption outside of ACIPs strict guidelines. This leaves the very children it claims to help, immune suppressed, etc., without the ability to get a medical exemption!
It forces law abiding citizens to be tracked based on religious beliefs.
This bill will cause irreversible damage, including death, to children who will suffer from vaccine injuries because parents will be coerced, intimidated and bullied into a forced medical procedure that their child cannot handle.
There is no broken system to fix.
This is a disgusting, but perfect example of governmental overreach.
OPPOSE!!!

Sent from my iPhone

HB-1312 oppose

Melissa Osmun to: matt.bishop 05/02/2019 01:26 AM

My name is Melissa Woerner and I am representing myself and my family. I was born in Colorado, educated in Colorado public schools, graduated from CSU, and have a Master's degree from the Chinese medicine school in Boulder. I've been practicing at my own my small business in Lakewood for 15 years. My two children were born here and I can't imagine raising them anywhere else. However, Colorado as I've known it is vanishing before my eyes. I never imagined feeling afraid of my State's government, but I feel afraid today.

I would like to share a quote with you from Dr. Austin Hughs, distinguished professor of biology at USC from his article "The Folly of Scientism;"

If any human institution, [including science] is held to be exempt from the petty, self-serving, and corrupting motivations that plague us all, the result will almost inevitably be the creation of a priestly caste demanding adulation and required to answer to no one but itself.

Pharmaceutical companies HAVE been held exempt from vaccine liability since 1986, and have cherrypicked data to support their dangerous claim that vaccines are absolutely safe and effective. My friends and I have brought you studies. Have brought you experts. Have paraded our vaccine-injured children in front of you as proof that the science is NOT settled. While hard-earned amendments to this bill are appreciated, it is not yet enough. As written, this bill still places a bereaucrat in the sacred space between doctor and patient, and still bypasses HIPAA and FERPA to put non-compilers private medical information in a questionable tracking system. And yes, it scares us.

Are you politicians who cater to big special interests, or are you representatives of the people. It is tragic to lose a child to ANY illness whether it be caused by Mother Nature or by the injection of a substance toxic to that particular child. Where there is risk, there must be Choice. Choosing what's best for my child shouldn't mean losing other rights to education or privacy. Please vote no on 1312. Thank you.

Senators:

My name is Susanne Senk and **I oppose HB19-1312**.

*Please refer to the **Amendment**, lines 14 through 18. CDPHE forms must include where a person can access credible and scientific-based information regarding the benefits and **risks of immunizations**.*

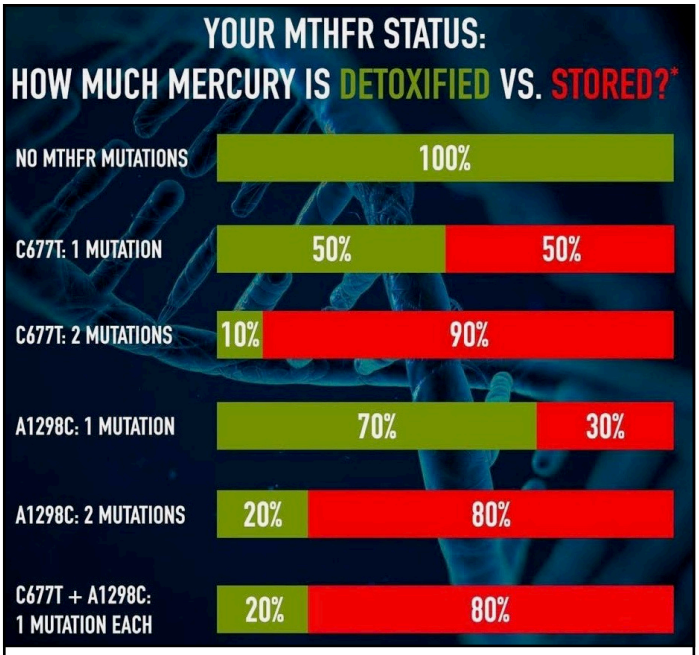
As a case in point, my 28-year-old son is **permanently mentally disabled!** He was diagnosed at age 20 with **schizophrenia**. Like all parents I wanted my child to be protected and so he was fully vaccinated. However, his body has extremely toxic levels of **Mercury, Lead, and Tin,** which are neurotoxins **found in vaccines.** In 2014, laboratory tests revealed this, and, that he was born with two (2) **MTHFR/M**ETHYLENE**T**ETRA**H**YDRO**F**OLATE**R**EDUCTASE gene mutations. Specifically, **C677T** and **A1298C** which impair his body of detoxification and creates a vulnerability to disease processes. His body is less tolerant of toxins such as heavy metals. This phenomenon has been termed **"EPIGENETICS."** Neurotoxins like **Mercury** can penetrate the blood-brain barrier and trigger **brain inflammation** which can lead to **Schizophrenia, Autism, Type 1 diabetes, Asthma**, and a whole host of other **debilitating autoimmune diseases.**

*Please refer to **1312**, Page 3, lines 4 and 5.*
*Save **$9.9 billion** in direct health care costs.*

My son costs 100s of thousands, or millions of **dollars**. Hospital stays between 2010-16 were over 100 days, transportation was numerous times by Ambulance. He receives financial help from family, Social Security, Medicaid, lives in a Federally funded assisted-living home for mentally ill adults, and MHCD/Mental Health Center of Denver provides psychiatry, therapy and other resources.

THIS IS JUST ONE PERSON INJURED BY VACCINES!

My son in 1990: 6 weeks old – smart, happy and healthy development, breast fed, easy baby, slept through the night.



40% of the world population has at least one **MTHFR** gene mutation; moreover, **90% of Autistic children.**

PLEASE VOTE NO ON HB19-1312

My son in 2006: 16 years old–a sweetheart. Sometime after this photo was taken his behavior changed and cognitive decline presented.

Testimony HB1312- OPPOSE

Janice to: matt.bishop 05/02/2019 12:58 AM

If your child suffers a bad reaction to a medicine or a bad reaction to a disease it is YOU, the parent, who will spend the rest of your life caring for that child, agonizing over that child, grieving for the future your child will never have, and watching as other people's healthy children pass milestones that your child can't. It is YOU, not the state, not the federal government, not your doctor who must get through a day of hand biting, feces smeared against the wall, head banging, and sensory overload wailing.

> Liability free vaccines. For profit industry. Forced vaccination. No safety testing. Don't you see what you're doing! You're dismissing your constituents real concerns for the benefit of industry! What happened to representing the people?
>
> Coercive-free informed consent, now!
>
> Stop the insanity!
>
> Thank you.
>
> Vaccine and blood thinner help drive Pfizer to quarterly earnings beat
>
> GSK sees shingles vaccine sales rising, as free cash flow concerns weigh
>
> Merck raises full-year forecasts as vaccines power profit beat

Testimony denied HB 19-1312

Cyndy Odenwald to: matt.bishop 05/02/2019 12:56 AM

Please vote NO on HB19-1312
There are many, many serious problems with HB19-1312.

First, this bill requires educational materials which ONLY include benefits of vaccines, not the risks.
WHY are pharmaceutical companies required by the FDA to produce those inserts including some risks, but doctors who administer vaccines are NOT required to provide that information to parents?
That is NOT informed consent.
Second, this bill discriminates against any child who exempts from even one vaccine dose, by forcing them to GIVE UP either their right to a free public education OR GIVE UP their right to privacy.
-Children who actually have diseases (like HPV, HIV, and **hepatitis B**) are NOT forced to give up one of those basic rights.
-Children who get every vaccine the government wants are NOT forced to give up those rights.
-Indigent children with no vaccine records are not forced to give up those rights.
ONLY families who exercise their right to skip or even delay one or more vaccines are subjected to this impossible choice.
Third, the bill says on page 6, line 15, must inform the parent that they can opt out of the "immunization tracking system created in Section 25-4-2403." But the very next requires the doctor to submit the exemption data to "the immunization tracking system." So, the bill actually requires them to TELL parents they can opt out, and then enter their data anyway.
During testimony on the House floor, Representative Mullica stated that while parents could opt out off the data base, and when they do opt out, that information goes to a database. He said, "What we're doing here is you turn it in and if you choose to opt out, that goes to a database. We have to have access to that information if there's an emergency, but this would be an inaccessible database if you choose to opt out unless there's an emergency…"
"We have to have access to that information if there's an emergency, but this would be an inaccessible database if you choose to opt out unless there's an emergency…"
There have been many times tonight that a supporter has insisted that the bill does not do this or doesn't mean that. But you cannot just say that it means what you want it to mean; a Bill absolutely must SAY, in clear, legal language, exactly what it does and does not require. HB19-1312 is full of contradictions, vague language, and requirements that the sponsor tries to dismiss. His intentions will not matter; only what the bill actually says.
I would love to describe the deception and confusion which CDPHE has inflicted upon schools and families since the last time they tried to pass this kind of data-collection and tracking legislation in 2017. But I'm sure I am out of time.
Thanks for your time.
Cyndy Odenwald

Testimony HB19-1312

amber.ruth.carlson to: matt.bishop 05/02/2019 12:51 AM

My name is Amber Carlson, I am here to testify in opposition of HB19-1312. I live in Idaho Springs Colorado. My Husband is a Chiropractor and I am a Healthcare Administrator. We pride ourselves on being educated and informed parents.

My family and I are Medical Refugees from California. We came to our beautiful state of Colorado to ensure our daughter had the opportunity to get a great education. She has a medical exemption...one based on the sound professional recommendation of her medical provider. Because of that protection she is thriving. She loves Colorado and with your ongoing protection of her medical freedom and access to Education she will likely grow to be sitting where you are one day making a difference for the lives of Coloradans.

Hb19-1312 is said to have good intentions and good intentions are not good enough when it comes to the health and safety of my child and thousands of others.

As the bill currently stands my daughter's medical exemption is not clearly accepted in the language used and suggests I prove actual harm to fit ACIPS recommendations.

As the bill currently stands, my daughter's personal information is moving from the school's FERPAA protection to CDPHE's immunization tracking which according to CDPHE's own website at Colorado.gov is exempt from HIPAA.

As the bill currently stands, I will have to face the scrutiny and judgement of a government entity in person, only to have to endure the exposure of my daughter's privacy.

It is terrifying to see Colorado follow California's lead even to the detail of limiting testimony time in a discriminatory fashion.

As this bill currently stands, the government of Colorado would be threatening my daughter's medical and privacy freedoms. Please stand for her and thousands of others and vote no on HB19-1312.

Best Regards,

Amber Carlson

Sent from my iPhone

Testimony HB1312 - OPPOSED

Victoria Welch to: matt.bishop 05/02/2019 12:48 AM

My name is Dr Victoria Welch and I opposed this bill on the basis of violation of medical privacy and undo burden for the liberty of medical choice. I am a healthcare provider, aunt of a child with vaccine injury, and a woman who is considering motherhood in this state. I have strong objections to this bill as written.

Requiring in person trips to protect vaccine exemptions creates **undo burden** for families who are simply practicing their basic liberties as citizens of this State and Nation.

The databases this information is proposed to be held in is not guaranteed to be HIPPA protected. What is happening within our physical bodies is not a matter for public record. This information is private and must not be placed within reach of hackers and other security breaches. Many of us have been subject to breaches of Experian and other large companies.

This list will also serve as a type of human registry. Our past has taught us the dangers of identifying people by religious and personal beliefs alone. I would pray we do not follow in those footsteps.

Thank you for your time.

Be Well,

Dr. Victoria Welch, DC
Chiropractor
Massage Therapist
Registered Psychotherapist

Denver Pain & Performance Solutions
9034 E Easter Pl #207
Centennial, CO 80112
Mobile Phone 802-379-6895

HB1312-OPPOSE

Lauren Howell to: matt.bishop@state.co.us 05/02/2019 12:39 AM

Dear Colorado Legislators,

My name is Lauren Howell. I was injured by vaccines administered to me during pregnancy. Because of those vaccines, I now have 2 autoimmune diseases (Lupus and Antiphospholipid Syndrome) and Stage 3 Kidney Disease. The Antiphospholipid Syndrome causes my blood to clot abnormally fast. I experienced 2 pregnancy losses due to blood clots because of my vaccine injury. One baby, James Gabriel Howell, was 20 weeks gestation and my other baby, Vivienne Hope Howell, was 17 weeks gestation. I was feeling them kick and turn and move inside my womb, and then one day they just stopped. Both of my babies had funerals and were buried in a family cemetery in Alabama where our extended families live.

In May of 2018, I delivered a baby girl, Ruby Rebekah Howell, at 26 weeks gestation because of complications from my Lupus and Kidney disease. Ruby stayed in the NICU here at UC Health in Colorado Springs for 6.5 months. She had several problems because of being born so early. She had Necrotizing Entercolitis, a severe bowel infection, that led to surgery where she lost 45% of her bowels. She then had heart surgery to close the hole in her heart. But during her heart surgery, the surgeon disturbed a nerve that runs to her vocal cord. Now, she has a partially paralyzed vocal cord which causes her to have a very light, raspy cry and, more importantly, she's at serious risk for aspirating/choking. She developed retinopathy from her oxygen levels having to be turned up so much. She has had three injections into her eyes and several eye appointments because of it. One of her eyes is lazy now. She developed bronchial malacia and lung disease due to her being on the ventilator for prolonged periods of time. She has oral aversion and trouble taking a bottle or nursing because of the trauma that happened to her in the NICU, and she subsequently had another surgery to give her a G-tube button. She takes GTube feeds now. She was in the hospital last month for RSV and pneumonia because of her fragile condition.

Our family will never ever be the same because of those vaccines that I so willingly accepted during my pregnancies. Some people do just fine with vaccines during pregnancy. Unfortunately, I was not one of them. And because of that, two of my children were murdered and one of them is having severe, life altering problems that she should have never had to deal with. And I live every day knowing that my life more than likely be cut short because of my autoimmune diseases and kidney disease.

There is documented research by leading scientists explaining how vaccines can cause autoimmune diseases.

https://newstarget.com/2016-12-08-top-doctors-reveal-that-vaccines-can-trigger-autoimmunity-turning-our-immune-systems-against-us.html

I beg you to vote "no" to this piece of legislation. No parent should have to experience what I have had experienced with my vaccine injury. And no child should have to suffer or die because of vaccine injury.

Many Blessings and Much Love to You and Yours,

Lauren Howell

Sent from my iPhone

Testimony HB1312 - OPPOSE

Ryan and Patty McCarthy to: matt.bishop 05/02/2019 12:32 AM

Tonight we've heard that measles will wipe us out - that is laughable.

We've heard medical reactions aren't real - that is offensive and the over $4 billion that the government has paid out for vaccine injury would certainly prove otherwise.

We've heard about disease and vaccines in third-world countries - that is ridiculous to compare Colorado to a country without clean water and adequate nutrition.

While I appreciate the efforts to amend HB1312 in the house, there are still a number of issues.

In regards to the standardized form, Amendment 39 says "collecting data pertaining to an exemption, including but not limited to." This does nothing to assure those who are concerned about coercive language as even the current form has coercive language. Why don't we include on the form the language we already have in Colorado law: "Neither refusing an immunization on the grounds of medical, religious, or personal belief considerations pursuant to section 25-4-903 nor opting to exclude immunization notification from the immunization tracking system shall, by itself, constitute child abuse or neglect by a parent or legal guardian."

Patricia McCarthy
Westminster

Likewise, the amendment to exclude homeschoolers doesn't really do much for the homeschooling community. As a homeschool family, I can tell you that a large number of homeschoolers use publicly-funded enrichment programs. This bill still affects every single one of those families. They will either need to comply with the new law or pull their children from their programs which will in turn drain schools of their much needed funding. My family, for example, represents almost $19,000 annually that our schools will lose should we have to opt out of our enrichment programs. Please consider the cost this bill would have on our schools should it pass.

The parents who came at a moment's notice to testify against this bill deserve to be heard. If you do not have time to hear from constituents, you should not be hearing this bill at all.

HB19-1312 - OPPOSE

Kit Cabonor to: matt.bishop@state.co.us 05/02/2019 12:30 AM

My name is Catherine Cabonor and I am a mother and insurance cybersecurity expert, I represent myself. I have grave concerns regarding this bill for both its likelihood to expose personally identified information and personal health information as well as the burdensome costs to taxpayers when this information is exposed via an unauthorized access. The Ponemon Institute, the preeminent independent privacy and cybersecurity research institute, publishes an annual report detailing data breach statistics. This report is sponsored by IBM to give you an idea of the caliber of information. Their June 2018 Cost of Data Breach notes that in the United States, 27% of organizations (this includes both the public and private sector, including governments, again 27% of organization will experience a data breach at some point during the next two years. That number goes up with the number of third parties who have access to data. Further, the vast majority of breaches occur as a result of human error so no amount of firewalls will offer protection. The likelihood of exposure of personally identifiable information and personal health information is not an “if” scenario, it is a “when” scenario.

Accordingly, according to the same Ponemon study the average incident response cost per record for the unauthorized access (whether confirmed or suspected) is $408 per record. Based on the mere 2.8% of individuals who currently claim an exemption, a breach of the data contained in the proposed tracking system would cost the State $10M. This figure does NOT include regulatory fines and penalties for the failure to secure that PII/PHI for violations of federal privacy rules under HIPPA and OCR enforcement. The federal government takes these violations very seriously and current OCR settlement figures have been $16M per incident. Additionally, most importantly, these figures do NOT include the substantial costs to litigate and/or settle class action lawsuit. I would venture that there is a high degree of likelihood of class action litigation as requiring only those individual seeking a personal or religion exemption is a clearly defined class. I’m sure I do not need to explain to this committee the tens of millions of dollars required to simply defend class action litigation, which says nothing of the costs of a potential settlement. It is inappropriate to require the taxpayers to shoulder these costs. It is further inappropriate and unethical to put children’s PII/PHI at risk of exposure both for exploitation by bad actors and the bullying and ridicule of their peers.

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Sent from my iPhone

WRITTEN TESTIMONY SHEET

DATE: 5/1/19

NAME: Amy Baggett

SB/HB # and Title: HB19-1312

PHONE #: 3039089634

PRIME SPONSORS:

WRITTEN TESTIMONY:

We adopted our oldest through the foster adopt program in Boulder County. Because we were foster parents before we were able to adopt him we did not have a choice when it came to vaccinations - they were mandated. I held off as long as I could only immunizing when social services threatened to remove him from our home. As a result from the mother of a vaccine injured child. The day after he received the 12 mos vaccination set he lost the ability to walk. He eventually regained mobility but now he wears braces on his legs and has neurological & sensory issues. We have and will continue to pay 1000's of dollars to help support him & help him recover from his injury. What does this have to do with HB-1312? If I had the choice whether or not to vaccinate my son he might not be living the life of a vaccine injured child. I believe that those in support of this bill are trying to protect their families in the way that they see best. The Big question is "If vaccines work what are they so afraid of?" I believe that those in opposition of this Bill are also trying to protect their family. To be more afraid of injecting toxins into their children than the very disease they "may be" protected against speaks volumes! I know that this bill is proposed as a simple policy change →

PRINT NAME: Amy Baggett

SIGNATURE: Amy Baggett

what's the big deal? The only change is that you now have to go to the health dept to sign an exemption rather than at your school as it is now. The idea is to make it less convenient to opt out than to get a vaccine - implying that exemptors are lazy. Do these opposers seem lazy to you? Do you think camping out with their families at the capitol all this time has been convenient? Hardly. These are well educated adults that want a choice. We all know where this simple exemption form is heading (see CA). - where is he going? I do.
I do not wish to be chased out of my state or my country. I am constitutionally protected to choose medical freedom and I will protect that right at all costs! I will not have my children tracked. My 4 boys are happy, healthy, & an asset to society. Removing them from school (and their right to education) will result in a federal funding loss of $30,320.16 annually. Please oppose HB 1312 - and ~~guest~~ most of proponents who "coincidentally" stand to benefit financially from the passing of ~~this~~ this bill.

Testimony HB1312 - OPPOSE

cindydalton1 to: matt.bishop 05/02/2019 12:18 AM

Vaccine Mandate - Opposition to State Senators (003).docx

April 30, 2019

To Colorado State Senators: PLEASE OPPOSE HB19 1312! -- Vaccine Mandates

I am a Nutrition Therapist supporting MDs that serve special needs children.

Think about the MD Hippocratic Oath – DO NO HARM! Will this bill harm our kids? Approx 70+ vaccines by 18 yrs old? **According to the CDC, 33 nations have lower infant mortality rates than the US –** the US immunization schedule specifies 26 vaccine doses for infants < 1 year old—the most in the world. **Yet the CDC continues to push their agenda of one size fits all vaccine schedules? CNN reports that US Life expectancy rates have also declined in recent years. We need to listen and believe parents** who say that their child regressed after vaccines. For 14 years I have heard similar story after similar story. And you have heard the testimony of parents. What about the overall decline in children's health? Science today can offer testing to uncover risks before damage is done. Therefore, **is it even appropriate to legislate a vaccine schedule? We need to err on the side of caution. We need to do no harm.**

Science does not support a ONE SIZE FITS ALL vaccine approach but rather tailored to individual biochemistry.

Vaccination Schedule – In the 80's the schedule included ~ 10 vaccines -- when you may have grown up! Few kids had allergies and 1 in 10,000 had autism. Who even knew what an Epi Pen was for? Today's vaccine schedule is not tolerated by many children due to genetic variations impacting their ability to detox, immune system frailties, food and environmental sensitivities, mitochondrial disorders, and inflammatory conditions. **1 in 36 boys today are diagnosed with autism, and we've seen an incredible uptick in ADHD, food allergies, asthma, and autoimmune conditions that were not seen in during previous generations.** What is the cost to our overburdened education and medical system? One might argue there is no proof of vaccine causation. But many scientists and MDs agree that vaccinations are a significant factor. Testing is available today to determine who can tolerate this schedule and who cannot. Or if boosters are even necessary. **What side of the argument do you want to be on? Overall, children today are less healthy than in the past. Let us err on the side of caution before imposing vaccine mandates. Let parents and doctors choose.**

Safety – How can it be safe to inject aluminum, formaldehyde, polysorbate 80 and mercury (flu shots) directly into our children? Remember the smell of formaldehyde in biology class when we dissected frogs? Some vaccines are cultured on aborted fetal tissue. Traces of glyphosate (aka Roundup), strange bacteria, cancer cells have been found. The FDA classified vaccines as a biologic, removing much of the testing requirements required by most drugs. Who has done the safety testing? What was tested? Did they consider the synergistic effect of multiple vaccines with this schedule? Are you comfortable with testing?

CDC/Pharma Integrity – Does financial interests impact current schedules? CDC owns 50+ vaccine patents! Pharma has been legally immune to vaccine lawsuits since 1986. It was in the '90's that Pharma accelerated its vaccine program. $4B has been paid out to families for injury by the **taxpayer funded** NVIB (Nat'l Vaccine Injury Board). Would you purchase a product from a manufacturer with no liability?

Costs – Has a **thorough or haphazard** review of the costs associated with this bill been explored?

Loss of Liberty – Our government should not be mandating a medical procedure on its' citizens. Parents would not resist with pretesting, a safe product and safe schedule. **What side will you choose?**

Cynthia Dalton, MNT
Master Nutrition Therapist
Lone Tree, CO

Testimony HB1312 - OPPOSE

Gabrielle Palmer to: matt.bishop 05/02/2019 12:14 AM

My name is Gabrielle Palmer. I am a 29 year old native Coloradan and graduate from DU's Sturm College of Law. I am 100% unvaccinated and so is my beautiful, healthy, 7 month old daughter. I am writing on behalf of myself and my family to express my opposition to HB 19-1312 for the following reasons:

1. Medical exemptions must remain a decision to be made between a doctor and his or her patient. HB 19-1312 removes the doctor from the equation by specifying when a child's medical history should result in an exemption, regardless of whether a doctor reasonably believes that vaccinations will have a serious adverse impact on the child's health and well-being. Medical professionals should not be bound by a definition created by a federal agency. Medical decisions are for doctors that have personal relationships with their patients, not for lawmakers that do not know the medical history of their constituents. Medicine is not one size fits all.

2. I am not anti-vaccine. I am an advocate for choice and informed consent. I've spent countless hours researching and studying the effectiveness and side effects of vaccinations. I am not uneducated. Vaccine injuries are real and their effectiveness questionable. I'm not willing to allow my daughter to be a science experiment. If and when I see a study showing that vaccines are 100% real and 100% effective, I will reconsider my stance. Until then, it is my right as a parent to choose to not vaccinate my daughter.

3. The bill gives us the option of being

vaccinated or being tracked. That's not a choice. That's coercion.

4. Public schools are required to "make the immunization and exemption rates of their enrolled student population publicly available upon request." CRS 25-4-903(5). If you need the vaccination data, it's available without personal information. Names and demographics are unnecessary.

5. Herd immunity is a hoax. Vaccines provide temporary artificial immunity. If immunity via vaccinations was possible, boosters wouldn't be necessary.

I implore you to vote no on HB1313. Thank you for your time.

Sincerely,

Gabrielle Palmer

testimony HB1312 - OPPOSE

Katy LeVasseur to: matt.bishop 05/02/2019 12:10 AM

Here is the testimony that I didn't get to say. The other form is from the MMR insert showing Diabetes as an adverse effect.

Thank you,

Katy LeVasseur Senate Testimony.docx MMR Insert Adverse Reactions.jpg

genetics….think about it, if you were me, would you want to continue vaccinating?

No one ever told me that Type 1 diabetes is a potential side effect of the MMR vaccine. This bill wants to provide physicians with education materials regarding the benefits of vaccines, but not the real risks. Please think of how much myself and Alice would've benefitted from knowing BEFOREHAND of this HUGE risk? Alice will have Type 1 diabetes for the rest of her life. If I had been given the choice between a life threatening, life-long disease and a horrible week of fever and an itchy rash, I think you know what I would've chosen, the same choice that all of you would make for your child, the same choice that Alice would've made.

This bill is just the beginning of making it harder and harder to exempt. To make it harder and harder for 1000s of Colorado parents like me to keep their kids safe from the harm that one size fits all vaccines can potentially cause. Please just leave us be. Keep the state out of my kids' medical decisions. The current system in place is just fine.

Please vote no on 1312!

See also PRECAUTIONS, *General*.

Carcinogenesis, Mutagenesis, Impairment of Fertility

M-M-R II has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility.

Pregnancy

Animal reproduction studies have not been conducted with M-M-R II. It is also not known whether M-M-R II can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Therefore, the vaccine should not be administered to pregnant females, furthermore, pregnancy should be avoided for 3 months following vaccination (see INDICATIONS AND USAGE, *Non-Pregnant Adolescent and Adult Females* and CONTRAINDICATIONS).

In counseling women who are inadvertently vaccinated when pregnant or who become pregnant within 3 months of vaccination, the physician should be aware of the following: (1) In a 10-year survey involving over 700 pregnant women who received rubella vaccine within 3 months before or after conception (of whom 189 received the Wistar RA 27/3 strain), none of the newborns had abnormalities compatible with congenital rubella syndrome;{50} (2) Mumps infection during the first trimester of pregnancy may increase the rate of spontaneous abortion. Although mumps vaccine virus has been shown to infect the placenta and fetus, there is no evidence that it causes congenital malformations in humans;{37} and (3) Reports have indicated that contracting wild-type measles during pregnancy enhances fetal risk. Increased rates of spontaneous abortion, stillbirth, congenital defects and prematurity have been observed subsequent to infection with wild-type measles during pregnancy.{51,52} There are no adequate studies of the attenuated (vaccine) strain of measles virus in pregnancy. However, it would be prudent to assume that the vaccine strain of virus is also capable of inducing adverse fetal effects.

Nursing Mothers

It is not known whether measles or mumps vaccine virus is secreted in human milk. Recent studies have shown that lactating postpartum women immunized with live attenuated rubella vaccine may secrete the virus in breast milk and transmit it to breast-fed infants.{53} In the infants with serological evidence of rubella infection, none exhibited severe disease; however, one exhibited mild clinical illness typical of acquired rubella.{54,55} Caution should be exercised when M-M-R II is administered to a nursing woman.

Pediatric Use

Safety and effectiveness of measles vaccine in infants below the age of 6 months have not been established (see also CLINICAL PHARMACOLOGY). Safety and effectiveness of mumps and rubella vaccine in infants less than 12 months of age have not been established.

Geriatric Use

Clinical studies of M-M-R II did not include sufficient numbers of seronegative subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger subjects.

ADVERSE REACTIONS

The following adverse reactions are listed in decreasing order of severity, without regard to causality, within each body system category and have been reported during clinical trials, with use of the marketed vaccine, or with use of monovalent or bivalent vaccine containing measles, mumps, or rubella:

Body as a Whole

Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability.

Cardiovascular System

Vasculitis.

Digestive System

Pancreatitis; diarrhea; vomiting; parotitis; nausea.

Endocrine System

Diabetes mellitus.

Hemic and Lymphatic System

Thrombocytopenia (see WARNINGS, *Thrombocytopenia*); purpura; regional lymphadenopathy; leukocytosis.

Immune System

Anaphylaxis and anaphylactoid reactions have been reported as well as related phenomena such as angioneurotic edema (including peripheral or facial edema) and bronchial spasm in individuals with or without an allergic history.

OPPOSING TESTIMONY HB19-1312

Wonderland Balloons to: Matt.bishop 05/02/2019 12:09 AM

First, I must ask the committee if they have interest in starting a civil war, or worse. History has taught us that in order for people to take back their power, peace is ineffective. We will not comply and we will rise up. If you want to increase vaccination rates, increase safety. Period. Increase transparency. Fight to return non-profit status to medicine. The pharmaceutical industry has laid the fear mongering groundwork to fuel the goldrush that was created by HR 5546 - the National Vaccine Injury Act of 1986. The act removed ALL liability for Vaccine manufacturers and we've seen them take the ball and RUN with it. Walking around here tonight, I'm crushed to see the numbers of children maimed by vaccines. Someone spoke earlier about it being emotionally real but not medically. This is false. Anyone can read the vaccine inserts from manufacturers refute this egregiously erroneous statement by none other than a medical professional. I am one of those non-existent vaccine injuries. I'm not here to grovel for my power, it's my inherent right as an American and I have the right to my body and my children have a right to theirs - exactly as God created it. There is nothing this bill will do to make me comply. And when it becomes NY and your armed guards and snarling dogs show up at my door seeking out the unvaccinated, I will scream to the top of my lungs to give me liberty or give me death. And if the draconian bills we've seen pass across the country mandate you seek me out to oppose my freedom, I choose death and would beg the guard give me the mercy of taking my children with me as to prevent their upbringing in the dystopian horror novel America is writing.

It is unlikely you will even see one word of this, as we've seen the way Democrats have been acting. We see you. We won't go away. I will die preserving the integrity of my children's blood.

Sent from my iPhone

Testimony HB1312- OPPOSE

Natalie to: matt.bishop 05/02/2019 12:07 AM

I'll keep this short. I just want to speak on behalf of my friends and family members who are to afraid to speak for themselves. Many of us on this side of the debate have to frequently deal with insults, mocking, death wishes, and threats of calls to CPS. In fact I have 3 friends who were threatened all in the same week!

There was a big deal about a threat that the bill's ponsor received, and he and his family were immediately put under police protection. Yet for many of us this is daily life - except without the extra protection!

By asking families to physically show up at government buildings and then be placed on a tracking system, this bill would significantly increase the danger that many of us live in on a regular basis.

Natalie Joslin

testimony
Denice Dirks to: matt.bishop 05/02/2019 12:07 AM

Once again, denied the right to have my voice heard. Although I was here for 10+ hours for the House committee, they did not get to my son and my name until an hour after we left.

Now, once again, I do not get to speak.

My name is Denice Dirks from Douglas County. I represent myself and my children, urging a NO vote on 1312.

On page 5, line 26, the bill states a religious or personal exemption must be taken on a "standardized form developed by the department of public health and environment." I'd like to explain my concern at the words, "standardized form developed by DPHE."

In 2016, two weeks before my daughter was to attend summer camp, I received an email from the camp stating I would need to sign a different exemption form, one the state had recently issued and was requiring the camp to use.

In signing the new form, i'd be attesting to viewpoints to which I do not agree. Statements that said, "my child may be at increased risk …" and "Failure to follow the advice of a public health official who has recommended vaccine may endanger my child's health or life and others who come into contact with my children."

For someone with several autoimmune diseases, the risk of vaccination is greater than the risk the infection to me and my children. I might add, our doctors agree.

Compelled speech violates my first amendment rights, forcing me to attest to statements I do not believe, violates my religious freedom guaranteed to me by the US Constitution and my Creator.

The form was only altered after threat of a lawsuit by HSLDA. By that time, camp was long over and school had resumed. We were homeschooling then, but are not now. Will we face the same dilemma?

My daughter, who weathered much stress over camp attendance, would be crushed to be turned away from high school come August.

1312 gives the Department great latitude to create a form without oversight, coming out after the legislative session ends. A mandated form similar to the one in 2016 is a real fear. Even the current version continues to concerns me enough i am unable to sign it. It lists the risk of disease, but not the risks of the vaccines themselves, creating more mistrust of government. In January, it was updated to add the words, "Declining to follow the CDC and ACIP's immunization schedule for

number, space and timing of doses, may endanger an unvaccinated child health and others who come into contact with her."
1312 is an overreach, creating mistrust of government. It mandates a medical procedure with risk, manufactured by an industry with no liability. Because I choose a different way to keep my children healthy, I should not be forced to sign compelled speech so they can get a high school education; and they have a right to medical privacy.

Testimony HB1312- OPPOSE

A E O to: matt.bishop 05/02/2019 12:03 AM

Ashley E. Orcutt
Denver, Colorado 80221

HB19-1312: School Immunization Requirements admittedly weakens parents' ability to make important healthcare decisions for their families by making access to exemptions more difficult and less private. It also gravely interferes with the physician-patient relationship by severely restricting the issuance of medical exemptions and potentially imposing vaccine requirements that some physicians and parents may not agree with. As a lifelong Colorado resident, I strongly oppose this bill.

Mullica and other proponents have said they want to make it as difficult to get a vaccine exemption as it is to get the vaccines by making parents physically go into the health department to submit the form. However, this is not a decision that is taken lightly or out of convenience or laziness as some proponents have suggested. This is an unnecessary and discriminatory barricade to vaccine choice, especially considering most parents are already taking their children to the very pediatric "well checks" where vaccines are administered. This extra step to submit an exemption reads more like an attempt at face to face intimidation to coerce people into vaccinating. It is also clearly designed to punish parents with inconvenience for their choice to not vaccinate. Although I don't agree with having to submit the exemption to the health department in the first place, there is no reason other than discrimination that parents would not be able to do this step online as the bill would allow in subsequent school years.

In regards to the content of the health department's yet to be written exemption form, there are a myriad of reasons people choose not to vaccinate. Some of those reasons include vaccine risks, post-market research practices, doubts about effectiveness, and moral and religious reasons. It's simply not possible that a generic statement issued by the health department will accurately encompass the complexity of such a deeply personal decision. There are also legitimate concerns about self-incriminating language being used in these required exemption forms.

It is imperative that religious freedom, bodily autonomy, and informed consent are upheld in an accessible and nondiscriminatory fashion. Forcing parents to travel to the health department to sign a form they likely do not agree with is an unnecessary and discriminatory burden that would violate those rights.

Furthermore, and most importantly, care providers should have the ability to protect their vunerable patients by issuing medical exemptions based on their expertise and knowledge. This bill states that the state board of health will be, "Required to promulgate rules adopting the medical exemption recommendations from the advisory committee on immunization practices of the centers for disease control and prevention in the federal department of health and human services, or any successor entity (ACIP)."

The Advisory Committee on Immunization Practices of the Center of Disease Control has a very narrow definition of who should not receive vaccines and potential successor entities may recognize even fewer contraindications. Instantaneous anaphylactic shock upon administration of a vaccine, and the exclusion of MMR and varicella vaccines for patients undergoing chemotherapy and organ recipients are the only currently recognized exclusions for vaccines,

according to the ACIP. However there are various other medical conditions, such as autoimmune disorders or other previous reactions to vaccines, that many doctors and even the manufacturers feel warrant exclusion from the vaccine program.

Although personal exemptions would still be available if this bill were to pass, that is not satisfactory for parents of children that cannot vaccinate for legitimate medical reasons. It may also pressure parents of medically fragile children to vaccinate because they would not have the support of their physician via a medical exemption to stop potentially life threatening vaccinations. If for some reason in the future another bill is introduced to remove personal or religious exemptions (as many proponents of this bill said they would also support), then these parents would have no recourse and would effectively have to harm their children or become "medical refugees." If this bill aims to protect children then medical exemption criteria needs to remain at the discretion of our doctors.

In conclusion, this bill is an unnecessary infringement on parental and educational rights. It's also detrimental to true informed consent and the doctor-patient relationship. It claims that, "the general assembly hereby finds, 22 determines, and declares that this act is necessary for the immediate 23 preservation of the public peace, health, and safety," yet if it were passed it would do the exact opposite.

I implore you to vote no on HB19-1312.

Testimony for HB19-1312 OPPOSE

Mary Salfi to: matt.bishop 05/02/2019 12:02 AM

Dear committee senators,

I am opposed to this bill for many reasons. This bill is vague to a point where even its sponsors can't agree on certain points. Is there a database that tracks our children or not? What's the point of a database that you can just scrub your child's information? What is the form that parents will be required to sign? What is the language in it? How can anyone vote on a bill with so many vague points. I wonder why in the United States of America, the land of the free would anyone need to know anyone's vaccine choices? What's next if this bill passes?

We can spin in circles around all the issues however at the end of the day, it's my body, my choice. It's my child's body, my choice. No one is liable for these vaccines. The pharmaceutical industry is NOT held liable for any vaccine injuries.

Vaccines have not been proven to be safe or effective. To earn that label, many studies have to be done. The main study being taking a truly non-vaccinated group vs a vaccinated group. We all want to believe that vaccines are unsafe. No one wants to swim upstream. We are just NOT convinced and this is not the way to do it.

I wonder why proponents of this bill are worried about the unvaccinated. If vaccines work well then why would any unvaccinated child be a threat. A child who is unvaccinated has no disease to spread.

Thank you for your time,
Mary Salfi

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Mary Salfi
303.478.1642
Mary.salfi@me.com
Mary's Healthy Snacks - Healthy Vending Options

HB1312 OPPOSE

Tanya Hircock to: matt.bishop 05/01/2019 11:53 PM

Please see my testimony as I was unable to testify tonight due to the unfair time constraints placed upon us.

Vaccine Testimony

My name is Tanya Hircock and I am a Colorado native. I am the mother of two children ages 20 and 3. My 20 year old has had many of the harmful side effects and symptoms listed in the vaccine package inserts. Symptoms that she has never recovered from. I was able to get my hands on the inserts thanks to my chiropractor because pediatricians won't freely hand these out like the inserts from other medications.
As a mother my goal has always been to protect my children which is why I am here today to appeal to all of you on the committee to vote no on House bill 19-1312. I know that all of us want the same thing and that is to protect our children and our communities. I have worked in the health care field for 20 years and care at a very deep level about my community.
I have many many reasons why I am so heavily opposed to this bill which I know many others here today will be speaking about.
The one that I would like to speak to specifically though is page 12 line 27 continuing on to page 13 line 1 and I quote "The department of public health and environment CDPHE shall administer and enforce the immunization requirements." This is horrifying to me. What this clearly says to me is if my child is not up to date on all vaccinations even HPV and the flu then the CDPHE has permission not granted by me as the mother of my child but by this bill if it becomes a law to medically kidnap my child. They can grab my child from daycare, public school, a sporting event or other place where I might not be present and forcefully inject my child without my consent or knowledge. As the mother of such a young child this is truly my worst nightmare.
I am pleading with you to stop this bill dead in its tracks. This is government overreach and medical fascism and completely UN American. Please protect the lives of our children and our communities and please choose to be on the right side of history and vote no!

Tanya Hircock
80004

Sent from my iPhone

Testimony HB1312- OPPOSE

tara burt to: matt.bishop 05/01/2019 11:53 PM

My name is Tara Burt and I am here representing myself, my 4 children and my husband.

My husband and I packed up our house in Southern California 6 years ago and moved to Colorado because we realized California is not where we wanted to raise our children. We were excited at the possibilities that Colorado had to offer in regards to the schools, weather and job opportunities. But the last few months I have been in utter shock at the drastic bill that is HB1312.

HB1312 is full of numerous failures and contradictions. The United States is supposed to be the land of the free but this bill is the complete opposite of that. There is no reason why an additional database needs to be created when there is already one. There is no reason to force parents to drive somewhere and physically hand in a piece of paper because they are making a decision for their children that differs from others. There is no reason for personal information to be stored anywhere “in case of emergency.” There is no reason to make a group of people feel like second-class citizens here in this great State because of how they choose to parent. This bill discriminates against parents who: choose to delay vaccines, who stop giving vaccines to their children after a bad reaction or who choose to not vaccinate at all.

By forcing parents to physically hand over a piece of paper that states their children are not fully vaccinated in a public location opens up the possibility for parents to be bullied, to be guilted or looked down upon.

This bill is creating a database that would have all of my kid’s personal information that is just that: PERSONAL. It is nobody’s business where we live, the gender or age of my children or what vaccinations they have had.

By alienating parents who choose to not fully vaccinate you are making me feel like a second-class citizen. This bill does nothing but discriminate.

This bill also fails to give accurate data: according to the Colorado Department of Public Health and Environment (CDPHE) 94.53% of school children are fully immunized for MMR. The majority of the costs of hospitalization and ER visits for so-called vaccine preventable diseases of $55.5m used includes $42.7m for flu. No one tracks the amount of money it costs for hospitalization and ER visits resulting from vaccine adverse reactions and vaccine failures.

I do not support HB1312 and you shouldn’t either.

Thank you for your time.

Sent from my iPhone

Re: HB 1312

Michelle Peiffer to: matt.bishop@state.co.us 05/01/2019 11:52 PM

Also in regards to shedding. Here is an abundance of information.

Shedding

The Emerging risks of live virus & virus vectored vaccines
http://www.nvic.org/.../Live-Virus-Vaccines-and-Vaccine...

What's shedding?
http://insidevaccines.com/.../secondary.../comment-page-1/

Flu (FluMist Intranasal) - Shedding (Section 5.4)
http://www.fda.gov/.../Vac.../ApprovedProducts/UCM123743.pdf

Flu vaccine shedding
http://www.ncbi.nlm.nih.gov/m/pubmed/21513761/

http://mobile.reuters.com/article/idUSN1744524120070518

Chicken Pox (Varivax) - Shedding (Section 5.4)
http://www.merck.com/.../pi.../v/varivax/varivax_pi.pdf

Shingles (Zostavax} - Shedding (Section 5.2)
http://www.merck.com/.../pi.../z/zostavax/zostavax_pi2.pdf

MMR Shedding (Page 5, Under Precaution)
http://www.merck.com/.../pi_circulars/m/mmr_ii/mmr_ii_pi.pdf

Rotavirus (Rotarix)- Shedding (Section 5.4)
https://www.gsksource.com/.../documents/ROTARIX-PI-PIL.PDF

Smallpox (ACAM2000) - Shedding (Section 5.4)
http://www.fda.gov/.../vac.../approvedProducts/UCM142572.pdf

Detection of Measles Virus RNA in Urine Specimen from Vaccine Recipients
http://jcm.asm.org/content/33/9/2485.long

Live virus vaccines and the links to the package insert position that discusses shedding:
http://www.immunize.org/packageinserts/

Vaccine Failure & Shedding-

Mumps outbreak -- all vaccinated:
http://m.huffpost.com/us/entry/us_57276bc7e4b0b49df6abc402

Measles outbreak in a fully immunized school:
http://www.ncbi.nlm.nih.gov/pubmed/3821823

Measles outbreak among the vaccinated:
http://www.ncbi.nlm.nih.gov/pubmed/8053748

New York measles outbreak linked to vaccinated:
http://cid.oxfordjournals.org/content/early/2014/02/27/cid.ciu105

Vaccinated child responsible for measles outbreak in British Columbia:
http://www.eurosurveillance.org/images/dynamic/EE/V18N49/art20649.pdf

Mumps outbreak in Netherlands linked to those vaccinated:
http://wwwnc.cdc.gov/eid/article/20/4/13-1681_article

Vaccinated student in Cali diagnosed with mumps:
http://www.nbcsandiego.com/on-air/as-seen-on/Cal-State-San-Marcos-Student-Diagnosed-With-Mumps-395189031.html

What's shedding? :
http://insidevaccines.com/wordpress/2008/02/24/secondary-transmission-%EF%BB%BFthe-short-and-sweet-about-live-virus-vaccine-shedding/comment-page-1/

98% vaccinated in pertussis outbreak:
http://www.activistpost.com/2015/02/98-vaccinated-involved-in-whooping.html

Vaccine-related polio outbreak in Syria 2017:
https://www.statnews.com/2017/06/08/polio-outbreak-syria-who/

More vaccine failure -- pertussis outbreak in vaccinated children:
https://wwwnc.cdc.gov/eid/article/22/2/pdfs/15-0325.pdf

Pertussis outbreak in San Diego -- 621 people & 85% were vaccinated -- MORE vaccine failure:
http://www.kpbs.org/news/2014/jun/12/immunized-people-getting-whooping-cough/

Largest measles epidemic in North America in the last decade occurred in 2011 in Quebec where 1 & 2 dose vaccine coverage among children 3 years of age were 95%-97%:
http://www.ncbi.nlm.nih.gov/m/pubmed/23264672/

Hib outbreak -- 363/443 (82%) were vaccinated:
http://jid.oxfordjournals.org/content/188/4/481.full

The Emerging risks of live virus & virus vectored vaccines:
http://www.nvic.org/CMSTemplates/NVIC/pdf/Live-Virus-Vaccines-and-Vaccine-Shedding.pdf

What's shedding? :
http://insidevaccines.com/wordpress/2008/02/24/secondary-transmission-%EF%BB%BFthe-short-and-sweet-about-live-virus-vaccine-shedding/comment-page-1/

Small Pox vaccine sheds to infant from parent (military personnel):
http://mobile.reuters.com/article/idUSN1744524120070518

Everyone infected in this whooping cough outbreak was up to date on vaccinations:
http://fox13now.com/2015/03/27/19-kids-in-summit-co-diagnosed-with-whooping-cough-despite-being-up-to-date-on-vaccinations/

& this outbreak too:
http://myfox8.com/2015/12/18/13-cases-of-whooping-cough-confirmed-in-davie-county-schools/

Even the CDC suggests that the vaccinated are an asymptomatic reservoir for infection:
http://wwwnc.cdc.gov/eid/article/6/5/00-0512_article

Mumps outbreak in Netherlands linked to those vaccinated with the MMR twice:
http://wwwnc.cdc.gov/eid/article/20/4/13-1681_article

Pertussis outbreak in California -
"Our unvaccinated & undervaccinated population did not appear to contribute significantly to the increased rate of clinical pertussis. Surprisingly, the highest incidence of disease was among previously vaccinated children aged 8–12 years.":
http://m.cid.oxfordjournals.org/content/54/12/1730.long?view=long&pmid=22423127

Measles outbreak in a fully immunized population:
http://www.ncbi.nlm.nih.gov/pubmed/3821823

49% of children vaccinated STILL got pertussis:
https://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2016-provisional.pdf

You may be surprised to learn that fully vaccinated children & adults can still be infected, paralyzed & transmit polio. Here are two cases in particular that may grab your interest-

"Outbreak of paralytic poliomyelitis in Oman: evidence for widespread transmission among fully vaccinated children" :
http://www.popline.org/node/315407#.dpuf

"Oral polio vaccine-associated paralysis in a child despite previous immunization with inactivated vaccine." :
http://www.virology.ws/2014/10/08/oral-polio-vaccine-associated-paralysis-in-a-child-despite-previous-immunization-with-inactivated-virus/

Mutant strains of polio vaccine now causing more paralysis than wild polio:

https://www.npr.org/sections/goatsandsoda/2017/06/28/534403083/mutant-strains-of-polio-vaccine-now-cause-more-paralysis-than-wild-polio

Polio vaccine causing polio again:

https://www.cnn.com/2018/06/26/health/polio-papua-new-guinea-bn/index.html

Polio vaccine contaminated with HFM virus:

https://healthfreedomidaho.org/polio-vaccine-sheds-hfmd

https://vaccine.guide/

On Wed, May 1, 2019 at 11:12 PM Michelle Peiffer <mmart23@gmail.com> wrote:

> Thank you for accepting our testimonies for those of us who could not stick around. My 7 and 5 year old girls and I were at the Capitol today for 9 hours but couldn't hold on any longer as we had to make the drive back up to bailey.
>
> Can I tell you our story. This is my daughter Sofia. She's five. From the picture you would think she's a normal healthy five year old. But you can't see what's going on inside her.
>
> We vaccinated her up until she was a year old. From the moment the shots began her health worsened and worsened. She went into ana at 2 months and by time she was 1 year had 70 foods she was allergic too and still is to this day.
>
> What you don't see in this picture is the hardships she went through. For the first 2 1/2 years we couldn't figure out what was wrong or all her allergies. For that time she was in so much pain. Always inflamed, broken out covered in rashes and hives. With eczema so bad she would scream and cry from the pain of scratching and it not going away.

I am opposed to all this bill but I’m speaking against the exception. From my daughters history we know she has severe reactions to vaccines. But your bill proposes that only Ana in presence of the doctor counts.

But let me ask you. Based on her history and your suggestion to catch her up on all CDC scheduled vaccinations what do you think that would do to her health? Are you willing to risk my child’s health on the fact these vaccines “safe”. I’m not. So I ask you purpose like Texas did. And mandate testing and holding these corporations liable for the harm they are doing to the American public.

I ask you instead to keep these vaccine manufacturers accountable. Make them prove their vaccines are safe and are not going to cause my child more harm than she’s already experienced.

Also Is this applying to all homeschool co op or ones attached to public school. How do you think this will effect the funding in school systems especially like under funded ones like my count of Park County.

Thank you for listening.

Michelle Peiffer

House written testimony HB19-1312 AGAINST

Heather Grooms to: matt.bishop@state.co.us 05/01/2019 11:52 PM

5/1/19
HB-19-1312
Prime Sponsors: Mullica, Garcia, Priola
Name: Heather Grooms
Phone: 720-260-2010
AGAINST

Respectfully: I do not consent to the mandates of this bill that will personally affect my family. Specifically,

I do not consent to be singled out, discriminated against, and persecuted because of my medical decisions

I do not consent to being required to get my permission slip signed by a state employee who has no vested interest in the safety of my child to whom I hand over his personal identifiable information

I do not consent to either state run data base, neither CIIS or this new one that will house my child's PII. My child has a right to have his information housed at the school and under FERPA protection.

I do not consent that my minor can be tracked like a sex offender or a rabid dog. This is unAmerican, anti-freedom, and pure wrong.

I do not consent that one man, without going through a real stakeholder process, can demand 3 new vaccines be added to the CO vax schedule. Why these? Was this inny minny minny mo? The rotavirus vaccine is for infants under 8 MONTHS of age and Dr's who give off label can be sued. In other words, there is NO CATCHING UP! So up go exemptions!

I do not consent that the dr patient relationship will be eroded. I do not consent that humans who need a medical exemption will now not now qualify.

I am not lazy. I am not uniformed. Neither are the masses here today, speaking, protesting. It's my body, my choice. Same for my child. And when there is risk, there must be consent.

Respectfully, vote NO on HB19-1312

Heather Grooms

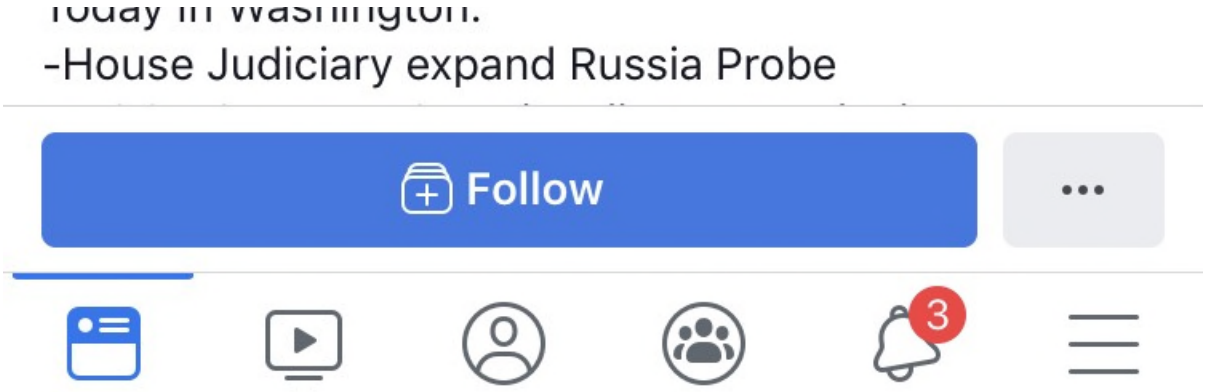
Sent from my iPhone

Re: HB 1312

Michelle Peiffer to: matt.bishop@state.co.us 05/01/2019 11:50 PM

Also here is the cspan poll for what the people want!


Verizon
10:51 PM
42%
C-SPAN
Home
About
Posts
Photos
Videos
Note
319
4.4K Comments
51 Shares
Like
Comment
Share
C-SPAN created a poll.
March 5 ·
Should vaccinations be mandatory?
41% Yes
59% No
2.7K
181K Votes
13.3K Comments
Like
Comment
Share
C-SPAN
March 4 ·



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We vaccinated her up until she was a year old. From the moment the shots began her health worsened and worsened. She went into ana at 2 months and by time she was 1 year had 70 foods she was allergic too and still is to this day.

What you don't see in this picture is the hardships she went through. For the first 2 1/2 years we couldn't figure out what was wrong or all her allergies. For that time she was in so much pain. Always inflamed, broken out covered in rashes and hives. With eczema so bad she would scream and cry from the pain of scratching and it not going away.

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Also Is this applying to all homeschool co op or ones attached to public school. How do you think this will effect the funding in school systems especially like under funded ones like my count of Park County.

Thank you for listening.

Michelle Peiffer

Please amend 1312 to only include K-12

Kim Zawacki to: matt.bishop@state.co.us 05/01/2019 11:49 PM

Please respond to "ktjzawacki@yahoo.com"

Please amend this bill to only include K-12 students. College adults should not be included.

Thank you,
Kim Zawacki

Testimony AGAINST for HB19-1312

Brooke Drake to: matt.bishop@state.co.us 05/01/2019 11:48 PM

My name is Brooke Drake and I oppose HB19-1312.

HB19-1312 is an assault on civil rights. If you replaced the term non-vaccinated with Immigrant, Muslim, or Homosexual this bill would have never been entertained. This bill is not about public health. Public health does not require removing medical exemptions from individuals who are immune compromised because they don't fit ACIP guidelines. Representative Mullica has even shared that these are the individuals we are trying to protect. I fail to see how removing their medical exemption would do that. Public health does not require a registry to track individuals and do God only knows what with that information. Public health does not require losing a significant chunk of school funding. If this bill is passed who will pick up the school funding that will be lost? Both part and full time students will be pulled from districts across the state. I know you have heard these numbers this evening. Don't believe them? Let's review California SB277. California experienced more than a 12% drop in school enrollment. What would our schools do with 12% less funding? This bill needs a NO VOTE! This bill is not about public health. Please vote NO!

Brooke Drake
brooke.drake@live.com
719-429-9757

Testimony HB1312-oppose

Caren Leyva to: matt.bishop 05/01/2019 11:48 PM

Mr Bishop,

I'm not exactly sure how to address you, I have never really been into politics, but I could not stay quiet with this bill. My name is Caren Leyva, I am a 26 year old coloradan. I love Colorado. I have three beautiful healthy unvaccinated children. I oppose this bill and I will tell you why.

When I was two years old I got my scheduled vaccines. I developed an autoimmune disorder from those vaccines. I got so sick my parents thought i was dying. They tried a lot of different doctors and it took a while to figure out what was wrong with me. I was so swollen, they couldn't find my veins. My mother had to watch them draw blood from my neck. At two years old. Those vaccines were supposed to give me immunity, they were supposed to make my immune system stronger. They did just the opposite. My immune system was not able to get rid of all the toxins in the vaccines and it started fighting my own organs. My kidneys to be exact. I have been in immune suppressers since I was 2 years old. We never thought it was the vaccines, I kept vaccinating and kept getting sick. Giving me a chronic illness for life. I stopped getting vaccines when I turned 18 years old. Then I saw two of my friends children get autism from vaccines. I saw it first hand. One of the children walked before he turned one and was learning just fine. When he turned three he was a whole different child. This is where my journey to research vaccines started. I started reading books from so many different people including neurologists. I saw so many testimonies from parents of vaccine injured children. Then I found it. I found a research where it states that an ingredient found in vaccines causes kidney failure. I made my choice to not vaccinate my children even before i was married and before they were conceived. During my whole pregnancy i took immune suppressers and alsomduring my breastfeeding journey. I am sure that because of this and having my history of immune deficiency my children are susceptible to having vaccine reactions. In the CDC vaccine inserts it states that children with parents or family member with immune disorders should not be vaccinated. My children have contraindications. This bill will not allow contraindications for medical exemptions, making me put my kids in the line of fire. Children should not have to be harmed in order to be protected. So many people have contraindications because someone in their family has already died or been harmed from vaccines. I ask you to listen to the people. Listen to the parents, those that have seen it happen. Dont destroy our kids because of fear from one of rash. I beg you to oppose this bill. I also want to share something with you, when my twins were born, my son was in the NICU one week, they wanted to force me to vaccinate him, he weighted less than 2000 grams. In the vaccine inserts it states that children that weight less than that should not be vaccinated. Our doctors and nurses should be informed about this, they should be asked to read those inserts and contraindications. So many children who are starting to strive in the NICU have a regression after their vaccines. We are vaccinating too early and too much. Our children deserve better. We are counting on you to do better.

Thank you for your time.

My testimony

RayAnn Mondragon to: matt.bishop 05/01/2019 11:47 PM

Hi,
my name is Rayann.

I just wanted to say please pay attention to the statistics, the United States has the highest infant mortality rates in the first year of life and we administer the most vaccines. Our country let's so many products, chemicals. and ingredients slip through the cracks and for some reason vaccines are not thought of to be one of those things. We have things like glyphosate legally sprayed on our food,
and recent lawsuits have linked it to cancer. By the way glyphosate is an ingredient that can be found in vaccines. Did I mention section 13.1 in almost all vaccine inserts? It states that the product has not been tested for carcinogenic or mutagenic effects or infertility potential. According to the American Childhood Cancer Organization an estimated 15,780 children between the ages of birth and 19 are diagnosed with cancer each year. Unfortunately we will never know if vaccines may be a contributor since they've never been tested for carcinogenic potential.
We are facing discrimination for denying a product that contains heavy metals and has ingredients that are known to be carcinogenic. We are not criminals, we are parents who have done our research and do not deserve to be treated less than human for doing so. Please don't put a target on our backs for weighing risk and benefits and deciding which we find is worst.
If health and preventative diseases are truly a concern we need to start paying more attention to other problems in our country.
1 in 3 children in the United States is obese according to the American Heart Association. This is truly concerning when you consider the fact that heart disease is the number one killer in our country, killing 610,000 people every year.
If the health of children is truly a concern why are we not focusing more on dangerous ingredients allowed in our foods, proper nutrition, and exercise? Our doctors and legislators in this country are too quick to dismiss the power of proper nutrition in combating many diseases from heart disease to measles and the flu. Please consider this, we are trying too hard to go against what nature intended and our health is declining and declining rapidly and it's not because of "vaccine preventable diseases".

Thank you

Vote NO on HB1312

Stephanie Seibel to: matt.bishop 05/01/2019 11:42 PM

Back when my husband and I had our first child I had no clue there was any other way than to vaccinate. So we vaccinated. I remember the doctor making me hold my daughters legs down as she put the shots into her thighs. I cried. Something inside me said this wasn't right. Not because it hurt her, but because something seemed wrong with the whole ordeal.

Fast forward to her first birthday, she had received all vaccines up to this point. Someone had mentioned something to me about risks. But I had no idea there was even a possible risk outside of getting a fever or pain at the injection sight. But looking back I remember reading and rereading the sheet of paper (the one they give everyone that doesn't actually explain the risks) looking for something because I felt like something was missing. Her doctor never told me anything other than she needed this to protect her and to be able to go to school. A friend informed me however that that information was not correct. I looked into the laws and found her doctor had lied to me. We lived in a state that allowed philosophical exemptions, no questions asked. I felt betrayed by the person I was supposed to trust with my daughters life.

Because of this I began to do research. Something inside me told me vaccines were not for us. I didn't realize at the time that God was planting a seed that would take 10 years to see the bigger picture, to see the whole puzzle put together. Before this time I had never found myself standing so firm on something so against the grain.

We stopped vaccinating all together. When our second daughter was born we had a similar experience with a doctor trying his hardest to pressure me while in such a fragile state emotionally, he used every possible fear tactic to get me to give my child the vitamin k shot. But seeing as how I had just found out in that pregnancy that I had factor v Leiden(blood clotting disorder), I couldn't trust that the shot wouldn't cause worse blood clotting issues in my child. So we stood our ground despite the doctor being aggressive and telling us our daughter might bleed out of her eyes, ears, or belly button. But once he saw we couldn't be persuaded, he immediately changed his attitude and told us the risk of that happening was incredibly low, 1 in 10,000 so he was sure she would be fine.

As we attended each well-child check up after that this new doctor told us she supported our decision whatever it was, then began to tell us how they changed the vaccine schedule to two years old where she was from and they found the child was much better off. This gave me the reassurance that we were doing the right thing. I believe God knew we needed someone who understood our concerns and supported them, so he gave us this doctor.

When my oldest was 7 or 8 I found out about a gene variant called methylenetetrahyrdrofolate reductase or MTHFR, I checked the list and realized I had fit a number of the categories myself, so I continued researching.

We had noticed our second child had showed signs of sensory processing disorder which correlated with MTHFR. So my husband, myself, and our four kids got tested. It turns out we all have one or more variants of it. Did you know, Enzymes are central to every biochemical process that occurs in the body? But for those with the MTHFR variant, this enzyme activity can be reduced by as much as 50-70%? Enzyme activity is a critical part of the process that turns over our DNA and creates new healthy cells, but if the enzyme activity is impaired our cells can be affected.

We started her on methylated B vitamins to help her with the methylation process and while we noticed a difference, we knew there was more to the picture. So our doctor, after hearing her issues suggested we do a food panel to see what kinds of foods could be causing inflammation that affected her neurologically.

Upon finding out the results we cut out all the foods. Within a few weeks we began to notice a change, within 6 months she was a different child. But here's the thing, the first 8 weeks or so her body went through a detox phase. She had eczema all over both hands and the back of her legs. The outside markers were an indication of not only the inflammation inside, but how hard it was on her body to detox. Normally the protocol is to be able to add foods back in at 6 weeks because the body is no longer in a state of chronic inflammation, but at her six week check up this was not the case. It took us 6 months to be able to add in the food with the least marker for inflammation. SIX months. Most people (especially those who don't have an issue detoxing) can see their inflammation go down in as little as a few days.

A year ago I felt the Lord impress on me that all we had been through with her was to protect her. He showed me the connection to her bodies ability to detox and having signs of SPD without being vaccinated. I later found out through scientific studies that there is a correlation to those who have MTHFR and autism, this research shows that there is outside sources such as environmental that play into the equation for having autism. That research lead me to studies showing that those with autism tend to have aluminum stores in their brain(which shows an impaired ability to detox), if you look at the research many vaccines contain polysorbate 80 (tween 80) which opens the blood brain barrier, and all that have polysorbate 80 in them also have aluminum. And since those with MTHFR can have a hard time detoxing, and she has three of the gene variants, she could have been another statistic because of the heavy metals pooling up in her instead of her body expelling it like it's supposed. But because we listened to that still small voice, she was protected.

At this point it is so hard to get a medical exemption and even though she has shown sign of her body's ability to detox being hindered, she is not able to get a medical exemption. Which means taking away or even limiting how we exempt whether it be religious (how we exempt now because of our religious beliefs) and philosophical would mean we could no longer be exempt. So while yes we do have religious beliefs tied into the picture, we also have medical reasons as well. So please oppose bill HB19-1312 and think of the families who do opt out for medical reasons, but can't attain a medical exemption because of the strict borders around what's acceptable to receive one.

I want to leave you with this ponder, at what point do we decide protecting an individual from harm from a vaccine is just as important as protecting from an infectious disease?

Below is a list of the links where I've gotten some of my research from. Thank you for taking the time to read my families story.

MTHFR and autism
https://link.springer.com/article/10.1007/s11011-016-9815-0

This study shows a significant amount of aluminum in the brain tissue of ASD people.
https://www.sciencedirect.com/science/article/pii/S0946672X17308763

-Tween 80, also known as polysorbate-80, is frequently administered in CNS

drug formulations. A dose of polysorbate-80 of 3-30 mg/kg will cause BBB disruption in mice.
-It is unlikely that active or passive immunization will be effective in humans, if the BBB is not disrupt.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC539316/

Thank you for hearing me,
Stephanie Seibel

Sent from my iPhone

Testimony HB1312 OPPOSE

Niki Wilson to: Matt.bishop 05/01/2019 11:38 PM

Almost every day we hear about a database being hacked. Even the FBI has been hacked! We hear about the dark web and personal information being on it. Under HB19-1312, personally identifying information would go into a database. A database that can be hacked at anytime.

Every day, parents who choose not to vaccinate their children, have stopped vaccinating their children, or who vaccinate but choose to stand up for body autonomy, are threatened. We are threatened with bodily harm, murder, torture, etc. Just today, I was threatened with rape for simply standing up against someone spreading hate against those that choose not to vaccinate. (For the record, we are ex-vaxxers, but for now are completely up-to-date, minus a flu shot.)

By creating this database of identifying information, you are opening up the possiblity of these threats against us and more importantly, our children, becoming reality. And there would be nothing a parent could do once that information was in the hands of those who intend to use it for evil. We need to kill this bill before it takes off and our children are put in harm's way.

Thank you,

Niki Wilson
Colorado Springs, CO

--
Niki Johnson

Testimony HB 1312 - Oppose

Laurie Grussendorf to: matt.bishop 05/01/2019 11:38 PM

Thank you Madame Chair and Committee. My name is Laurie Grussendorf, I am here representing myself and my husband and we are strongly opposed to this bill due to the contradictory and misleading language. I want to start off by saying I have been a democrat for most of my voting life. Being an immigrant, a former public school teacher, and having a gay brother, I always thought this party was for the people. I have been following the progress of this bill and I am quite disappointed with the actions and inaction of the Democratic Party. This past week, I actually unregistered as a democrat and plan on voting for those that vow to protect parental rights and honor the constitution. I hope you choose to truly listen to all those in attendance today and vote NO! These families and children do have “medically real” issues. It’s time to start believing mothers. There are four specific points I am most concerned about that I would like to address:

1) I am concerned about the protection of medical exemptions. There needs to be some serious clarification of this. Why does the life of an immunocompromised child have more value than the lives of those injured or killed by vaccines?
2) I am concerned with database privacy. If we choose to file an exemption or even opt out. I do not want my family’s personal identifying information out with the potential of its safety being compromised. What would happen if I do not comply?
3) I am concerned with the in person visit to the health department if this passes. We are diligent parents which bring our children to all well-child visits. This is unequal treatment and opens my family up to even more discrimination.
4) because of this bill, we may choose to homeschool. We have two children and one more on the way. Our local district could potentially lose out on over $286,000 with this choice over the course of my children’s educational career. Do not think for a minute this is all out of convenience for my family. It sure has not been convenient to haul two kids under 3 years old to the Capitol multiple times and today to sit on the floor to hand write out my testimony in case I could not stay or come back in the evening to testify in person. I implore you, please listen to your constituents, believe mothers, protect parental rights, and VOTE NO! Thank you!

Laurie Grussendorf
Thornton

Sent from my iPhone

HB19-1312 OPPOSE

Becky Laputz to: matt.bishop 05/01/2019 11:37 PM

Dear Mr. Bishop,
I'm writing you to give you my testimony in OPPOSITION of HB19-1312.

My name is Becky Laputz and I'm representing myself and my family. I am here in opposition of HB19-1312. First, the language of this bill is unclear and written poorly. Second, this bill circumvents FERPA for all students, especially my first grader. Furthermore, this bill will greatly affect our public education system. Our public education system is already struggling. I know this first hand because I am a public education teacher and have been for 10 years, 9 of which in this state. If this bill passes, Colorado will lose a veteran teacher that has had great Growth Scores on CMAS. You will also lose $7,275.19 next year alone when I pull my public education student from Thompson School District. I am urging you to VOTE NO on HB19-1312. Thank you for your time.

Thank you for your time and ensuring this gets passed along to Senator Court and the Finance Committee.

Sincerely,
Becky Laputz

HB 1312 testimony

Tanya Hircock to: matt.bishop 05/01/2019 11:36 PM

Please see my testimony as I was unable to testify tonight due to the unfair time constraints placed upon us.

Vaccine Testimony

My name is Tanya Hircock and I am a Colorado native. I am the mother of two children ages 20 and 3. My 20 year old has had many of the harmful side effects and symptoms listed in the vaccine package inserts. Symptoms that she has never recovered from. I was able to get my hands on the inserts thanks to my chiropractor because pediatricians won't freely hand these out like the inserts from other medications.

As a mother my goal has always been to protect my children which is why I am here today to appeal to all of you on the committee to vote no on House bill 19-1312. I know that all of us want the same thing and that is to protect our children and our communities. I have worked in the health care field for 20 years and care at a very deep level about my community.

I have many many reasons why I am so heavily opposed to this bill which I know many others here today will be speaking about.

The one that I would like to speak to specifically though is page 12 line 27 continuing on to page 13 line 1 and I quote "The department of public health and environment CDPHE shall administer and enforce the immunization requirements." This is horrifying to me. What this clearly says to me is if my child is not up to date on all vaccinations even HPV and the flu then the CDPHE has permission not granted by me as the mother of my child but by this bill if it becomes a law to medically kidnap my child. They can grab my child from daycare, public school, a sporting event or other place where I might not be present and forcefully inject my child without my consent or knowledge. As the mother of such a young child this is truly my worst nightmare.

I am pleading with you to stop this bill dead in its tracks. This is government overreach and medical fascism and completely UN American. Please protect the lives of our children and our communities and please choose to be on the right side of history and vote no!

Tanya Hircock
80004

Sent from my iPhone

Testimony HB1312- OPPOSE.

Suzie Shapiro to: matt.bishop 05/01/2019 11:34 PM

I am submitting my testimony in writing because the committee refused to hear my voice.

The idea that requiring parents to submit standardized forms in person will increase vaccination rates is based on the assumption that personal exemptions are being used for reasons of convenience. There is NO evidence to support this assumption. Bill sponsors and lobbyists have provided NO evidence, research or data to support the idea that mandatory forms, submitted in person with personal identifying information, make our community safer. Hear me well, I do not consent to having my children's personal information on file at the state. This bill fails to make it clear if our information will be in a tracking system, or a database and whether we can opt out or not.

This bill also fails to specify whether or not school age children will require an exemption if they did not receive the rotavirus vaccine as an infant. The rotavirus vaccine is not licensed for children over 8 months old.

Furthermore, I was shocked and appalled that the bill sponsor was unwilling to amend the bill to clarify that healthcare providers will continue to be able to utilize their own medical judgement for each individual patient. California physicians are being threatened with license suspension for doing just this.

Lastly, it seems CDPHE already has the ability to revise or "modernize" their methodology:

"NOTE: We have decided against continuing this methodology moving forward due to concerns with its validity.
We have piloted receiving de-identified, FERPA-compliant, student-level data from school districts, which allows us to calculate all rates from a single source. We intend to expand this pilot in the future as it would allow the generation of a more accurate and credible statewide up-to-date immunization rate. "

https://docs.google.com/document/d/1gemV-3-YVxmRn-jLuExOfdYjNesnWBOCVtB2OiYFuDk/mobilebasic

Thank you for voting no on HB19-1312

Suzanne Shapiro

HB19-1312 Testimony

Anna Smith to: matt.bishop 05/01/2019 11:34 PM

Hi. My name is Anna Heisen and I'm in Senate district 21. I want to start by saying thank you for your attention today. Today, I'm representing myself and my family. I am a mother to two young children and I have bachelor degrees in biochemistry, molecular biology, and sociology and a masters in biochemistry. I also currently teach at the college level.

The gold standard for safety studies is to use a double-blind placebo controlled study. What I found was that, often, no control was used and if one was used it is another vaccine or an adjuvant, antibiotic, or preservative-containing solution. The placebo controlled trial allows a distinction between adverse events due to the drug and those due to the underlying disease or background noise. Vaccines do not adhere to these standards and thus cannot be considered safe based on research that uses an active control with no placebo control available.

During the vaccine manufacturing process cellular debris, fragmented genetic materials and proteins remain in the final product. Several vaccines use human cell lines, including, but not limited to, all MMR and Varicella vaccines, Pentacel, Havrix, and shingles vaccines, to name a few. Varicella and shingles vaccines list DNA and proteins in the excipient list. Studies have shown that there is fragmented genetic material and cellular debris in the final product and that human fragmented genetic material can become incorporated into adult stem cells. Other viruses can also be contained in the final product. For example, both rotavirus vaccines contain PCV-1 and it is also listed in the excipient list. The FDA is aware of this issue. Some latent, or silent, viruses may become activated during the vaccine manufacturing process. Some of these viruses may also have carcinogenic or mutagenic effects.

Other issues I have with vaccine safety are: cumulative amounts of aluminum adjuvants and in conjunction with polysorbate 80 and the ability to cause permeability of the blood brain barrier; mode of transmission of infections compared to vaccination (inhalation and ingestions vs injection); and the immune response activated during normal transmission of infections compared with the immune response activated during vaccination (vaccines only stimulate the humoral immune system and not the innate immune system). Please vote no on HB19-1312. Thank you.

Testimony HB 1312 - OPPOSE

Ellen Contard to: matt.bishop 05/01/2019 11:33 PM

I am opposed to HB 1312 because I am pro-liberty, pro-common sense, and pro-fiscal responsibility. As a wife and mother in a nuclear family of seven and a small business owner, I contribute significantly to the economy here in CO. My children currently represent over $20,000 and rising in per pupil funding, which will be withdrawn, along with many other students in many other families. Programs such as Options and part-time / athlete only school students, currently heavily utilized by homeschool families such as mine, will be eviscerated as parents leave those programs rather than have their freedoms limited by this bill.

This bill is in direct opposition to my personal values, to the American values, to the Colorado values of liberty and fiscal responsibility. This bill opens our state to numerous extremely valid legal challenges based on HIPAA, FERPA, the first, fourth, and fifth amendments, the supremacy clause, and more. Defending against these legal challenges will be a hideous financial drain on our state. Developing new systems and processes when we already have a standardized form; we already have a database to track vaccination data that does not betray personally identifying information; we already have a system that WORKS; is also a drain on our state's finances.

Please remember that you represent the people of Colorado, NOT the pharmaceutical companies, and reject this bill.

Thank you,

Ellen Contard

Testimony HB1312- OPPOSE

Amanda Rosenfried to: matt.bishop 05/01/2019 11:31 PM

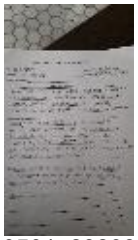
My name is Amanda Rosenfried. I am an educated mother and a former US government teacher and AP Government educator. This bill is unconstitutional. The language of the stated bill will violate my children's FERPA rights by allowing the government to track my children. Rep Mullica said that we will have the right to opt out of being in the database but in the same sentence he says our data will be imputed into a separate database in case of emergency. I do not buy this for one minute. Our PII data should never be in a database, we shouldn't be tracked, we shouldn't have our privacy rights violated just because we do not follow what the government wants us to do! We have a choice in what we put into our bodies and a choice in how we raise our children. Government should have no say in this.

Thank you.

Amanda Rosenfried
Granby Colorado

Hb1312- oppose!

ariellanetanya to: matt.bishop 05/01/2019 11:31 PM

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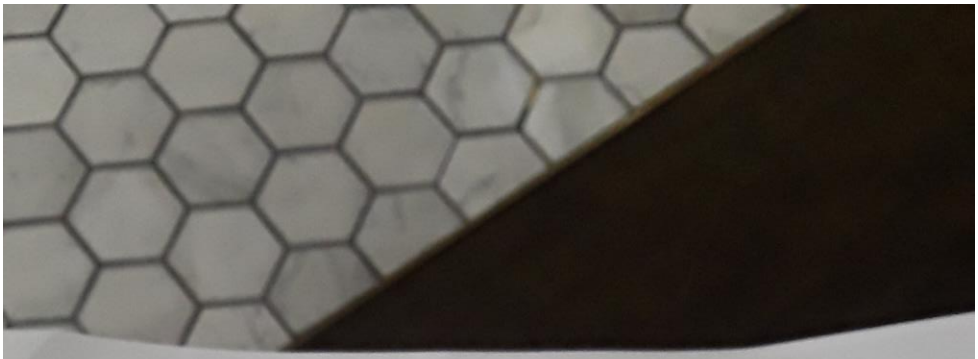


WRITTEN TESTIMONY SHEET

DATE: 5-1-2019 NAME: Matt Wells

SB/HB # and Title: HB1312 PHONE #: 970.412.8724

PRIME SPONSORS:

WRITTEN TESTIMONY:

Colorados 2013 stakeholder engagement report unanimously recommended that schools, not CDPHE, enforce existing laws requiring schools to collect complete vaccine information.

Passage of HB14-1288 required schools to report vaccine coverage and exemption rates to CDPHE and that information is made public by CDPHE. FERPA allows disclosure of student information to CDPHE in outbreak and other emergency situations.

Passage of SB 10-56 required a standardized immunization document be developed by CDPHE + provided to parents by schools.

Please vote no.

PRINT NAME: Matt Wells

WRITTEN TESTIMONY SHEET

DATE 5-1-2019 NAME Matt Wells

SB/HB # and Title HB1312 PHONE # 970 412 8724

PRIME SPONSORS

WRITTEN TESTIMONY:

Senators:

I am asking you to please oppose this bill. It has several issues but I will keep my focus small

This bill adds hepatitis A and meningococcal vaccines for school & rotavirus for infants. The board of health has always had the authority to require any vaccines for school. The board of health declined to add hep A & meningococcal vaccines to list required for school. This bill usurps the board of health authority by forcing them to require these vaccines.

There is already a standardized process in place to handle vaccine exemptions. Colorado laws CRS 25-4-902 & CRS 25-4-903 require schools to collect vaccine information & this bill does not change these laws.

PRINT NAME: SIGNATURE:

Testimony - HB19-1312 - OPPOSE

Courtney Morehouse to: matt.bishop@state.co.us 05/01/2019 11:31 PM

My name is Courtney Morehouse. I am a 14-year Colorado resident and mother of two. I strongly oppose this bill and am submitting a copy of the bill with my margin notes, outlining why. To focus on one point of the bill: page 12 of the amended bill shows 3 vaccines that were added directly into law as requirements. One is the Rotavirus vaccine. This vaccine was licensed in 2006. It is given at 2 months of age, 4 months of age (2-dose series) and/or 6 months of age (3-dose series). By quick calculation, that means school children aged 13 years and older were not offered this vaccine in infancy. Here's the kicker: the FDA states that the Rotavirus vaccine "should not be given after 8 months" of age. So, 13-18 year olds attending Colorado schools could not get that vaccine then or now. Per this bill, **most middle schoolers and all high schoolers across the State would be forced to file an exemption** based on this one vaccine. They would be forced to have their PII put into a "tracking system" on a technicality. This will overinflate the exemption rates. Was this done on purpose or was the bill language not thought through? What other flaws of this bill were on purpose or not thought through? There are too many questions and too many concerns. I urge a NO vote on HB19-1312.

Attached: supporting documentation HB19-1312 with amendments.pdf

First Regular Session
Seventy-second General Assembly
STATE OF COLORADO

ENGROSSED

This Version Includes All Amendments Adopted on Second Reading in the House of Introduction

LLS NO. 19-0699.04 Jacob Baus x2173

HOUSE BILL 19-1312

HOUSE SPONSORSHIP

Mullica, Arndt, Benavidez, Bird, Buckner, Buentello, Caraveo, Coleman, Duran, Esgar, Froelich, Gray, Hansen, Jaquez Lewis, Kennedy, Kipp, McCluskie, Melton, Michaelson Jenet, Roberts, Sirota, Snyder, Tipper, Valdez A.

SENATE SPONSORSHIP

Gonzales and Priola,

This is a bad bill for Colorado (see notes throughout). Please vote NO on HB19-1312.

House Committees
Health & Insurance

Senate Committees

A BILL FOR AN ACT

CONCERNING MODERNIZING IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY TO IMPROVE VACCINATION RATES.

Exemptions are likely to increase, because many parents choose to selectively vaccinate or delay vaccinations, neither of which are allowed, per this bill.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill requires the department of public health and environment (department) to:

- Develop a standardized form and submission process to claim a medical exemption to an immunization; and
- Develop a standardized form and submission process to claim a religious or personal belief exemption to an

HOUSE
Amended 2nd Reading
April 24, 2019

immunization.

The department is:

- Required to develop educational materials regarding immunizations to distribute to health care providers and facilities;
- Required to present immunization exemption information during its annual SMART Act hearing; and
- Required to use the existing immunization tracking system.

The state board of health is:

- Required to promulgate rules adopting the medical exemption recommendations from the advisory committee on immunization practices of the centers for disease control and prevention in the federal department of health and human services, or any successor entity (ACIP);
- Required to promulgate rules adopting the immunization recommendations from the ACIP;
- Allowed to promulgate rules adopting additional immunizations not recommended by ACIP; and
- Allowed to promulgate rules establishing the timing by which schools, parents, legal guardians, and students must demonstrate compliance with immunization requirements.

Concerning the immunization tracking system, the bill:

- Requires a licensed physician, physician assistant, or advanced practice nurse to inform a parent or legal guardian who is claiming a medical exemption that he or she may choose to exclude the student's immunization information from the immunization tracking system before the student's immunization data is sent to the immunization tracking system;
- Requires the department or local or county, district, or municipal public health agency to inform a parent, legal guardian, or student who is claiming a religious or personal belief exemption that he or she may choose to exclude the student's immunization information from the immunization tracking system before the student's immunization data is sent to the immunization tracking system; and
- Requires a practitioner who is a licensed physician, physician assistant, or advanced practice nurse to submit immunization and medical exemption data to the immunization tracking system. However, the practitioner is not subject to a regulatory sanction for noncompliance.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Legislative declaration. (1) The general assembly hereby finds and declares that:

(a) Each year in the United States, immunizations save 33,000 lives, prevent 14 million disease cases, and save $9.9 billion in direct health care costs;

(b) State immunization requirements for child care facilities and schools are important tools for maintaining high immunization coverage rates and low dangerous and costly disease rates;

(c) Colorado is one of only 17 states that allow parents to exempt their children from immunizations required for child care facilities and schools for personal belief reasons;

(d) Evidence shows that states with lenient exemption policies experience higher rates of vaccine-preventable diseases;

(e) Compared to other states, Colorado has a relatively lenient vaccine exemption process and one of the highest exemption rates for nonmedical reasons;

(f) In 2017, Colorado ranked last among 49 states that reported kindergarten immunization rates;

(g) In 2017, 23,228 children attended Colorado schools without protection from one or more immunizations;

(h) In 2017, 9,424 Colorado children, a majority of them under the age of four, were hospitalized or went to an emergency department to be treated for disease that was preventable by an immunization, resulting in $55.5 million in charges;

(i) In 2016, the cost to investigate and prevent the spread of disease from just two Colorado measles cases totaled $68,192 in public funding; and

This is conjecture and impossible to verify. It's like putting a number on how many pregnancies are avoided by contraception use. How can we quantify the unknowable?

Fact check! This information is very misleading.

(j) Because diseases such as measles can spread rapidly, adequate immunization coverage in schools helps to protect the health of students, staff, and others in the community, including people who cannot be vaccinated for medical reasons or because they are too young to have received all recommended vaccines.

This is misinformation. CDC stats show that many vaccinated children contract these diseases, moreso than unvaccinated children in some cases (i.e., pertussis). The MMR vaccine insert warns recently vaccinated persons to stay away from immunocompromised persons for 6 weeks after receiving the vaccine.

(2) Therefore, the general assembly declares that all children deserve to attend healthy and safe child care facilities and schools that support their well-being and build strong foundations for learning and thriving.

SECTION 2. In Colorado Revised Statutes, 25-4-902, **amend** (1); and **add** (6) as follows:

25-4-902. Immunization prior to attending school - standardized immunization information. (1) ~~Except as provided in section 25-4-903,~~ A student shall not attend any school in the state of Colorado on or after the dates specified in section 25-4-906 (4) unless he or she has presented the following to the appropriate school official:

(a) (I) An up-to-date certificate of immunization from a licensed physician, a licensed advanced practice nurse, or authorized representative of the department of public health and environment or ~~county, district, or municipal~~ LOCAL public health agency stating that the student has received immunization against communicable diseases as specified by the state board of health, based on recommendations of the advisory committee on immunization practices of the United States department of health and human services or the American academy of pediatrics; ~~or~~

This almost doubles the number of vaccines currently required for school.

(II) A STUDENT WHO COMPLIES WITH COMPULSORY SCHOOL ATTENDANCE BY PARTICIPATING IN A NONPUBLIC HOME-BASED

What about co-ops, dual enrollment, "extracurricular and interscholastic activities" currently allowing homeschool participants per C.R.S.?

EDUCATIONAL PROGRAM, PURSUANT TO SECTION 22-33-104.5, OR AN INDEPENDENT SCHOOL PROVIDING A BASIC ACADEMIC EDUCATION, AS DESCRIBED IN SECTION 22-33-104 (2)(b), IS NOT REQUIRED TO COMPLY WITH SUBSECTION (1)(a)(I) OF THIS SECTION. A STUDENT MAY COMPLY WITH SECTION 22-33-104.5 (3)(g) BY MAINTAINING AN UP-TO-DATE CERTIFICATION OF IMMUNIZATION.

(b) A written authorization signed by one parent or guardian or an authorization signed by the emancipated student requesting that local health officials administer the immunizations; OR

(c) A CERTIFICATE OF A MEDICAL EXEMPTION OR A CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION, IN COMPLIANCE WITH SECTION 25-4-903 (2).

(6) ON OR BEFORE JANUARY 1, 2020, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL DEVELOP AND MAKE AVAILABLE TO HEALTH CARE PROVIDERS AND FACILITIES EDUCATIONAL MATERIALS REGARDING THE BENEFITS OF IMMUNIZATIONS. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL UPDATE THE EDUCATIONAL MATERIALS ANNUALLY.

Nothing about risks? MDs and RNs already receive benefits info. They aren't taught about risks.

SECTION 3. In Colorado Revised Statutes, 25-4-903, **amend** (2) and (3); and **add** (2.3) and (6) as follows:

25-4-903. Exemptions from immunization - rules. (2) It is the responsibility of the parent or legal guardian to have his or her child immunized unless the child is exempted pursuant to this section. A student ~~shall be~~ IS exempted from receiving the required immunizations in the following manner:

(a) (I) By COMPLETING AND submitting to the student's school ~~certification~~ A CERTIFICATE OF A MEDICAL EXEMPTION from a licensed

physician, physician assistant authorized ~~under~~ PURSUANT TO section 12-36-106 (5), ~~C.R.S.,~~ or advanced practice nurse that the physical condition of the student is such that one or more specified immunizations would endanger his or her life or health or is medically contraindicated due to other medical conditions. ~~or~~

(II) TO CLAIM THE EXEMPTION DESCRIBED IN SUBSECTION (2)(a)(I) OF THIS SECTION, A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-36-106 (5), OR ADVANCED PRACTICE NURSE MUST COMPLETE THE CERTIFICATE OF A MEDICAL EXEMPTION ON A STANDARDIZED FORM DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND PROVIDE A COPY OF THE COMPLETED CERTIFICATE OF A MEDICAL EXEMPTION TO THE STUDENT'S PARENT OR LEGAL GUARDIAN TO SUBMIT TO THE STUDENT'S SCHOOL, PURSUANT TO SECTION 25-4-902 (1)(c).

Schools already get this info. Why create an extra step?

(III) A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-36-106 (5), OR ADVANCED PRACTICE NURSE SHALL INFORM THE PARENT OR LEGAL GUARDIAN OF THE OPTION TO EXCLUDE THE STUDENT'S IMMUNIZATION INFORMATION FROM THE IMMUNIZATION TRACKING SYSTEM CREATED IN SECTION 25-4-2403. A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-36-106 (5), OR ADVANCED PRACTICE NURSE MUST SUBMIT THE MEDICAL EXEMPTION DATA TO THE IMMUNIZATION TRACKING SYSTEM.

Current CIIS tracking system that we CAN already opt out of.

New bill tracking system that we CANNOT opt out of.

(IV) A STUDENT WHO COMPLIES WITH COMPULSORY SCHOOL ATTENDANCE BY PARTICIPATING IN A NONPUBLIC HOME-BASED EDUCATIONAL PROGRAM, PURSUANT TO SECTION 22-33-104.5, OR AN INDEPENDENT SCHOOL PROVIDING A BASIC ACADEMIC EDUCATION, AS DESCRIBED IN SECTION 22-33-104 (2)(b), IS NOT REQUIRED TO COMPLY

WITH SUBSECTIONS (2)(a)(I) TO (2)(a)(III) OF THIS SECTION. A PARENT, LEGAL GUARDIAN, OR STUDENT, MAY COMPLY WITH SECTION 22-33-104.5 (3)(g) BY MAINTAINING A CERTIFICATION FROM A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE NURSE THAT ONE OR MORE SPECIFIED IMMUNIZATIONS WOULD ENDANGER THE STUDENT'S LIFE OR HEALTH OR IS MEDICALLY CONTRAINDICATED DUE TO OTHER MEDICAL CONDITIONS.

(b) (I) By COMPLETING AND submitting to the student's school a ~~statement~~ CERTIFICATE of A RELIGIOUS OR PERSONAL BELIEF exemption signed by one parent or LEGAL guardian, ~~or the~~ AN emancipated student, or A student eighteen years of age or older that the parent, guardian, or student is an adherent to a religious belief whose teachings are opposed to immunizations or that the parent or guardian or the emancipated student or student eighteen years of age or older has a personal belief that is opposed to immunizations.

(II) (A) TO CLAIM THE EXEMPTION DESCRIBED IN SUBSECTION (2)(b)(I) OF THIS SECTION, A PARENT, LEGAL GUARDIAN, OR STUDENT, AS DESCRIBED IN SUBSECTION (2)(b)(I) OF THIS SECTION, MUST COMPLETE THE CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION ON A STANDARDIZED FORM DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND SUBMIT THE CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION IN PERSON TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT OR THE APPLICABLE LOCAL HEALTH AGENCY, WHICH MUST PROVIDE A COPY OF THE COMPLETED CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION THAT HAS BEEN SIGNED BY A REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OR THE APPLICABLE LOCAL HEALTH AGENCY, TO THE

Why do we need to show up in person? Photos aren't needed for the system, are they?

STUDENT'S PARENT, LEGAL GUARDIAN, OR THE STUDENT, AS DESCRIBED IN SUBSECTION (2)(b)(I) OF THIS SECTION, TO SUBMIT TO THE STUDENT'S SCHOOL, PURSUANT TO SECTION 25-4-902 (1)(c). FOR SUBSEQUENT RENEWALS OF AN EXEMPTION DESCRIBED IN SUBSECTION (2)(b)(I) OF THIS SECTION, A PARENT, LEGAL GUARDIAN, OR STUDENT, AS DESCRIBED IN SUBSECTION (2)(b)(I) OF THIS SECTION, MUST COMPLETE THE CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION ON A STANDARDIZED FORM DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND SUBMIT THE CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION ONLINE OR IN PERSON TO THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT OR THE APPLICABLE LOCAL HEALTH AGENCY.

(B) ON OR BEFORE JANUARY 1, 2020, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL POST THE STANDARDIZED FORM FOR A CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION ON ITS WEBSITE. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL POST ANY UPDATED STANDARDIZED FORM FOR A CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION ON ITS WEBSITE.

Show us this form before making a law to enforce it.

(III) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT OR THE APPLICABLE LOCAL HEALTH AGENCY SHALL INFORM THE PARENT, LEGAL GUARDIAN, OR STUDENT, AS DESCRIBED IN SUBSECTION (2)(b)(I) OF THIS SECTION, OF THE OPTION TO EXCLUDE THE STUDENT'S IMMUNIZATION INFORMATION FROM THE IMMUNIZATION TRACKING SYSTEM CREATED IN SECTION 25-4-2403. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT OR THE APPLICABLE LOCAL HEALTH AGENCY MUST SUBMIT THE RELIGIOUS OR PERSONAL BELIEF EXEMPTION DATA TO THE IMMUNIZATION TRACKING SYSTEM.

Current CIIS tracking system that we CAN already opt out of.

New bill tracking system that we CANNOT opt out of.

(IV) A STUDENT WHO COMPLIES WITH COMPULSORY SCHOOL ATTENDANCE BY PARTICIPATING IN A NONPUBLIC HOME-BASED EDUCATIONAL PROGRAM, PURSUANT TO SECTION 22-33-104.5, OR AN INDEPENDENT SCHOOL PROVIDING A BASIC ACADEMIC EDUCATION, AS DESCRIBED IN SECTION 22-33-104 (2)(b), IS NOT REQUIRED TO COMPLY WITH SUBSECTIONS (2)(b)(I) TO (2)(b)(III) OF THIS SUBSECTION. A PARENT OR LEGAL GUARDIAN, OR STUDENT WHO IS EMANCIPATED OR EIGHTEEN YEARS OF AGE OR OLDER, MAY COMPLY WITH SECTION 22-33-104.5 (3)(g) BY MAINTAINING A STATEMENT OF EXEMPTION THAT THE PARENT, LEGAL GUARDIAN, OR STUDENT IS AN ADHERENT TO A RELIGIOUS BELIEF WHOSE TEACHINGS ARE OPPOSED TO IMMUNIZATIONS OR THAT THE PARENT, LEGAL GUARDIAN, OR STUDENT HAS A PERSONAL BELIEF THAT IS OPPOSED TO IMMUNIZATIONS.

(V) THE CERTIFICATE OF A RELIGIOUS OR PERSONAL BELIEF EXEMPTION FORM DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT MUST NOT REQUIRE A PARENT OR LEGAL GUARDIAN, OR STUDENT WHO IS EMANCIPATED OR EIGHTEEN YEARS OF AGE OR OLDER, TO PROVIDE ANY INFORMATION THAT WOULD IDENTIFY THE RELIGIOUS FAITH OF THE PARENT OR LEGAL GUARDIAN, OR STUDENT WHO IS EMANCIPATED OR EIGHTEEN YEARS OF AGE OR OLDER, WHO IS CLAIMING THE EXEMPTION. THE IMMUNIZATION TRACKING SYSTEM CREATED IN SECTION 25-4-2403 MUST NOT RECEIVE OR STORE ANY INFORMATION THAT WOULD IDENTIFY THE RELIGIOUS FAITH OF THE PARENT OR LEGAL GUARDIAN, OR STUDENT WHO IS EMANCIPATED OR EIGHTEEN YEARS OF AGE OR OLDER, WHO IS CLAIMING THE EXEMPTION.

(2.3) (a) THE FORMS DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SUBSECTION (2) OF THIS

SECTION MUST BE LIMITED TO REQUESTS FOR INFORMATION RELATED TO COLLECTING DATA PERTAINING TO AN EXEMPTION, INCLUDING BUT NOT LIMITED TO:

(I) DEMOGRAPHIC INFORMATION FOR THE STUDENT, PARENT, OR LEGAL GUARDIAN, NOT INCLUDING A SOCIAL SECURITY NUMBER;

(II) SCHOOL INFORMATION;

(III) IMMUNIZATION INFORMATION; AND

(IV) TYPE OF EXEMPTION CLAIMED.

(b) THE FORMS DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SUBSECTION (2) OF THIS SECTION MUST INCLUDE INFORMATION REGARDING WHERE A PERSON CAN ACCESS CREDIBLE AND SCIENTIFIC-BASED INFORMATION REGARDING THE BENEFITS AND RISKS OF IMMUNIZATIONS.

(c) (I) THE FORM DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SUBSECTION (2)(a)(II) OF THIS SECTION MUST INCLUDE INFORMATION REGARDING THE PARENT'S OR LEGAL GUARDIAN'S OPTION TO EXCLUDE THE STUDENT'S IMMUNIZATION INFORMATION FROM THE INFORMATION TRACKING SYSTEM CREATED IN SECTION 25-4-2403 AND THE OPTION FOR A PARENT OR LEGAL GUARDIAN TO INDICATE ON THE FORM THE CHOICE TO EXCLUDE THE STUDENT'S IMMUNIZATION INFORMATION FROM THE INFORMATION TRACKING SYSTEM.

(II) THE FORM DEVELOPED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SUBSECTION (2)(b)(II) OF THIS SECTION MUST INCLUDE INFORMATION REGARDING THE PARENT'S, LEGAL GUARDIAN'S, OR STUDENT'S, AS DESCRIBED IN SUBSECTION (2)(b)(I) OF THIS SECTION, OPTION TO EXCLUDE THE STUDENT'S IMMUNIZATION INFORMATION FROM THE INFORMATION TRACKING SYSTEM CREATED IN

"Including but not limited to" is too vague and open-ended.

This PII is not protected, like FERPA protects PII held by school districts.

Too confusing. Which tracking system? The current CIIS or the bill's new one?

SECTION 25-4-2403, AND THE OPTION FOR A PARENT, LEGAL GUARDIAN, OR STUDENT, AS DESCRIBED IN SUBSECTION (2)(b)(I) OF THIS SECTION, TO INDICATE ON THE FORM THE CHOICE TO EXCLUDE THE STUDENT'S IMMUNIZATION INFORMATION FROM THE INFORMATION TRACKING SYSTEM.

Too confusing. Which tracking system? The current CIIS or the bill's new system?

(d) ANY FORM CONTAINING DEMOGRAPHIC INFORMATION FOR THE STUDENT, PARENT, OR LEGAL GUARDIAN, SCHOOL INFORMATION, IMMUNIZATION INFORMATION, TYPE OF EXEMPTION CLAIMED, OR CHOICE OF WHETHER TO EXCLUDE THE STUDENT'S IMMUNIZATION INFORMATION FROM THE IMMUNIZATION TRACKING SYSTEM SHALL BE DESTROYED AS SOON AS IS REASONABLY PRACTICABLE BY A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED PURSUANT TO SECTION 12-36-106 (5), ADVANCED PRACTICE NURSE, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OR LOCAL HEALTH AGENCY, WHICHEVER IS APPLICABLE.

"As soon as reasonably practicable" is way too vague and thereby unenforceable.

(3) The state board of health ~~may provide, by regulation, for further exemptions to immunization based upon sound medical practice~~ SHALL ADOPT BY RULE THE MEDICAL EXEMPTION RECOMMENDATIONS BASED ON CONTRAINDICATIONS FOR VACCINATIONS AS DESCRIBED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION IN THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES, OR ANY SUCCESSOR ENTITY.

The ACIP gives recommendations, which are the strictest of all entities. This bill says "by rule" they should be followed. Doctors will have no say.

(6) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL INCLUDE IMMUNIZATION EXEMPTION INFORMATION AS PART OF ITS ANNUAL PRESENTATION TO THE GENERAL ASSEMBLY PURSUANT TO THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2. THE IMMUNIZATION EXEMPTION INFORMATION PRESENTATION MUST INCLUDE, BUT IS NOT LIMITED TO:

(a) STATISTICS DEMONSTRATING RATES OF IMMUNIZATION, MEDICAL EXEMPTIONS, AND RELIGIOUS OR PERSONAL BELIEF EXEMPTIONS COMPARED TO PREVIOUS YEARS;

(b) STATISTICS DEMONSTRATING RATES OF IMMUNIZATION, MEDICAL EXEMPTIONS, AND RELIGIOUS OR PERSONAL BELIEF EXEMPTIONS FOR EACH COUNTY WITHIN COLORADO; AND

(c) STATISTICS DEMONSTRATING RATES OF IMMUNIZATION, MEDICAL EXEMPTIONS, AND RELIGIOUS OR PERSONAL BELIEF EXEMPTIONS OF COLORADO COMPARED TO OTHER STATES.

SECTION 4. In Colorado Revised Statutes, 25-4-904, **amend** (1) as follows:

25-4-904. Rules and regulations - immunization rules - rule-making authority of state board of health. (1) The state board of health shall establish rules ~~and regulations~~ for administering this part 9. Such rules ~~and regulations shall~~ MUST establish which immunizations ~~shall be~~ ARE required and the manner and frequency of their administration and ~~shall~~ MUST conform to recognized standard medical practices. IN ADDITION TO THE IMMUNIZATIONS REQUIRED BY STATE BOARD OF HEALTH RULES AS OF THE EFFECTIVE DATE OF THIS SUBSECTION (1), AS AMENDED, THE STATE BOARD OF HEALTH SHALL ADOPT RULES THAT REQUIRE THE HEPATITIS A, ROTAVIRUS, AND MENINGOCOCCAL IMMUNIZATIONS. THE STATE BOARD OF HEALTH MAY PROMULGATE RULES TO ESTABLISH THE TIMING BY WHICH SCHOOLS, PARENTS, LEGAL GUARDIANS, OR STUDENTS MUST DEMONSTRATE COMPLIANCE WITH IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY OR GRADE-LEVEL ENTRY. Such rules ~~and regulations~~ may also require the reporting of statistical information and names of noncompliers by the schools. The

Specific vaccines are added directly into law? There is a stakeholder process for such approval that this circumvents.

Schools already have this. Stats are on the CO Dept of Education website.

department of public health and environment shall administer and enforce the immunization requirements.

SECTION 5. In Colorado Revised Statutes, 25-4-2403, **amend** (2) introductory portion; and **add** (2.5) as follows:

Current CIIS system.

25-4-2403. Department of public health and environment - powers and duties - immunization tracking system - definitions. (2) To enable the gathering of epidemiological information and investigation and control of communicable diseases, the department of public health and environment ~~may~~ SHALL establish a comprehensive immunization tracking system with immunization information gathered by state and local health officials from the following sources:

(2.5) (a) A PRACTITIONER WHO IS A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED UNDER SECTION 12-36-106 (5), OR ADVANCED PRACTICE NURSE SHALL SUBMIT IMMUNIZATION AND MEDICAL EXEMPTION DATA TO THE TRACKING SYSTEM.

This overrides the opt out option currently in place with the current CIIS system?

(b) NOTWITHSTANDING SUBSECTION (2.5)(a) OF THIS SECTION, A PRACTITIONER WHO IS A LICENSED PHYSICIAN, PHYSICIAN ASSISTANT AUTHORIZED UNDER SECTION 12-36-106 (5), OR ADVANCED PRACTICE NURSE IS NOT SUBJECT TO A REGULATORY SANCTION FOR NONCOMPLIANCE WITH SUBSECTION (2.5)(a) OF THIS SECTION.

SECTION 6. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

The amendment to allow the people of Colorado to vote failed. This affects the people. Why can't we vote on it?

Final question: How much will this cost? The fiscal note says $0, but I see no conceivable way to create, collect, manage, secure, and enforce this system at no cost. Can you?

Testimony for HB1312

Aaron to: matt.bishop 05/01/2019 11:31 PM

To whom it may concern,

I urge the committee members to vote no on HB1312. This bill, although written for admirable reasons, is not a bill that should be enacted at this time.

One of the biggest issues I have is the database tracking non-vaccinated students, which contrary to what many believe, is not an opt-out database. This poses so many violations to privacy, not the least of which is cyber attack. Its nearly impossible to truly secure this kind of data, and this medical data will become a target.

Its unethical to mandate medical procedures. Its an infringement on personal and medical choice. We have a system that is working well in CO.

Please vote no on HB1312.

--

Aaron Salt
Colorado Springs, CO 80920
719.445.9202

Testimony HB1312 - OPPOSE

Diane Berthold to: matt.bishop 05/01/2019 11:30 PM

My name is Diane Berthold and I am a long time registered Democratic constituent of the great state of Colorado. I am a mother of two young children residing in Boulder County. I have lived in Colorado since 1993. I am proud of living in one of the healthiest sates in our great nation. We have one of the lowest infant mortality rates, loweset obesity rates, and live in a highly education and health conscious community. We have no outbreaks.

Multiple reports have shown that parents who choose not to vaccinate their children are highly informed, income earners. We know what is in vaccines and we understand the health implications of these ingredients. Most of us have pored over medical studies, research papers, and medical journals for upwards of a hundred hours. The reality is that the vast majority have done this in response to devastating vaccine injury observed in our children and family members.

My 2 boys have tested as homozygous for the C677T gene of the MTHFR gene mutation. In laymen's terms, these means that they do not have the capacity to detox the way a "normal" body would. They are genetically predisposed to profound injury from vaccines. Because of this, their physician has written them both medical exemptions from all vaccines. The language in the exemption written states, "serious injury and possibly death if any vaccine is administered".

As a person suffering from vaccine induced autoimmunity, this is something I would NEVER wish on my children. The mechanism by which the aluminum and proteins injected through vaccines triggers autoimmune conditions is well established. I implore you to look into the work of Shoenfeld et. al and the discovery of ASIA or Autoimmune Syndrome Induced by Adjuvants. I would choose measles, chickenpox, pertussis, and flu over autoimmune disease for myself and for my children. These illnesses are largely mild, temporary and treatable! Autoimmune disease IS NOT and induces a lifetime of suffering.

Under HB1312, my children would lose their valid medical exemptions, and restrict their doctor from making valid medical decisions on their behalf. They would lose their rights to privacy and be added to a state tracked database.

Colorado has always been a bastion of both freedom and balance. We have a great diversity of political ideologies, cultures, and lifestyles. Please protect ALL people and MY children from this gross example of tyrannical overreach. Freedom must begin at the skin.

Thank you for your consideration.

Sincerely,
Diane Berthold
Longmont, CO 80501
(303) 668-0146

Testimony HB19-1312 OPPOSE

Elizabeth Mallory to: matt.bishop 05/01/2019 11:30 PM

I am here today to discuss HB19-1312. I want to begin by saying I am NOT anti vaccine, but pro medical choice. With that said, I believe that this bill is an infringement of the rights to medical privacy of Coloradans. Representative Mullica stated during the House hearings that while parents can opt out of the initial tracking database, there is in fact another database which there is no option to opt out. This is direct discrimination against parents exercising their freedom to choose the medical care that is right for their child, without consequence. In the case of an outbreak, wouldn't contacting all parents in a school district suffice, instead of referring to a damning list of people who may only opt out of one vaccination?

As Coloradans, we enjoy the rights our states gives. I implore you to represent me and the rest of the parents who live in the state of Colorado. Please do not vote to remove these rights. The truth is NO medication is one size fits all, and this statement includes vaccination. The decision to vaccinate should be made between the parents and a trusted pediatrician, and the state should not have a part in this.

Again, I ask for a no vote. Thank you.

Elizabeth Mallory

Testimony for HB19-1312 - OPPOSE

Lynea Brown to: matt.bishop 05/01/2019 11:29 PM

Thank you, Senators, for your time and consideration.

I am a Colorado native. I was born in Colorado Springs and though I didn't grow up here, I moved back with my husband to raise our family here. This is home. Our friends and our family live here and we are invested in our communities.

No other piece of legislation has scared me as much as HB19-1312. We have two beautiful, extremely healthy children. They are unvaccinated. We made that decision after hours and hours of intense research, asking questions, and considering the risks and benefits of both possible outcomes. Due to our family history as it relates to vaccine injury and autoimmune disease, this is the choice that we feel most comfortable with. I am confident in our choice. Rest assured, this decision has been anything but convenient.

My son is about to start Pre-K. He is so excited and we are thrilled to have found a lovely school for him to attend. But if this bill passes, I will be faced with making an excruciating decision. I will be forced to decide if I'm willing for the government to have his name and other personally identifying information in a database. Because 1312 requires any student filing a personal or religious exemption to forfeit their child's FERPA and HIPPA rights. This is wrong. If I want to protect my son from this invasion of privacy, I will be required to homeschool him with NO participation in any cooperative school program. Just thinking about this breaks my heart as his mother. He is so excited. As a resident, voter, and taxpayer in Colorado, I am deeply offended by this bill.

Representative Mullica has been unwilling to make an amendment to protect the resident children of this state by removing the need for personally identifying information. He refuses to agree that all we need is aggregate data, despite Governor Polis disagreeing.

I want to stay in Colorado to raise my family. As I said before, this beautiful state is our home. But if this bill becomes law we may have to leave. I won't sacrifice my children's privacy nor their right to participate in school, which we pay for in taxes, by the way. Frankly, this is discrimination and I can't believe we are even having this conversation. Please stand by Colorado families and vote no on HB19-1312.

Sincerely,

Lynea Brown

Testimony HB1312 - Oppose

Amy Horn to: matt.bishop 05/01/2019 11:28 PM

Dear Mr. Bishop,
My name is Amy Horn and I am here in opposition to HB19-1312. You'll hear lots of information tonight – though not enough now that time has been limited – please LISTEN to the mothers. Hear the parents. Ask good questions. Read a balanced lot of research and information. Withhold judgement. Give it time. Don't simply vote as a member of a party on this one.
Let those who wish to vaccinate their children do so, and let those who have questioned, learned, or experienced otherwise, choose otherwise. Those in opposition are a bold, educated, instinctual, persistent group of people and parents whose ONLY gain is the wellbeing of their children and not one thing more. That's it, we're just doing what we can to raise healthy kids - which sometimes includes getting selected vaccines on an alternative schedule. Parents want to choose between the very real risks on both sides of this matter and because of these risks, parents deserve a choice.
A one-size-fits-all medical approach is ineffective and risky – people don't lose weight in the same way; they don't respond to mental health treatment the same; we certainly don't prevent or treat even cancer with this type of approach. Exemption options are logical and necessary, and need to remain a private matter.
Please, keep this decision in the hands of parents – along with their health professionals – rather than handing it over to far-removed legislators and legally protected vaccine manufacturing companies.
We are here to stand for medical choice and privacy. Please hear us as we stand against this bill. Please vote a bold NO on HB19-1312. Thank you.
Sincerely,
Amy Horn

Testimony HB19-1312

Monique Miranda to: matt.bishop@state.co.us 05/01/2019 11:28 PM

Good evening,

I am writing this to voice my opposition to HB19-1312. I represent myself and my family. My name is Monique Beighley and I am a Board Certified Behavior Analyst with a Master's Degree in Applied Behavior Analysis with an emphasis in Autism. I am a Colorado native and I am also a mother of 3 vaccine injured children. I used to vaccinate according to schedule and without question. Then after child after child of mine began suffering adverse reactions that are stated right on the back of the vaccine inserts, I began to research. My pediatrician agreed that certain vaccines given at sensitive developmental times can have negative effects. She agreed with our decision to delay the MMR for our second son after my first son declined cognitively after his MMR. She said it was smart given what happened to our son Landon. Landon and Beckett have been plagued with illness from birth to now. My third child had a severe reaction and according to the vaccine inserts it stated we should proceed with caution when continuing to vaccinate. My doctor dismissed this reaction and wanted to continue anyway. Even though in the past she admitted my son might have received and I quote, "a bad batch of a vaccine" and developed large lumps at the injection site that stayed there for months after vaccination. So she continued to condescend herself about vaccines. Then I found out that doctors actually receive payouts for fully vaccinating their patients. Then I found out all the hurdles I would have to go through to report a reaction to VAERS. Then I found out that the vaccine makers were given blanket immunity for their products and could not be sued if their product caused harm. Then I discovered that the very people who wrote this bill have received money from the same pharmaceutical companies who make vaccines. This bill is not about safety this bill is about money. This bill is about gathering all of us "non-compilers" in a database so we can be targeted later. We all know this bill is just a stepping stone to stripping away future exemptions. We all know what Mullica wanted to do with this bill originally. All this bill is going to do is force people who originally had medical exemptions to now have to file personal exemptions. Then next year they can say, "look at the astounding number of personal exemptions, we must do something about that." As this bill stands I would leave the state before seeing my beloved and home state of Colorado turn into the next California. Please vote no on HB19-1312.

HB19-1312 OPPOSE

biznitzki to: Matt.bishop@state.co.us 05/01/2019 11:28 PM

Our children's right to an education outside the home should not be contingent on their information being held in a database. Such a database could be used to enable or encourage discrimination. Forcing families to add their child's private information to a government registry for using a legal vaccine exemption is harassment of a minority population. Our children have a right to medical privacy which can not be guaranteed in such a database. This bill would infringe on the basic human right to an education. The Universal Declaration of Human Rights state that education should be accessible-meaning that the education system is non-discriminatory and accessible to all, and positive steps are taken to include the most marginalized. His bill does the opposite. This is an attempt to legislate through fear. By taking a marginalized group of people that need understanding and forcing them to abide by the state's wishes through the threat of tracking and identifying them or removing their child's right to an education outside the home.

"When people fear the government tyranny has found victory." Thomas Jefferson

Thank you
Scott Swartzendruber
970-219-0459

Testimony HB1312- OPPOSE

Jessica to: Matt.bishop 05/01/2019 11:27 PM

Please oppose this bill which is a total violation of our constitutional rights!
Thank you,
Jessica Hill
Sent from my iPhone

Testimony HB1312- OPPOSE.

theresa molchen to: matt.bishop@state.co.us 05/01/2019 11:25 PM
Please respond to "theresa_molchen@yahoo.com"

I'm writing to you my one last ditch attempt to try to protect my child.

We homeschool our 5 kids in Parker and we always vaccinated all of our kids from birth just like our pediatrician suggested, even a very rigorous schedule for my youngest, even more so than his brother that is 2 years older than him and even receiving 2 rounds of vaccines while in my late third trimester with him.

Things changed in December of 2017 when my youngest who is about to turn 3 had the MMR and within a couple days developed a high fever and then he had a very violent seizure in my arms. We have no history of seizures and this was completely unexpected. Immediately my pediatrician said that it was a vaccine injury and that she would report it to the vaccine reporting agency. The next year and a half following this event involved monthly high unexplained fevers up to 107, he had 10 in 2018 and this year so far he's had 6.

We've taken him to countless doctors and specialists, probably about a dozen or more and we actually are taking him to Kansas city to see two more a few weeks. We've run countless tests that only come back as high levels of immunoglobulin G showing that he's allergic to something but even my allergy specialist immunologist can't explain what even after modified diet and removing pets and cleaning the house like crazy. He also is showing signs of liver damage and high levels of inflammation.

He's been on a very heavy anti-inflammatory drug for a few months now and they are starting to help but the immunologist thinks he needs more. They think it's familiar Mediterranean fever which causes high levels of inflammation and damage to the heart, brain, liver, kidneys and can cause arthritis and digestive pain but it's definitely an autoinflammatory disease that was triggered by the MMR.

So the reason why I'm telling you all of this is because my child has a medical exemption from vaccines as our immunologist believes that the MMR triggered this autoinflammatory response but because it's a condition that is hard to diagnosis and they aren't completely sure about which autoinflammatory disease so it could be CAPS or even TRAPS but they do know that another vaccine could send him into amyloidosis and kill him. This vaccination bill would not only make it harder to claim medical exemptions but for children's diseases who aren't well known or aren't diagnosed yet, they would lose their medical exemptions and be forced to vaccinate against their parent's will.

I've worked hard to be a great mom. This bill would force me to sign documents stating that I'm abusive and neglectful of my children's medical needs. How is that constitutional?

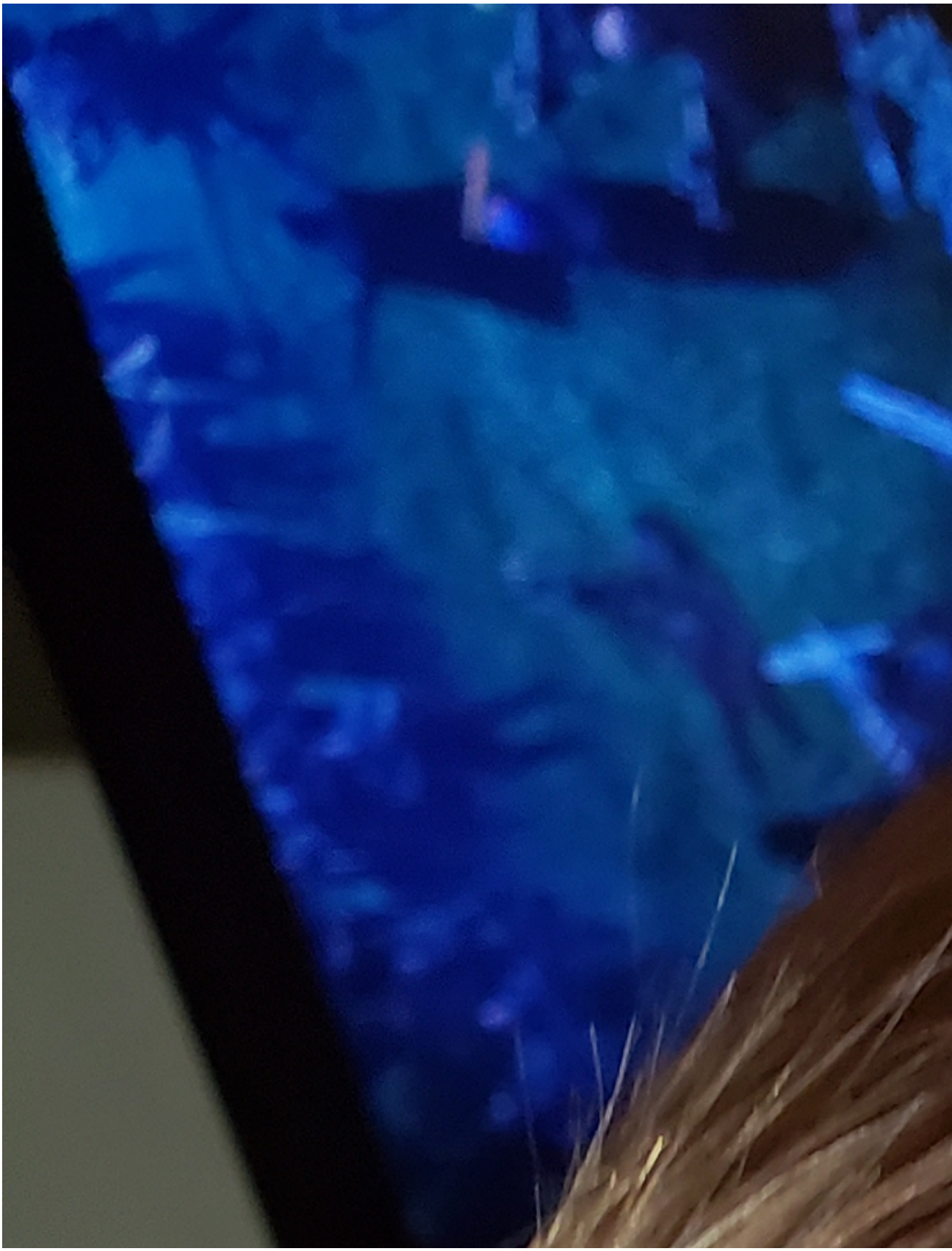
When my first baby was 6 weeks old she had a high fever and the pediatrician told us it was a virus but when it didn't go away I took her to children's emergency and thet found out that she had severe kidney damage, renal reflux, and hydronephrosis from a UTI. When my second daughter became ill after Halloween the doctor called it a virus but

my gut knew it was more so again children's emergency found a ruptured appendix. Countless other times doctors were wrong nearly costing my children their lives. My current pediatrician has admitted that she has no knowledge of either autoinflammatory or autoimmune diseases and she will admit that she can't help us. She's also at a practice, like almost all other pediatric practices that will not allow unvaccinated children as patients. So even getting well child visits will be impossible.

I have my masters of education from Regis, I've done my research and I know what's best for my children. One size fits all doesn't work when it comes to medical science and the human factor. Not everyone can be vaccinated according to their schedules or should be vaccinated at all. When my son gets a real wild virus his body handles it much better than other kids because his immune system is on over drive. Live wild viruses are nothing for him but vaccines always have horrible reactions for him.

You and all the other state level politicians have my child's life in your hands. I've always respected the laws and officials but I have no problem breaking this law to protect my child. I will become a criminal to save my child's life. Please don't make me into a criminal, please don't make me flee my home to protect him, please fight for us.

Thank you, sincerely,
Theresa Garcia



This is Benedict Garcia (2) who has a medical exemption for an unknown autoinflammatory disease.

HB1312- OPPOSE

Jaimy to: matt.bishop 05/01/2019 11:25 PM

Dear Senator Bishop,

Please find below my testimony that I prepared for the House Committee hearing, but was not able to read due to the late hour. I was also not able to read the testimony before the Senate Committee due to time constraints. I have spent over 24 hours at the capitol over the last week and a half and still have not been heard.

Thank you madam chairman and committee:
My name is Dr. Jaimy Voigts and I represent myself, my husband, and my two healthy, high performing, non-vaccinated children. I am here testifying before a health committee for the second time on nearly the same topic. I was here two years ago to testify in opposition to a proposed bill to formally require the CDPHE exemption form. I am here today to speak in opposition to HB19-1312. According to page 7, line 23-25, the CDPHE will be given unbridled authority to create an exemption form, which will then be required by all parents exercising a personal or religious exemption. There is no clear information or guideline stated in this bill in regards to wording that may or may not be included in this form. If we are to assume that it will be similar to the current CDPHE form, it will contain much of the same wording that so many previously found to be compelled speech and this legislature refused to approve. I cannot assign my legal signature to any document that makes statements that I fundamentally disagree with. As a licensed medical provider, I have thousands of hours of formal education and personal research that have led me to exempt my children from vaccines. I understand the benefits and risks of vaccines, and weighed these against each other for many years before coming to this decision. After exercising my right to exempt my children from vaccines, I was repeatedly lied to and bullied by the CDPHE, to the point that it became necessary for me to hire an attorney so that my children would be able to continue to exercise their right as American citizens to a public education. Any changes made to the current exemption laws will not result in my bringing my children up to date on their vaccines. It may however result in pulling my children from their public school, reducing their school's funding by nearly $15,000. It may result in my family leaving the state of Colorado, forcing the hundreds of families under my care to find a new healthcare provider. As a small business owner, moving my practice to another state would also result in reduced employment or unemployment for my employees. I ask you to please consider the broad ramifications of this bill. If this bill is to pass as it currently reads, a state agency, the CDPHE or State board of health, will be given authority to supercede the power of parents to make informed choices for their family, and supercede the power of this legislature to make changes to the existing vaccine exemptions and any forms proposed to regulate said exemptions. This bill is not a happy medium, it is a power grab by a state agency to deny the rights of the citizens of Colorado. Please vote no on HB19-1312. Thank you.

Sent from my iPhone, please excuse any misspellings.

Testimony for HB19-1312

Lynea Brown to: matt.bishop 05/01/2019 11:24 PM

Thank you, Senators, for your time and consideration.

I am a Colorado native. I was born in Colorado Springs and though I didn't grow up here, I moved back with my husband to raise our family here. This is home. Our friends and our family live here and we are invested in our communities.

No other piece of legislation has scared me as much as HB19-1312. We have two beautiful, extremely healthy children. They are unvaccinated. We made that decision after hours and hours of intense research, asking questions, and considering the risks and benefits of both possible outcomes. Due to our family history as it relates to vaccine injury and autoimmune disease, this is the choice that we feel most comfortable with. I am confident in our choice. Rest assured, this decision has been anything but convenient.

My son is about to start Pre-K. He is so excited and we are thrilled to have found a lovely school for him to attend. But if this bill passes, I will be faced with making an excruciating decision. I will be forced to decide if I'm willing for the government to have his name and other personally identifying information in a database. Because 1312 requires any student filing a personal or religious exemption to forfeit their child's FERPA and HIPPA rights. This is wrong. If I want to protect my son from this invasion of privacy, I will be required to homeschool him with NO participation in any cooperative school program. Just thinking about this breaks my heart as his mother. He is so excited. As a resident, voter, and taxpayer in Colorado, I am deeply offended by this bill.

Representative Mullica has been unwilling to make an amendment to protect the resident children of this state by removing the need for personally identifying information. He refuses to agree that all we need is aggregate data, despite Governor Polis disagreeing.

I want to stay in Colorado to raise my family. As I said before, this beautiful state is our home. But if this bill becomes law we may have to leave. I won't sacrifice my children's privacy nor their right to participate in school, which we pay for in taxes, by the way. Frankly, this is discrimination and I can't believe we are even having this conversation. Please stand by Colorado families and vote no on HB19-1312.

Sincerely,

Lynea Brown

HB:1312-OPPOSE

Amanda Baugher to: matt.bishop@state.co.us 05/01/2019 11:23 PM

As a lifelong Democrat I been disheartened by my political party as I have watched the tactics used to further this bill.

As a Democrat I stand for choice and I ask you to vote no on this bill. I also urge you to consider that a no vote on this bill is NOT a vote against vaccines. You an support vaccines and see the issues with this bill. To vote no on this bill is to vote yes to parental rights. It is a vote FOR protecting the personal medical information of our children - data that could be used to ostracize and discriminate against some of our most fragile citizens. It is a no that says yes to preserving the doctor patient relationship and allows those doctors to make the decisions that are best for their patient instead of a government entity that has never seen the child. It is an important NO.

Repeatedly amendments were attempted to limit the PI that can Ben included in the database. Why?

Convenience, wether a parent vaccinated or not, if their child is in preschool, before or after school care, sports programs etc they need to take that child to a doctor for an examination to be certified healthy to participate. Convenience is getting those vaccinations at that time. Not then also choosing to follow the current expemtion process, facing disdain from anyone who disagrees with that choice.

The education module is not needed by the Bill sponsors own testimony. Amendments were attempted and voted down many times to comply with informed consent by providing both benefits and risk. They were denied and it was stated that adding risks was not needed because doctors already discuss the risks with patients. Are we saying doctors don't currently talk about the benefits?

To say that 90% of people think all children should be vaccinated is not the same as having asked those same people if they believe they should be forced into vaccination.

This bill will not fix the stated problem. It will only breed more distrust of government and government overreach.

Please vote NO on HB-1312

Amanda

Testimony HB1312- OPPOSE.

Holly to: matt.bishop 05/01/2019 11:23 PM

My name is Holly Fite and I OPPOSE hb1312 for numerous reason. First and foremost it is a violation of my family's privacy. Tracking someone's private medical choices is not constitutional. I will be pulling my children out of public school as soon as this bill passes along with thousands of other parents. If the goal is to increase vaccinations then focus our tax dollars on safer vaccines and holding vaccine manufacturers accountable for their product. It baffles me that we are buying vaccines that are made in China and trusting them to keep Americans healthy. Vote no on 1312!

Testimony HB1312 - OPPOSE

Nicole Baker to: matt.bishop 05/01/2019 11:23 PM

Thank you Madame Chair,

My name is Nicole Reddick and I represent myself and my son.

I urge you to vote "No" on Hb-1312. I am a Registered Nurse and mother of a special needs student that attends the Early Childhood Program through my School District. My son has a chromosomal disorder unlike anything his doctors have ever encountered and his pediatricians and many specialists have chosen to put him on an alternative vaccination schedule because in his short 4 years he has endured 12 surgeries and several diagnoses that have put him at higher risk for an adverse reaction to his childhood vaccines. Hb-1312 would strip him of the careful treatment plan we have put in place under the guidance of his physicians and it would destroy the trusting relationship I have with those giving him the care he needs to thrive. ACIP would add unnecessary and nonsensical vaccines to the required (and already bloated) schedule. With the addition of 4 vaccines, one of which it would be impossible to “catch up” on, I will be forced to file a personal exemption. It is important to me that he be able to attend pre-school and grade school with typical children as well as other medically fragile children like him in order to live his best life. It only makes sense that if this bill passes, you will see the Personal Exemptions EXPLODE exponentially, which is the opposite effect you want to achieve.

Compromised safety and severed trust is not the only reason I oppose this bill. Because I am a nurse and work 52 hours a week trying to provide for his care, I know everyone (especially a medically vulnerable child) legally has a right to have their medical and health information protected by HIPAA and FERPA and not "tracked" as this bill promises to do with all exemptions. The idea of a "registry" that keeps my child's educational and medical records on file (for whom?) is not only illegal, but borderline medical fascism. There is no amendment to limit who can and will access my child's records, and no explanation as to what they will do with this data. I will not sign a form at CDPHE with compelled language that will serve to discriminate against my family and child. This is a very vague and frightfully unconstitutional bill.

Please, Senators, protect our physician and parental rights to choose for our unique kids the health treatment plan that fits them, and not make it impossible to get the care he needs with the obstacle of big government. It is government overreach like this that will destroy our trust that our Colorado legislators will be on the right side of history. I implore you to vote NO on Hb-1312.

Respectfully,

Nicole Reddick
Fort Collins, CO

HB 1312 OPPOSE

Jansen Howard to: matt.bishop 05/01/2019 11:22 PM

Hello,

I am concerned. And I am not in support of this or in the way hundreds of people are being DENIED THEIR RIGHT TO TESTIFY based on time limits.

Testimony HB19-1312 OPPOSE

Tiffany Province to: matt.bishop 05/01/2019 11:21 PM

Thank you madam chair, my name is Tiffany Province and I represent myself. Will information presented to the SMART act include vaccine injury rates? Do you believe that it is important to have a clear overall picture of all vaccination data?

I ask because at the age of six months my son was injured by a vaccine. An incredible Children's Hospital neurologist diagnosed the condition and called it a "tragedy of modern medicine". Within one hour my son began having seizures. He received a vaccine that day that his system couldn't handle; DTaP. The CDC and vaccine manufacturers publish information that some babies WILL have reactions like, encephalitis, death or in our case, infantile spasms. When I heard that diagnosis, it sounded mild. It is NOT. It means that an infant has 150-300 seizures a day. I count every. single. Seizure. Some people can't have peanuts, others can't have penicillin, my son can't have vaccines. From the moment the needle penetrated his skin, our lives have been very different. At 11 years old we're told he will never walk or talk. His medical bills cost our state a number figured in the millions.

I hear people testifying and calling vaccines "safe and effective". The definition of safe is "protected from or not exposed to danger or risk". According to the CDC AND manufacturers there are indisputable risks involved in vaccination. Calling a vaccine "safe" is choosing to ignore the reality of risk.

It's been suggested that laziness is the reason that parents exempt their children. Based on what you've seen here today and for the past several weeks, you know that laziness is not why we exempt. I ask you to please allow parents to continue protecting their children including their personal information that should not be in a database. Ever. Please VOTE NO on this bill.

Again I ask, will vaccine injury rates be included for the SMART ACT?

Tiffany Province
719-251-9270

HB19-1312 OPPOSE

Dawn Scott to: matt.bishop@state.co.us 05/01/2019 11:20 PM

Please vote NO on HB19-1312

I am a Colorado resident and I am absolutely against this bill. This is not a bill for Colorado families. We are so focused on protecting the immo-compromised. We we vaccinate kids with live virus vaccines, those vaccines shed. This is the reason that our neonatal intensive care units have signs that say "If you have been vaccinated in the last two weeks, do not enter."

We need to use common sense. This is NOT common sense. I cannot understand why the government would think it is their JOB to vaccinate my children that they have NEVER met nor spoken to their doctor

Dawn

Testimony HB1312-OPPOSE

Barbara LaPolla to: matt.bishop 05/01/2019 11:19 PM

Dear Senate Committee,

I am writing you in regards to HB19-1312. There are many concerns with this bill for my family and I but I would like to focus on the 2 that are most problematic.

Page 12 lines 18 to 22 of the bill requires students to now have Rotavirus as an immunization for school entry. This vaccine is only given to infants and is not approved for older children or adults. Therefore, if a current student did not receive it by 8 months of age, then they are not in compliance with the school immunizations requirement and will be required to seek a personal or religious exemption. Most doctors (including mine) did not recommend Rotavirus for various reasons including for kids who are NOT in daycare and therefore not as susceptible to catching the illness. To pass this bill as is would increase the rate of vaccine exemptions and not increase number of vaccinated children.

Additionally, page 11 lines 16 to 20 of the bill state that medical exemptions will be based on the VERY narrow list of contraindications created by ACIP/CDC. That means that even if my child suffers a severe adverse reaction (as specifically listed on the vaccine insert) following the receipt of a vaccine, my child would not qualify for a medical exemption and I would be required to continue vaccinating my child and praying to God that he/she would not have another severe reaction that lead to permanent disability (also not a contraindication listed by ACIP/CDC) or death. What mother/parent in their right mind would risk their child's life by continuing to vaccinate so that their child could receive the public education they are entitled to and their parent's pay for through tax dollars? And no, I nor any other parent can rely on personal or religious exemptions because we all know those will be on the chopping block next session.

For my family the passing of this bill means that my kids will no longer have the right to be protected with a medical exemption. That in order for my husband and I to continue to both work outside the home in respectful occupations (we are both Certified Public Accountants) we would have to vaccinate our children knowing that they suffer from a genetic disorder that makes them more susceptible to vaccine injury, in order for them to attend school. Are their precious lives not worthy of a medical exemption? Should we vaccinate and hope they don't suffer vaccine injury like their 3 cousins? Would you risk that? For an education? For the right to our God given freedom? How can you mandate a profit-driven pharmaceutical to your citizens that faces no liability if my child is injured?

Finally, how is this bill really going to increase school immunizations? Million dollar question that no one seems to know the answer to.

Please vote no on HB19-1312. Have faith you are doing the right thing for the people of Colorado.

Thank you,

Barbara LaPolla

No on HB 1312

Anne Marie Robbins to: matt.bishop 05/01/2019 11:18 PM

Mr. Bishop,

Please see my attached story of why I oppose HB 1312.
Sincerely,
Anne Marie Robbins

Senator testimony.docx

Sent from my iPhone

Senator,

I am a mom of three boys, all of whom are mostly vaccinated. I greatly oppose HB 1312 for so many reasons.

I would like to address my home and its affects. My 14 year old son is injured from vaccines. This started at two months. His pediatrician was stumped and this continued for 18 months. Every reaction he had linked to his timed recommended CDC schedule vaccinations. My son is chronically ill as a result. He will be for the rest of his life. He will always suffer. His injuries are not what you normally hear about. He has severe food allergies and severe asthma. It has been an extremely painful journey both emotionally and physically for both of us.

Cayden is on a lot of meds. Each time I receive a new medication; there is an insert in the box. This insert explains the medication's chemical makeup, how to take it, risks and benefits. Not one time, not once, for three boys did I ever receive the same for any of the vaccines they received. Never was I informed of the risks of receiving the vaccines but only risks for not doing so. The push is always for what is the best for the masses but rarely, if ever, is there concern given for those who will not do well. Under the new bill, my boys would have to receive more vaccines than I choose to give them. After seeing my son in the ER and PICU multiple times and tons of specialized doctor's visits, I choose not to further vaccinate. As their mom, I have the privilege, freedom and joy to raise them and choose what is best for them until they are old enough to do so for themselves. I do so based on so much research and discussion with their doctors and other medical professionals. I do so because I have watched my son suffer more than anyone else in my life. This bill takes away the medical professionals' opinion. It takes away what is in the best interest of the child. It takes away the very trusted relationship that my son has grown to rely on when he is sick. It brings doubt and fear into him and as a mom that is terrifying and painful to watch. I will not allow that to happen.

My other concern is that of the data base. This bill is vague about the reasons and purposes for it. Aside from that, I am genuinely scared that the information will be used against my household for discrimination and attacks. Never have I ever been terrified of my own government or of what will happen to my children. Their future is stamped with judgment, discrimination and lost rights with the data base. We know that as the bill stands now, it will change. The government has shown in other states how promises are broken in this issue. California is an example where Pan promised the bill will not change and yet here he is again taking yet another freedom away from people.

My children are old enough to understand the dangers of this bill. They have walked with their brother while he has suffered greatly for his entire life. They know enough to know that I am fighting for them as they don't truly have a voice that will be heard.

Please vote no on HB 1312.

Testimony HB19-1312 – OPPOSE

Julie Anne WH to: Matt.bishop 05/01/2019 11:18 PM

My name is Julie Holmlund, I represent myself and my family. I *strongly* oppose this bill.

I'm grateful to the other opponents of this legislation who are sharing carefully crafted, passionate testimonies addressing the specifics of this bill.

For my part, I'm going to speak to everyone listening to this hearing who feels passionately about this legislation, for and against.

To those who oppose this bill, please stay vigilant and focused. As you're surely aware, a coordinated, national media campaign is actively disparaging people who stand for medical choice. Social media platforms are trying to silence our voices. Legislation is currently being debated across the country in an attempt to greatly limit or remove people's medical freedom.

Clearly, massive resources are being applied in an attempt to coerce compliance and limit medical choice.

In the face of such intense, ongoing pressure, we must remain resolved, organized, and vocal. No matter the outcome of this particular bill, we must stand strong against the oncoming wave. This is only the beginning.

To those of you who support this bill, you are actively condoning the intimidation and coercion of your neighbors' medical choices.

The protection of a community's health and well-being is absolutely a noble cause. But doing so through the force and irresistible power of the state is fundamentally aggressive and, frankly, deeply immoral.

I challenge vaccination proponents to find peaceful ways to influence others – through persuasion, education, even ostracism – in order to work towards your goals.

If you must resort to force and coercion in order to get people to comply, your position is clearly not supported by logic and evidence. And you will surely drive more and more people away from your cause.

I believe this bill should not exist at all. That simply its consideration, let alone passage and implementation, is a gross overreach of government power.

Senators, I plead with you, do not allow this bill to proceed any further. Please vote no.

Thank you.

HB19-1312 OPPOSE

Tara to: Matt.Bishop 05/01/2019 11:18 PM

After being here since 9am to testify I wasn't given the chance. Here is my testimony.

My name is Tara Swartzendruber and I am here representing myself and my family as we oppose House Bill 1312.

Representative Mullica has clarified that parents can opt out of CIIS (Colorado Immunization Information System) but not of the database that houses the exemptions. There is nothing in the bill about data retention or deletion. How long will this data be in the database? Will it ever be deleted? Will our children be in this database forever? Why doesn't this bill address that?

Both our daughters have been diagnosed with multiple autoimmune diseases and severe food allergies. Their MD believes that vaccination would be too much of a risk and assault on their already overactive immune system. We were so fortunate to have been able to homeschool for their early schooling, but as they've become teenagers they have wanted the experience of school. They are now both in public school and love it. They are active and engaged students that choose to be there every single day. In the past we have filed personal exemptions with their local school as even though their Dr. believes that vaccines cannot be a one size fits all situation, he wasn't writing medical exemptions, concerned his license and reputation could be at stake.

He very recently committed to writing them medical exemptions when our younger daughter had a new autoimmune flare up that is affecting her brain. If this bill passes, my girls will lose this medical exemption. According to the bill,
The state board of health SHALL ADOPT BY RULE THE MEDICAL EXEMPTION RECOMMENDATIONS BASED ON CONTRAINDICATIONS FOR VACCINATIONS AS DESCRIBED BY ACIP and the CDC.

I will not have my daughter's medical information put into a database like a criminal! What kind of opportunities will my girls, with their whole lives ahead of them, miss out on if they are in this database. My oldest is on social media and has commented on how many hateful memes and jokes she has come across aimed toward those who choose not to vaccinate. A lot of people HATE my kids even though they don't know them based on a medical choice that their MD supports! And we're going to put them in a database that could potentially tell people this sensitive medical information and where to find them?! No thanks.

Doctors are already hesitant to issue medical exemptions even if they believe its best for the child, this hesitancy is only going to increase if the physician is also put into a tracking system!

Representative Mullica has clarified that parents can opt out of CIIS (Colorado Immunization Information System) but not of the database that houses the exemptions. There is nothing in the bill about data retention or deletion. How long will this data be in the database? Will it ever be deleted? Will our children be in this database forever? Why doesn't this bill address that?

Vote NO on HB-1312

Sent from my iPhone

HB19-1312 testimony

Carmen Bontrager to: matt.bishop 05/01/2019 11:18 PM

Dear Sir:

Thank you for reading my testimony.

The purpose of this bill as stated is to modernize immunization requirements for school entry to improve vaccination rates. So let me speak to that. I'd like to take a look at what other industrialized nations are doing to protect their citizens and save lives.

Japan has no vaccine mandates with the earliest vaccinations recommended at 2months. Does not vaccinate newborns with HepB, has banned MMR & doesn't not require HPV. Does not give TDAP or Flu vaccine to pregnant mothers. Japan recommends 19 vaccinations for 7 illnesses before a child's first birthday.

Sweden, another top industrialized country has no vaccine mandates but vaccinations rates are above 95%. Earliest vaccinations are offered at 3months unless the mother is infected with HepB. Children are recommended to receive 18 vaccinations for 6 illnesses before their first birthday.

The US requires HepB at birth. This current bill would put us at 34 required vaccinations (12 diseases) by a child's first birthday. Pregnant mothers are routinely prescribed Flu and Tdap vaccinations during pregnancy even though there are no studies proving they are safe for pregnant women and no vaccine has been formally licensed during pregnancy to protect the infant.

The CDC views infant mortality as one of the most important indicators of a society's overall health. Japan and Sweden rate at the top with 2 infant deaths per 1,000 live births. The US ranks behind 55 other countries like Latvia, Slovakia or Cuba at 5.8 deaths per 1,000.

International infant mortality and health statistics and their correlation to vaccination protocols show results that government and health officials are ignoring at our children's great peril. You're completely missing the mark!!

If vaccines save lives, **why Senators,** are American children dying at a faster rate, and dying younger compared to children in **19** other wealthy countries-translating into **57%** greater risk of death before reaching adulthood?

--

Carmen Bontrager
carmenrbon@gmail.com
319.936.7900

Testimony HB1312- OPPOSE

Melissa Evans to: matt.bishop 05/01/2019 11:17 PM

Dear Mr. Bishop,

Thank you for taking the time to listen. I know that we are all working towards healthy children and a healthy community. HB19-1312's effect on exemptions is unnerving. Some people, myself included, are leery about vaccines for a number of reasons:

- They have personally experienced permanent damaging changes in their children, even death
- Care providers do not report adverse reactions so long term data is absent
- Adjuvants in vaccines are intended to disrupt the immune system and carry risks
- No safety studies against a true placebo have been performed, they still contained the adjuvants
- Personal beliefs about the sanctity of life make it hypocritical to inject aborted fetal cells into another person's body
- Vaccine manufacturer are not liable for their product
- It seems that lobbyists from the pharmaceutical industry wrote this bill which would be financially beneficial to them

In Colorado we already have a system in place if there were an outbreak prevent unvaccinated students from attending school. There is no logistical need for a database with PII. It would seem that the only reason for this breach in privacy is to be able to launch a more aggressive attack against anyone in the database. This is an unnecessary cost to implement and maintain and scary for anyone who's in it. It feels like wearing a target on one's head.

The bill restricts medical exemptions to ACIP guidelines. I hope you have read those carefully, there are very few instances ACIP believes a person should be exempt - HIV and anaphylactic shock are most of the accepted list. Someone has to nearly die before they would be permitted obtain their exemption. That is not a sacrifice I am willing to make with my children whom I know have genetic mutations that make them more vulnerable to an adverse event – though probably not an allergic reaction.

Because we haven't experienced the ACIP requirements for a medical exemption, we must use philosophical or religious exemptions instead. Many people who have had serious reactions, though not serious enough for ACIP, will be forced to do the same. Seizures, developmental roadblocks, and autoimmune disorders do not qualify. This bill will likely increase exemptions rather than decrease them as families are forced into a corner. Families that chose to vaccinate, but are selective or chose to delay will also increase exemptions. Colorado is one of the healthiest states in the country, the system we currently have does not need to be fixed.

Please consider these alternatives instead:

- Mandate all care providers report any and all adverse reactions to VAERS so that we can collect data
- Require placebo-controlled studies be performed before requiring or allowing vaccines be given
- Continue with the system in place for school when it comes out outbreaks; at a minimum, remove PII from the database
- Allow doctors to work with parents when discussing medical exemptions instead of only accepting ACIP
- Make vaccine manufacturers liable for their product
- Prohibit lobbyists from writing bills that will benefit them financially; this conflict of interest does not serve the people

Please vote NO on HB19-1312 to protect individuals, their right to medical freedom and privacy.

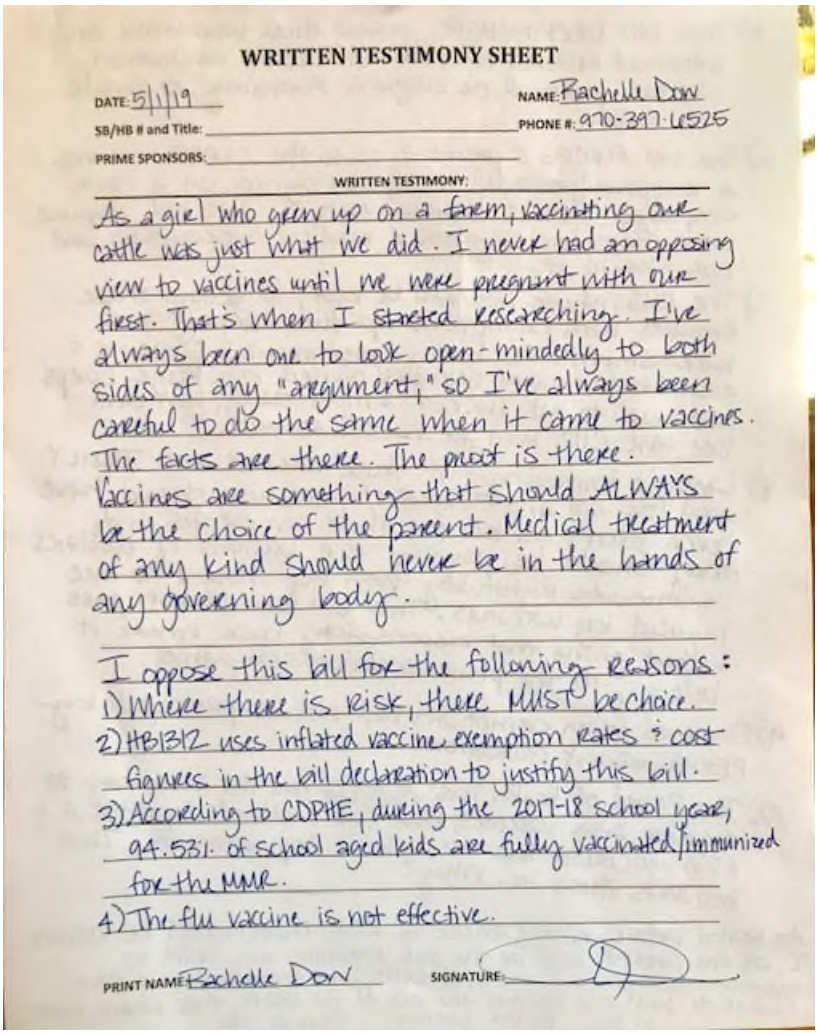
Sincerely,
Melissa Evans 80018

HB1312 - OPPOSE

Chelly Dow to: matt.bishop 05/01/2019 11:16 PM

Hello Matt,

Below is my written testimony as left earlier today.



WRITTEN TESTIMONY SHEET

DATE: 5/1/19 NAME: Rachelle Dow

SB/HB # and Title: PHONE #: 970-397-6525

PRIME SPONSORS:

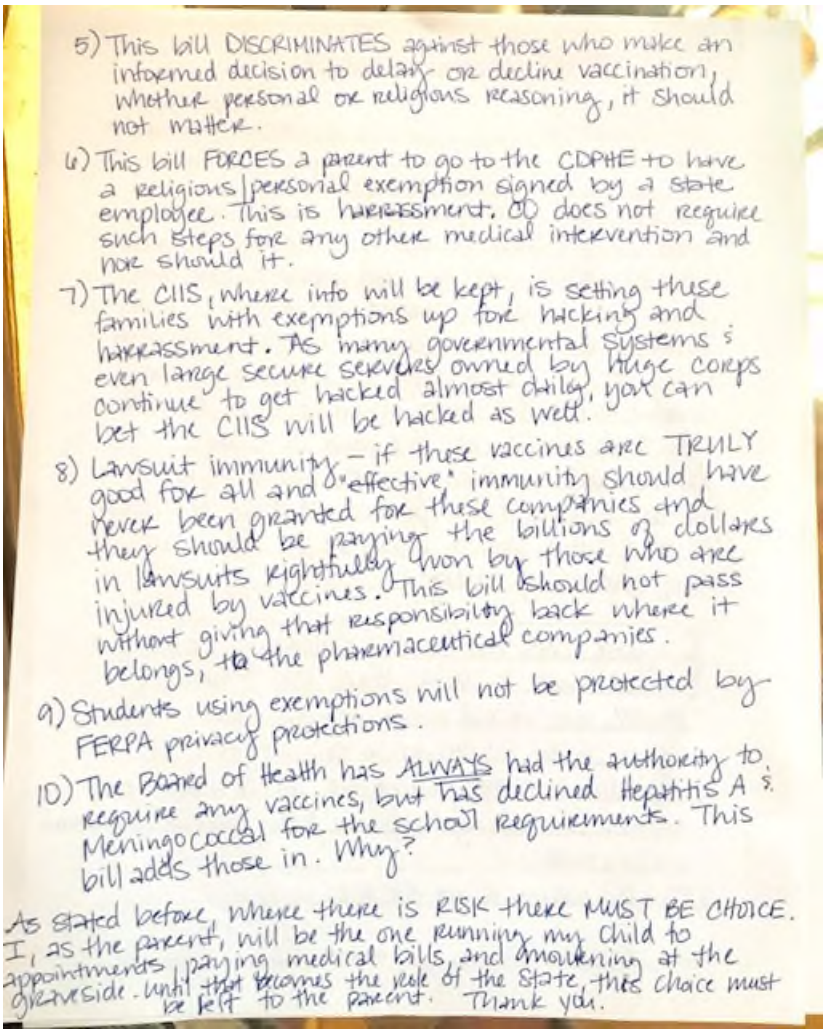
WRITTEN TESTIMONY:

As a girl who grew up on a farm, vaccinating our cattle was just what we did. I never had an opposing view to vaccines until we were pregnant with our first. That's when I started researching. I've always been one to look open-mindedly to both sides of any "argument," so I've always been careful to do the same when it came to vaccines. The facts are there. The proof is there. Vaccines are something that should ALWAYS be the choice of the parent. Medical treatment of any kind should never be in the hands of any governing body.

I oppose this bill for the following reasons:

1) Where there is risk, there MUST be choice.
2) HB1312 uses inflated vaccine exemption rates & cost figures in the bill declaration to justify this bill.
3) According to CDPHE, during the 2017-18 school year, 94.53% of school aged kids are fully vaccinated/immunized for the MMR.
4) The flu vaccine is not effective.

PRINT NAME: Rachelle Dow SIGNATURE:



5) This bill DISCRIMINATES against those who make an informed decision to delay or decline vaccination, whether personal or religious reasoning, it should not matter.

6) This bill FORCES a parent to go to the CDPHE to have a religious/personal exemption signed by a state employee. This is harassment. CO does not require such steps for any other medical intervention and nor should it.

7) The CIIS, where info will be kept, is setting these families with exemptions up for hacking and harassment. As many governmental systems & even large secure servers owned by huge corps continue to get hacked almost daily, you can bet the CIIS will be hacked as well.

8) Lawsuit immunity – if these vaccines are TRULY good for all and "effective" immunity should have never been granted for these companies and they should be paying the billions of dollars in lawsuits rightfully won by those who are injured by vaccines. This bill should not pass without giving that responsibility back where it belongs, to the pharmaceutical companies.

9) Students using exemptions will not be protected by FERPA privacy protections.

10) The Board of Health has ALWAYS had the authority to require any vaccines, but has declined Hepatitis A & Meningococcal for the school requirements. This bill adds those in. Why?

As stated before, where there is RISK there MUST BE CHOICE. I, as the parent, will be the one running my child to appointments, paying medical bills, and mourning at the graveside. Until that becomes the role of the State, this choice must be left to the parent. Thank you.

Thank you,
Rachelle Dow

Please excuse the brevity of this message and any spelling errors. Sent from my iPhone.

HB19-1312 Testomony
Dustin Frontin
to:
matt.bishop@state.co.us
05/01/2019 11:16 PM
Hide Details
From: Dustin Frontin <dfrontin08@hotmail.com>
To: "matt.bishop@state.co.us" <matt.bishop@state.co.us>

Hello sir,

The images are screen shots of the proof from my research for the fiscal responsibilities of Colorado residents. The first screen shot is simply my very rough bullet points for myself - please ignore it's unprofessional appearance. Thank you!

Sincerely,

Dustin Frontin

(Below images are proof of what I claimed- first worded section is an image)

I feel I won't get to testify. I truly think this needs be addressed in committee!!

Since we are in financial committee i went mone minded vs science.

I found CDPHE form proving $2.2M paid to priva company contract that own the CIIS software ar programs. It is DUE FOR RENEWAL Aug 2019!! They will increase prices on the contract for the new services but claim it's just the price regardl for the original CIIS.

This company is Envision Technology Partners v parent company Sage Pursuits, Inc. an IT compa

In 2018 there are 2 reviews rating the company poor and quite outdated coding compared to th peer companies - which means easier hacking.

I was going to cover loss revenue sheet as well v just 3% change will exponentially increase losse AND with no access to enrichment programs it's further partial funding loss as well.

CDPHE SOLE SOURCE JUSTIFICATION FORM

SOLE SOURCE JUSTIFICATION FORM:

This completed form is to be submitted to PCU via the Request website as the first step in the Sole Source Process.

Important! CDPHE staff must consult the document "Instructions: Sole Source Justification Form" for additional instructions.

TYPE OF CLEARLY PRINT ALL INFORMATION

Project Name: CIIS
Vendor name: Sage Pursuits, Inc. (DBA Envision Technology Partners)
Vendor Address: 7995 East Prentice Avenue, Suite 201-E, Greenwood Village, CO 80111

Select one: ☐ **Original** ☒ **Modification**

PO or Contract Number (if this is a modification)**:** OC 15 FHHA 70487

Describe the products and/or services to be procured and how they meet your needs. (This spa
limited - provide a scope of work or specs as additional documentation)
The Colorado Immunization Information System (CIIS) is a confidential, computerized, population-based syst that collects and consolidates immunization data from providers and provides tools for designing and sustair effective immunization strategies at the provider and program levels. In 2011, the CIIS Program replaced its registry application with WebIZ, a commercial, off-the-shelf product solely developed and maintained by En Technology Partners. WebIZ is the software for the state's immunization registry. In addition to providing CI with a secure and sustainable immunization registry application, Envision also provides the CIIS Program wit variety of services, including requirements definition, iterative application development, database consultir data migration and conversion, software testing, project management, technical management, defect resol and training. These services make it possible to maintain a high quality immunization registry.

List dates, agreement numbers and dollar amounts for any previously procured products or services from this vendor related to this project:
7/1/2010-Original Contract, 11-18566, $713,980.00; 7/1/2011-Amendment 12-33847, $82,000.00; 2/17/ 201 Amendment 12-33996, $25,440.00; 7/1/2012-Amendment 13-44497, $80,000.00; 1/15/2013-Amendment 13- $272,760.00; 7/19/2013-Amendment 14-58626 (diversion of $46,000.00 in SOW); 9/1/2013-Amendment 14-6 $80,000.00; 11/29/13-Amendment 14-63386 $129,880.00. OC 15 FHHA 70487-$243,400, Amd #1 16 FHHA 78 $373200

Term of agreement: (If multi-year, indicate the full term up to 5 years)	**Start Date**	08/06/2014	**End Date**	08/0
Estimated dollar amount for life of the project (up to 5 years)**:**	**Dollar amount**	$2,140,120.00		

A. Criteria: Answer both 1 and 2.

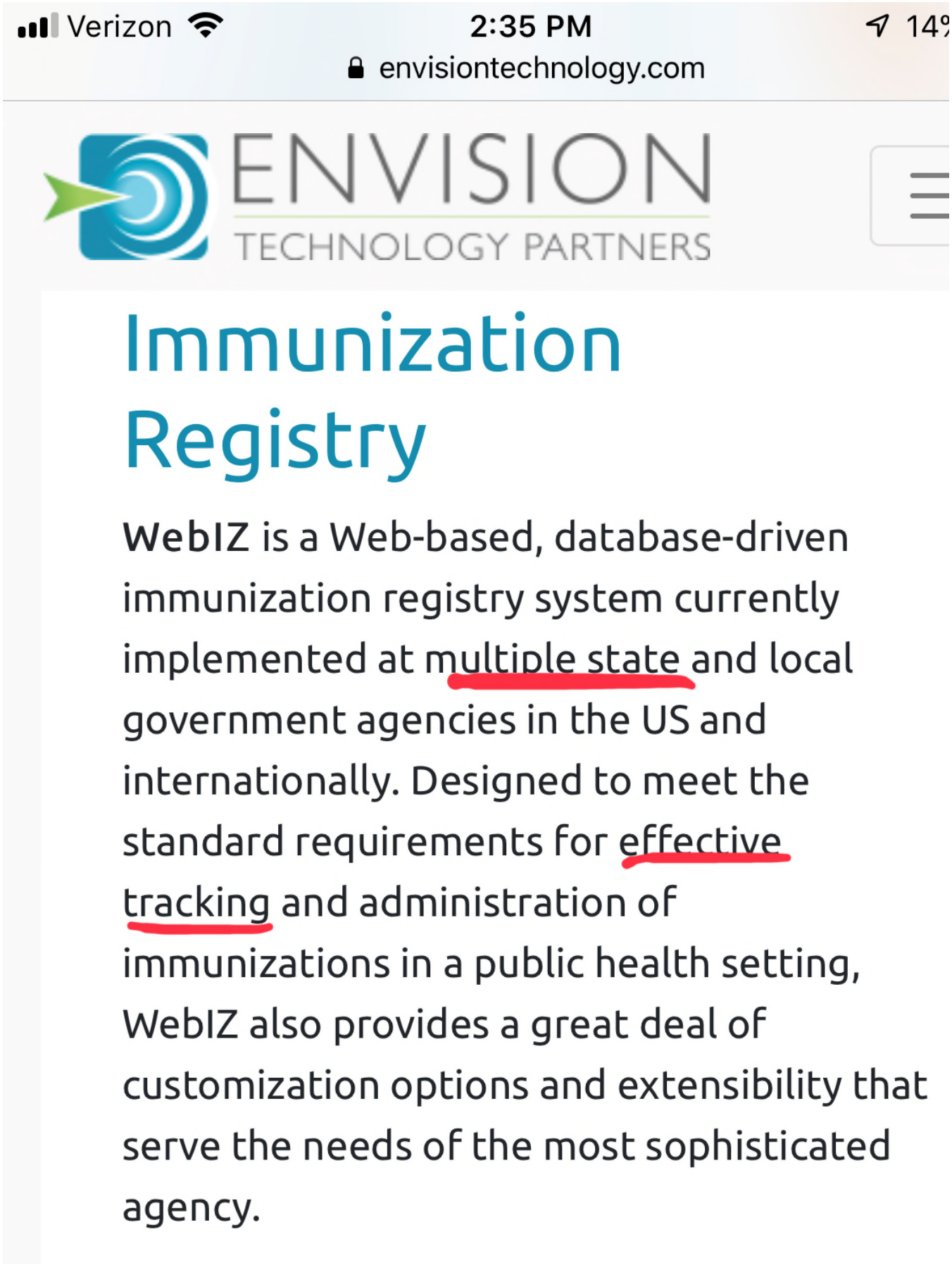
1. There is only one Good or Service that will meet the need of the State.	**Yes** ☒
2. There is only one Vendor that can supply that Good or Service.	**Yes** ☒

envisiontechnology.com

ENVISION
TECHNOLOGY PARTNERS

Immunization Registry

The WebIZ immunization registry provides the foundation of a public health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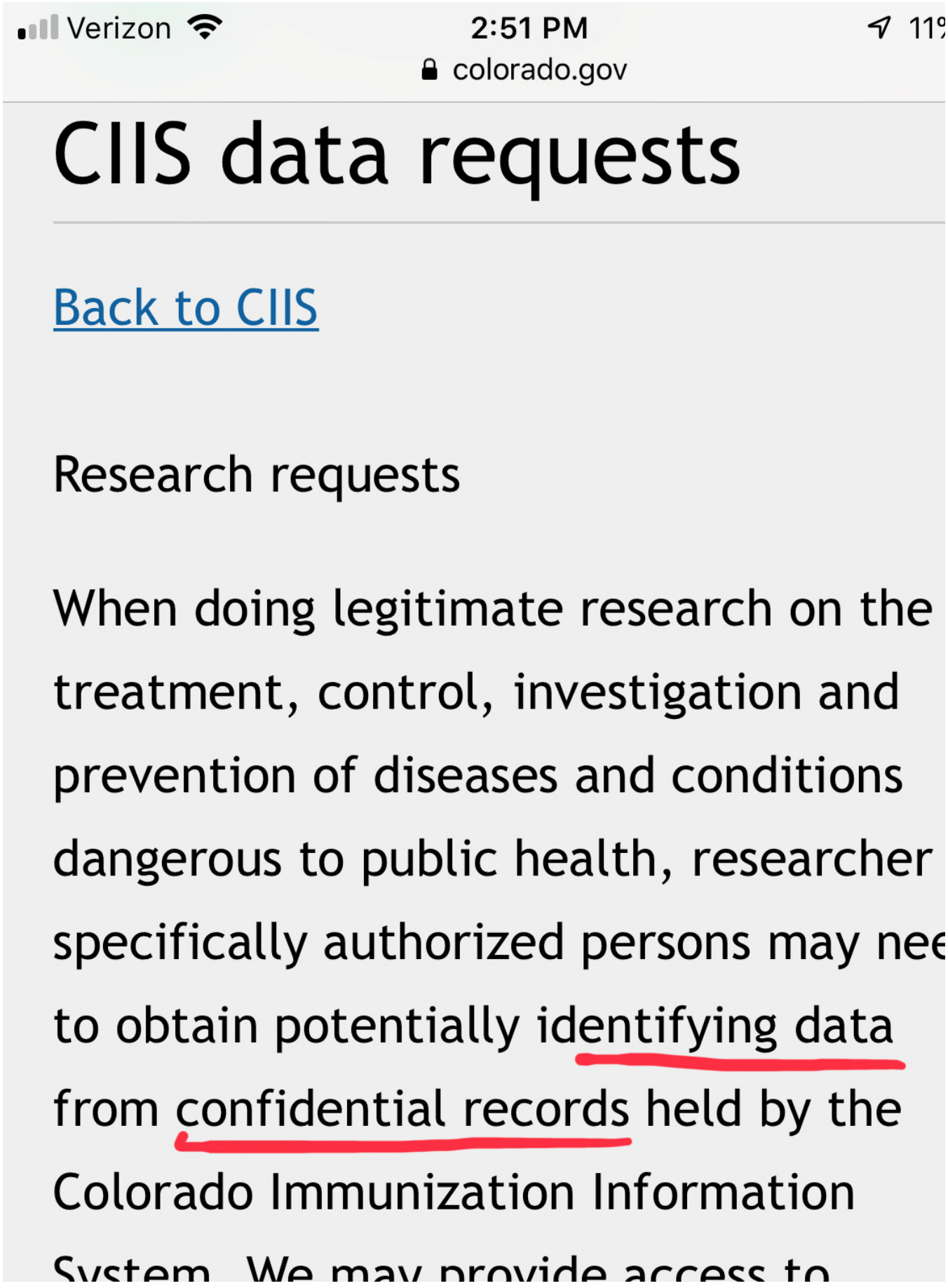
ENVISION
TECHNOLOGY PARTNERS
Immunization Registry
WebIZ is a Web-based, database-driven immunization registry system currently implemented at multiple state and local government agencies in the US and internationally. Designed to meet the standard requirements for effective tracking and administration of immunizations in a public health setting, WebIZ also provides a great deal of customization options and extensibility that serve the needs of the most sophisticated agency.

Features:

- A robust vaccine Recommender facility which incorporates CDC ACIP guidelines and can be customized to handle jurisdiction-specific policies
- Integration with external systems, such as vital records, master patient indexes, and electronic medical records, via HL7 (versions 2.3.1 and 2.5.1)
- Ability to feed data to billing systems such as Medicare and Medicaid
- Multiple levels of inventory tracking, including VTrckS integration
- Optional “school nurse” version for streamlined data entry and student roster management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VENDOR

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Sage Pursuits, Inc. Envision Technology Partners

Details

Doing Business As

Envision Technology Partners

Division

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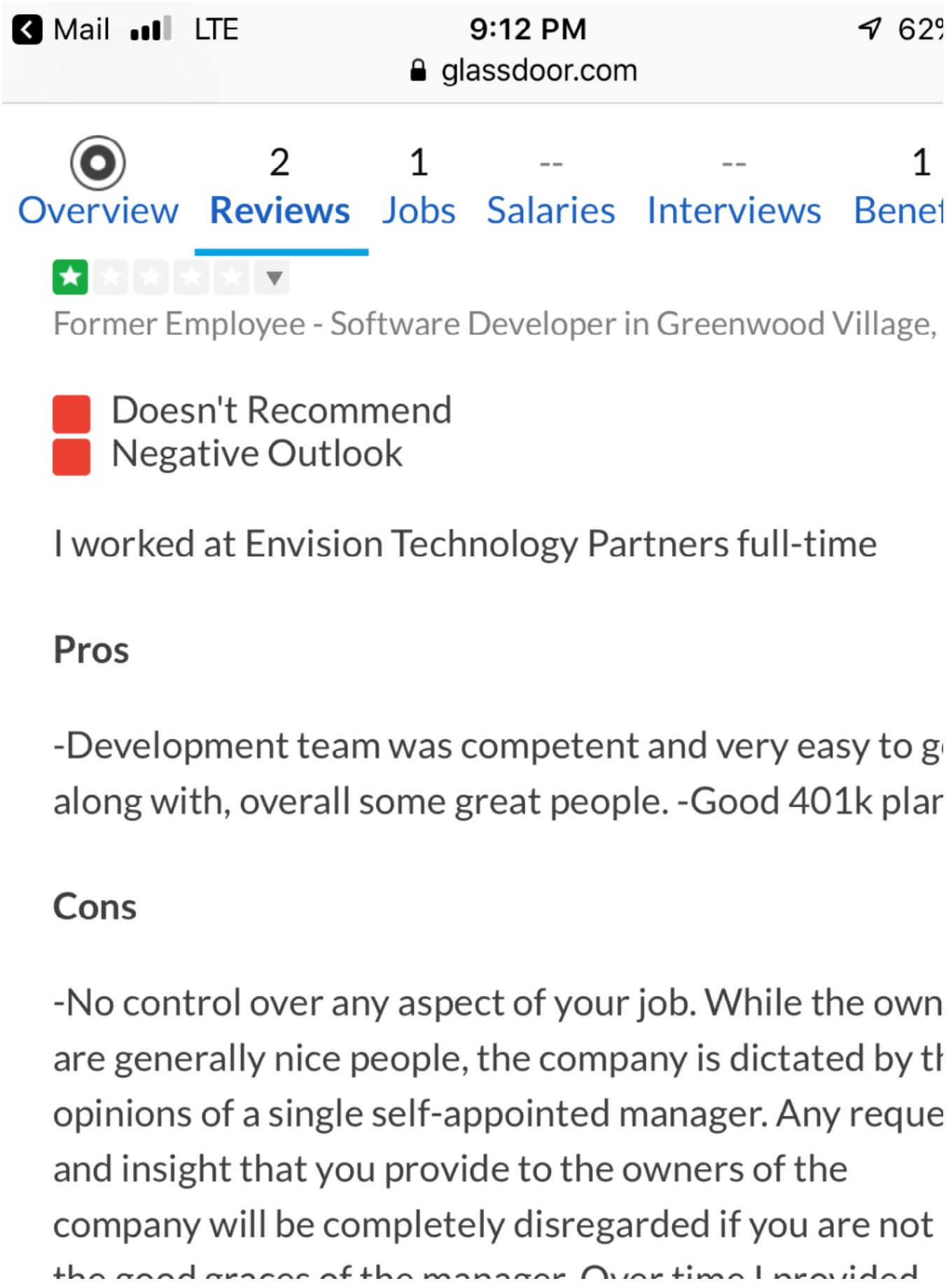
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-No control over any aspect of your job. While the own
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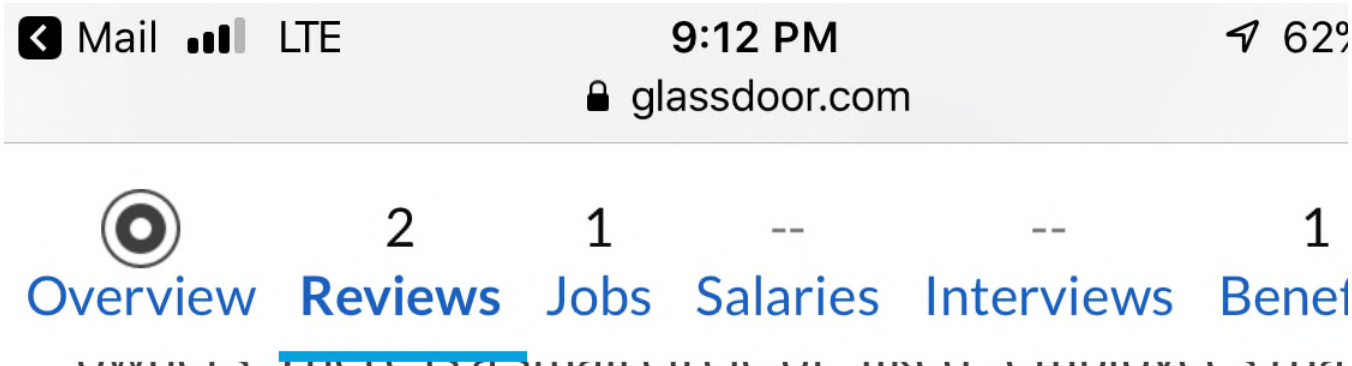
and insight that you provide to the owners of the
company will be completely disregarded if you are not



owners. There is a small circle of "liked" employees that are not held to the same ruleset as the rest of the company. If you are not within this circle you will see yourself and your peers being reprimanded for the sam behaviors that are freely exhibited by the "liked" employees. -No personal autonomy to speak of. Your worth as an employee is completely derived by the liter time that you spend sitting in your chair at your desk, n by the quality of your work. You are classified as "lazy" you do not put in overtime every pay period, regardless the workload that you are given. -Pay rate far under market value for the given benefits. You receive "small company pay" yet you will be given far less vacation tim and you will not be allowed to work remotely. These policies are very antiquated, almost every large softwa company in the area will offer more pay, more vacation time, and allow remote work when reasonable. I strugg to see any reason to recommend this company to developers looking for work regardless of their

Testimony HB 19-1312 OPPOSE

Kristin Levy to: matt.bishop 05/01/2019 11:16 PM

Thank you Madame chair and committee for taking the time to hear my testimony.

I stand for Coloradan's health choice and I urge you to vote NO on HB19-1312. This bill is going against parental/family and individual rights to choose what medical care we would like to receive.

Although I was fully vaccinated as a child, my story is not one of health and wellness. I have not only had vaccine preventable diseases in spite of being up to date on my vaccines, but I am now battling an autoimmune disease because of a vaccine injury. I choose, along with my team of doctors, not to vaccinate my children based on personal and family health history that would leave them extremely vulnerable to significant injury or death following vaccination. Unfortunately, my family's story is not uncommon. Research has shown that vaccines have undeniable risks for some people and we are not working to clarify or identify who could potentially be harmed. The decision whether or not to vaccinate should be left to the individual, along with his or her provider, to decide based on personal and family history. Supporting this bill on any level would not only prevent people who are predisposed to vaccine injury, but who have not yet had an adverse reaction, to decline vaccines, but because of this bill they also would not be able to obtain a medical exemption. This bill would significantly harm not only my family but many others who claim exemptions because of family history of autoimmune diseases and vaccine injuries. Vaccination, like any other medical procedure, does not come without risks and where there are risks there must be choice.

I respectfully request that you vote no.

Kristin Levy

HB 1312

Michelle Peiffer to: matt.bishop@state.co.us 05/01/2019 11:12 PM

Thank you for accepting our testimonies for those of us who could not stick around. My 7 and 5 year old girls and I were at the Capitol today for 9 hours but couldn't hold on any longer as we had to make the drive back up to bailey.

Can I tell you our story. This is my daughter Sofia. She's five. From the picture you would think she's a normal healthy five year old. But you can't see what's going on inside her.

We vaccinated her up until she was a year old. From the moment the shots began her health worsened and worsened. She went into ana at 2 months and by time she was 1 year had 70 foods she was allergic too and still is to this day.

What you don't see in this picture is the hardships she went through. For the first 2 1/2 years we couldn't figure out what was wrong or all her allergies. For that time she was in so much pain. Always inflamed, broken out covered in rashes and hives. With eczema so bad she would scream and cry from the pain of scratching and it not going away.

I am opposed to all this bill but I'm speaking against the exception. From my daughters history we know she has severe reactions to vaccines. But your bill proposes that only Ana in presence of the doctor counts.

But let me ask you. Based on her history and your suggestion to catch her up on all CDC scheduled vaccinations what do you think that would do to her health? Are you willing to risk my child's health on the fact these vaccines "safe". I'm not. So I ask you purpose like Texas did. And mandate testing and holding these corporations liable for the harm they are doing to the American public.

I ask you instead to keep these vaccine manufacturers accountable. Make them prove their vaccines are safe and are not going to cause

my child more harm than she’s already experienced.
Also Is this applying to all homeschool co op or ones attached to public school. How do you think this will effect the funding in school systems especially like under funded ones like my count of Park County.
Thank you for listening.
Michelle Peiffer

Good afternoon. My name is Jennifer Price and I oppose this bill.

I'd like to discuss the House amendment regarding homeschoolers and explain to you how this well meaning amendment is not adequate.

The vast majority of homeschool students actually do attend public schools part time. The school districts offer one day per week programs and they receive 50% of the funding for our homeschool kids as they do for the full time 5 day a week students. That's a significant source of funding but I fear these programs may shut down if enough students have to withdraw.

My high school son wants to go to Mars. This is his life long dream. He's been to Space Camp in Alabama, and has an educational plan that includes lots of math and science. He's enrolled in both chemistry and physics next year at Cherry Creek Schools Homeschool Options Program. This is vital because I don't have a chemistry lab at home. Other families attend Options for foreign language, math, art or literally any class they choose.

Please allow my son the same educational opportunity as all other Colorado students and without punishment in the form of criminal-like tracking.

And don't even get me started on college. Will my kids have to choose between going out of state for college and being entered into a tracking system?

I request that you vote "no" on 1312 or, at the very least, amend this bill to provide equal education to our homeschooled and college kids.

WRITTEN TESTIMONY SHEET

DATE: 05-1-19

NAME: Melissa

SB/HB # and Title: HB-1312

PHONE #: 303-903-2232

PRIME SPONSORS: Mullica

WRITTEN TESTIMONY:

This bill will damage the parent-doctor relationship. Parents need choice to remain private with their medical doctor. This does not need to be tracked with the government. Vaccines are a medical procedure with risks even though people are arguing that the risks are minor. This is still a medical procedure and needs freedom from ~~me~~ forcing it without ~~me~~ tracking a group of people that can cause discrimination. This bill will not increase vaccination rates. It will increase exemptions,

PRINT NAME: Melissa Mathew SIGNATURE: [signature]

Testimony in relation to 1312

Marisa Qualls to: Matt.bishop 05/01/2019 11:10 PM

I am submitting my testimony in regards to HB1312.

My name is Marisa Qualls. I am a mother and Colorado resident of 13 years. I have a degree and I worked in the medical field, specifically pediatrics, for many years. While working in pediatrics, I also managed the VFC (vaccines for children) program for my clinic. It was part of my job to administer vaccines to patients. I personally witnessed many vaccine reactions in varying severity. I had healthy patients stop breathing and have seizures seconds after being injected. I unfortunately even had one patient who died after receiving 6 different injections at once. These events made me question vaccines and I began reading vaccine package inserts and researching via pubmed, the CDC, the FDA, and the NIH. It is clear that there is a risk with vaccines as with any other pharmaceutical product. The risks are clearly stated on the package inserts. At this time I choose not to vaccinate my children. I am confident in their immune systems, proper hygiene, and proper nutrition. Everyone keeps talking about the measles however the New England Journal of Medicine has published a study showing that vitamin A is an effective treatment of this virus. It is not an exotic deadly illness. It is treatable.

This bill is not about whether or not people should vaccinate but rather it's about freedom of choice, true informed consent, and children's right to privacy. My oldest son is four and is SO excited to go to kindergarten. He talks about it all of the time however, he will now be able to go to a school in Colorado if this bill passes because I refuse to sign a state form with compelled language insinuating that I'm endangering my child when really, I'm making an informed choice to protect my child from possible side effects from a pharmaceutical product. I also refuse to have my child to be tracked in a database like a criminal having his privacy violated because of our medical choices. I OPPOSE house bill 1312.

Thank you.

--
Marisa Qualls
Plexus Independant Ambassador
#1862904

HB1312-Oppose

Sarah Nichols to: matt.bishop@state.co.us 05/01/2019 11:09 PM

This is my testimony since I was not allowed to speak at the hearing on HB1312.

My name is Sarah Nichols and I am a mother of three children with a genetic mutation that makes them more susceptible to a vaccine injury. I am sincerely and fervently urging you to vote NO on HB1312.

For many reasons this bill is a bad bill. It is full of vague loopholes and contradictory language that even aside from the subject matter make it problematic and concerning.

Every parent I know who chooses to not vaccinate or delay or skip certain ones has not made that decision lightly. They are mocked, ridiculed and threatened. As a Coloradan parent who has carefully weighed my decisions in this area for my children, I am frankly terrified that my state government would try and make me waive my medical privacy protections and be tracked like a criminal in order to be granted permission for my healthy children to be allowed in school and access their right to education.

I am not alone when I say that we do homeschool, but we also utilize the amazing enrichment programs Colorado has to offer. I am so sad that if this bill passes then I and so many other Coloradan parents will have to withdraw our children from their classes in order to protect them and ourselves from a government entity that we do not trust. The CDPHE has regularly tried to overstep their bounds in the past and will surely find whatever loopholes they can in this bill (which there are many) to take as much control as they are able. My son cries every day and asks me if he will still be able to keep going to his "Monday School class" and I keep having to tell him I don't know yet. If this bill passes I honestly think my family will have to move to another, less Pharmaceutically biased state.

And I am so sad and appalled that a party that prides themselves on choice, protection of minorities, and protection of the people from corporate greed has been so blatantly unwilling to follow their own ideals and ignore such a passionate and well educated minority. They have stacked the deck against us, treated us with disdain and played fast and loose with the rules in order to try and overrun us.

This bill will not change our already low exemption rates, and we already have a functional tracking system in place that does not violate HIPAA and FERPA privacy laws. This bill is unneeded and a dangerous affront to civil liberties.

I ask that you stand for the people of Colorado and be the hero we need to vote no on this contradictory, unnecessary and harmful bill.

Sarah

Testimony HB1312-OPPOSE

Myna Carter to: matt.bishop 05/01/2019 11:08 PM

Hello Mr. Bishop, I am a resident of Colorado Springs and a US citizen. Since the testimony has been limited to a maximum of 2 hours, I am grateful that you will accept my testimony in this manner. Attached is my testimony in Word. Please let me know if you prefer that I send it in text. If it is saved for official record, which I hope it will be, will it be saved as a PDF file?

Thank you!

Myna Carter Testimony HB1312-OPPOSE.docx

Mrs. Myna Carter

Testimony HB 1312

May 1, 2019

Dear Senators:

I am a US citizen and a CO resident. I've worked as a teacher and have successfully completed graduate studies after receiving my B.A. I've traveled around the world and even lived in Mexico for over 7 years. There is no place like the United States of America. Here the freedom flame burns and it will not be snuffed out.

I am grateful for the current freedom in CO to choose to vaccinate, or not to vaccinate according to our personal and religious beliefs. My children received all of their first year vaccinations as babies and in theory I believe vaccines are for the good of the people. I understand that you are concerned about the health of children. No one is more concerned over the health of their own child (and children all over Colorado) than the 500+ parents that are at the Capitol right now waiting to be heard as I write this.

I remember clearly the day my son was injected with the varicella booster at age five. When we arrived at the clinic, he was joyful, talking with me, he got into the car by himself and buckled his own seat belt. As soon as the injection was given, his face was expressionless. He didn't cry. He didn't move.

He would not respond to me at all.

Prior to receiving this booster, he was speaking in full sentences, could communicate his ideas well and would perform tasks independently. In fact, a neuropsychologist told us that his IQ was two levels above his peers. Immediately following this booster, he regressed dramatically. As a baby and toddler, after each vaccine, my son would have fevers, sometimes vomit, and he'd have terrible eczema. He would cry constantly for days because of his allergic reactions to the vaccines after the injections.

Nevertheless, I continued vaccinating.

Immediately following his varicella booster shot at age five, he became non-verbal. He was not able to follow simple directions, or do simple tasks such as: "Come with me" or "Buckle your seat belt," which he was easily able to do before the booster. A few months after the vaccine, we took him to an M.D. with a specialization in Developmental Medicine.

He was diagnosed with Autism.

Some children have no reaction or a very mild reaction to their vaccines. Others, like my son, have severe reactions. The freedom to choose to vaccinate, to choose which vaccinations are needed for each child, and the freedom to choose not to vaccinate must be preserved.

Not all children are the same. This is a decision that is between a doctor and his patient. It should not be a decision of the state excluding the child's doctor and family.

Sound Choice Pharmaceutical Institute (SCPI) reported in their newsletter in March of 2017, that there are 8 trillion fragments of fetal DNA in Varivax. This is the chicken pox vaccine which caused my son's vaccine injury. Though I consider my son to be vaccine injured, it isn't possible to qualify for a medical exemption under the proposed HB19-1312. In fact, it is currently very difficult to get a medical exemption for most children right now.

SCPI explicates that it is the fetal DNA fragments that can trigger "autoimmunity or insertional mutagenesis" (soundchoice.org) Can more research be done so vaccines do not have to include any fetal DNA fragments? Varivax isn't the only vaccine with these fragments, the MMR has them too.

Have you heard about the Mumps outbreak on the USS Fort McHenry? 100% of the people on that ship were vaccinated. It's a well-known fact that all military personnel are vaccinated. Mandatory vaccination did not stop the Mumps from spreading on this ship.

Tetyana Obukhanych, PhD, a Harvard trained Immunologist, wrote a letter to legislators describing her research and findings. She explains the science behind why **unvaccinated children pose zero risk to the public**. If you google "Harvard Trained Immunologist," you will see many websites with her letter and the video of her presentation to legislators.

If you go to capital.Texas.gov, you can see a bill to be entitled an Act, No. 2350. The TX government is trying to make vaccines safer. Many more people would vaccinate if there were some regulation requiring vaccine companies to do testing to make sure their vaccines are safe.

In theory, I am pro-vaccine. It is wonderful that a simple injection can prevent someone from dying of a disease. However, vaccines need more research, more placebo studies, and they need to be made safer before I would trust getting every vaccine.

Please do not take away my right to choose what is injected into my children. It cannot be denied that my children, all children, do not belong to the state, but to Almighty God, who entrusted parents to care for them and make decisions for them.

Forcing people to register with the CO Public Health Department is an invasion of privacy between the patient and the doctor and this violates FERPA. If this bill is passed, how much of CO state money will be spent in the multiple lawsuits, which this bill invites?

Thank you for considering all points to this matter. I urge you to vote NO on 1312 and start over with regulation of the vaccine industry and holding pharmaceutical companies accountable. Once there is evidence that these companies and their products can be trusted, more people will vaccinate.

The way vaccines are made can be improved. There has to be a better way to make vaccines without animal cells, mercury, aluminum and DNA from aborted fetuses. Please review the list of vaccine ingredients under reference materials on the CDC website. Though it is a small amount of each noxious substance to preserve each vaccine, if a child has to receive 72 vaccines, those small amounts add up, and families like ours have experienced the negative effects upon our children first hand.

Will 1312 benefit the community or benefit the corporations that sell vaccines? If there is a true concern for the good of the people, please, do what is good for children and for the citizens of Colorado.

Reject 1312 and protect children by taking a stand against corporate greed. Regulate the vaccine industry and more people will vaccinate.

Sincerely,

Myna Carter

Testimony HB19-1312 OPPOSE

Amber Lo to: matt.bishop 05/01/2019 11:08 PM

Thank you Madame Chair. My name is Amber Lo and I am representing my family.

First, I want to say that it is shameful that the committee is refusing to hear the testimony of every single one of the hundreds of parents who rearranged their lives and schedules to be here at the Capitol from all over the state with less than 12 hours notice.

I'd like to begin with a line from Section 3 of the bill, which states that the "board of health shall adopt by rule the medical exemption recommendations of the ACIP." The 3 ACIP approved reasons are extremely limiting and exclude a variety of contraindications listed on the CDC's own website and in vaccine inserts. One contraindication missing from the ACIP's rules that greatly affects my own family, is anaphylactic food allergies. My 7 year old son, Hudson, has multiple anaphylactic allergies including dairy, egg, and soy. All of these are common vaccine ingredients.

The National Institute of Allergy and Infectious Diseases, part of the HHS, published the paper, "Guidelines for the Diagnosis and Management of Food Allergy in the US". In section 5, it states "Patients with egg allergies are at risk for anaphylaxis if injected with vaccines containing egg protein." Against these warnings, the CDC and ACIP recommend children with severe egg allergies receive both the MMR and Influenza vaccines. This is irresponsible and puts my child, as well as all 5.6 million U.S. children with food allergies, at risk for a life threatening reaction.

To be clear, there is NOT professional consensus in the medical community on the safety of vaccines containing eggs or other food allergen proteins for children with IgE antibodies to these allergens. Therefore, these vaccines should not be recommended for these children until adequate safety studies have proven their safety at the time of administration and for long term impact of repeated exposures through vaccines. But Section 3 of this bill, by adopting the ACIP's narrow contraindication list, prevents pediatricians and allergists from writing a medical exemption for a child with anaphylactic food allergies, like my son. This is dangerous.

The ACIP lists anaphylaxis on the table after vaccination as a contraindication for future doses of that vaccine only. This is problematic for the CDC schedule because children rarely receive only 1 vaccine at a time. They often receive 6 or more vaccines at a time, making it impossible to determine which vaccine caused anaphylaxis.

This bill threatens the safety of children experiencing anaphylactic reactions and limits their medical rights for exemption. Please vote no on this bill to protect medical exemptions. Thank you.

Oppose bill HB 19-1312: autoimmune people/family members should not receive vaccines. Science attached!

Reut Shalev to: matt.bishop 05/01/2019 11:08 PM

Dear senator,

My name is Reut Shalev and I am writing to you to represent myself and my 3 children, who I love more than anything in the world.

When I was 18 I was received multiple vaccinations as I was joining the military.

Shortly after I was injected I began fainting everywhere. My vision got blurry, zero night vision and I would collapse with the slightest physical effort.

Doctors kept claiming that I'm faking it. Until, I was finally discharged due to poor health condition.

I then pursuit a degree in neuroscience, which gave me access to the most advanced scientific research. I diagnosed myself and demanded the relevant blood work.

I was diagnosed with 2 autoimmune diseases, which put an end to doctors speculations, experiments and malpractice.

Just recently, a world renowned medical researcher named Yehuda Shoenfeld, who has spent more than 30 years studying the immune system and is considered the “Godfather of Autoimmunology” has stated that (and I quote - page 19, article attached)

“The Efficacy of vaccination in patients with autoimmunity may be reduced. On the other hand it is important to realize that the immune system is stimulated by vaccinations ..., and therefore the chance of side effects is increased, in particular for patients with autoimmune diseases, where the immune system is already stimulated”.

He further explains that the children of people diagnosed with such conditions are also at great risk. I quote - again on page 19:

One of “four groups of individuals are at risk: … having a family history of autoimmune diseases; asymptomatic carriers of autoantibodies; carrying certain genetic profiles, etc.”

Forcing people like us to vaccinate is equivalent to signing a death penalty in some cases or a life of misery in others.

Just like you would not want me or other people here to take responsibility over your children you have no right to claim responsibility over mine.

The sponsor of this bill claims he wishes to protect his children, what about my children???

I strongly oppose this bill and urge you to vote against it.

Sincerely,

Reut Shalev

soriano2015.pdf

Pharmacological Research 92 (2015) 18–22

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journal homepage: www.elsevier.com/locate/yphrs

Review

Predicting post-vaccination autoimmunity: Who might be at risk?

Alessandra Soriano[a], Gideon Nesher[b,*], Yehuda Shoenfeld[c]

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[b] Department of Internal Medicine A, Shaare Zedek Medical Center, and the Hebrew University Medical School, Jerusalem, Israel
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ABSTRACT

Vaccinations have been used as an essential tool in the fight against infectious diseases, and succeeded in improving public health. However, adverse effects, including autoimmune conditions may occur following vaccinations (autoimmune/inflammatory syndrome induced by adjuvants – ASIA syndrome). It has been postulated that autoimmunity could be triggered or enhanced by the vaccine immunogen contents, as well as by adjuvants, which are used to increase the immune reaction to the immunogen. Fortunately, vaccination-related ASIA is uncommon. Yet, by defining individuals at risk we may further limit the number of individuals developing post-vaccination ASIA. In this perspective we defined four groups of individuals who might be susceptible to develop vaccination-induced ASIA: patients with prior post-vaccination autoimmune phenomena, patients with a medical history of autoimmunity, patients with a history of allergic reactions, and individuals who are prone to develop autoimmunity (having a family history of autoimmune diseases; asymptomatic carriers of autoantibodies; carrying certain genetic profiles, etc.).

Contents

Introduction

In the last two centuries, vaccinations have been used as an essential tool in the fight against infectious diseases, and succeeded in improving public health and in eradicating or minimizing the extent of several diseases around the world [1]. However, adverse effects may occur following vaccinations, ranging from local reactions to systemic side effects, such as fever, flu-like symptoms, and autoimmune conditions (autoimmune/inflammatory syndrome induced by adjuvants – ASIA syndrome) [2,3].

Considerable data have recently been gathered with regard to the involvement of the immune system following vaccination, although its precise role has not been fully elucidated [4]. It has been postulated that autoimmunity could be triggered or enhanced by the vaccine immunogen contents, as well as by adjuvants, which are used to increase the immune reaction to the immunogen [1].

The relationship between vaccines and autoimmunity is bi-directional [5]. On one hand, vaccines prevent infectious conditions, therefore preventing the development of overt autoimmune

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E-mail address: nesherg@szmc.org.il (G. Nesher).

http://dx.doi.org/10.1016/j.phrs.2014.08.002
1043-6618/

Table 1
Persons who might be at risk of developing vaccination-related autoimmune, inflammatory, or allergic phenomena.

1. Persons with prior post-vaccination autoimmune phenomena
2. Persons with a medical history of autoimmunity
3. Persons with a history of allergic reactions (especially vaccination-related reactions)
4. Persons who are prone to develop autoimmunity (having a family history of autoimmune diseases, asymptomatic carriers of autoantibodies, with certain genetic profiles, etc.)

diseases which in some individuals are triggered by infections. On the other hand, many reports that describe post-vaccination autoimmunity strongly suggest that vaccines can indeed trigger autoimmunity. Defined autoimmune diseases that may occur following vaccinations include arthritis, lupus (systemic lupus erythematosus, SLE), diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain-Barré syndrome and demyelinating disorders [6]. Almost all types of vaccines have been reported to be associated with the onset of ASIA [6].

It is important to emphasize that a temporal relationship between autoimmunity and a specific vaccine is not always apparent. This matter is complicated by the fact that a specific vaccine may cause more than one autoimmune phenomenon and, likewise, a particular immune process may be triggered by more than one type of vaccine [2,3,6].

Throughout our lifetime the normal immune system walks a fine line between preserving normal immune reactions and developing autoimmune diseases [4]. The healthy immune system is tolerant to self-antigens. When self-tolerance is disturbed, dysregulation of the immune system follows, resulting in the emergence of an autoimmune disease. Vaccination is one of the conditions that may disturb this homeostasis in susceptible individuals, resulting in autoimmune phenomena and ASIA.

Fortunately, vaccination-related ASIA is uncommon. Yet, by defining individuals at risk we may further limit the number of individuals developing post-vaccination ASIA. Who is susceptible to develop vaccination-induced ASIA? It is assumed that four groups of individuals are at risk (Table 1): patients with prior post-vaccination autoimmune phenomena, patients with a medical history of autoimmunity, patients with a history of allergic reactions, and individuals who are prone to develop autoimmunity (having a family history of autoimmune diseases; asymptomatic carriers of autoantibodies; carrying certain genetic profiles, etc.).

Patients with prior post-vaccination autoimmune phenomena: “rechallenge” cases

The notion that there is a tendency of progression to full-blown immune-mediated disease in patients who experienced initial nonspecific symptoms (such as fever, arthralgia, transient skin reactions) following the initial administration of vaccination, if they continue with the scheduled regimen, is controversial. Thus, the question of whether halting the vaccination protocol would have been beneficial for some susceptible groups is still a matter of debate.

In the analysis by Zafrir et al. [7] of 93 patients who experienced new immune-mediated phenomena following hepatitis B vaccination, 47% continued with the vaccination protocol despite experiencing variable adverse events following the administration of the first vaccine dose. Additionally, a personal or familial history of immune-mediated diseases was documented in 21% of the cohort, which may have rendered this particular population more genetically predisposed to developing immune-mediated adverse reactions following vaccination. Gatto et al. [8] recently described 6 cases of SLE following quadrivalent anti-human papilloma virus (HPV) vaccination (Gardasil®). In all six cases, several common features were observed, namely, a personal or familial susceptibility to autoimmunity and an adverse response to a prior dose of the vaccine.

In regard to quadrivalent anti-HPV vaccine, a case of sudden death of a teenage girl approximately 6 months following her third Gardasil® booster has been reported [9]. The patient experienced a range of non-specific symptoms shortly after the first dose of Gardasil injection including dizziness spells, paresthesia in her hands, and memory lapses. After the second injection, her condition worsened, and she developed intermittent arm weakness, frequent tiredness requiring daytime naps, worsening paresthesia, night sweats, intermittent chest pain and sudden unexpected palpitations. A full autopsy analysis revealed no anatomical, histological, toxicological, genetic or microbiological findings that might be linked to a potential cause of death. On the other hand, the post-mortem analysis of blood and splenic tissues revealed the presence of HPV-16 L1 gene DNA fragments, thus implicating the vaccine as a causal factor [9]. In particular, the sequence of the HPV DNA found in both blood and spleen corresponded to that previously found in 16 separate Gardasil® vials from different vaccine lots [10]. It was also determined that these HPV 16L1 DNA contaminants were complexed with the aluminum adjuvant [11], which would explain their long-term persistence in the body of this teenager (more than 6 months following her third injection). Adjuvants indeed can persist in tissues for a long time (up to 8–10 years) [12] where they stimulate the immune system. This chronic stimulation may lead in certain cases to the development of a specific autoimmune disease.

Konstantinou et al. [13] reported two successive episodes of leukoencephalitis associated with hepatitis B vaccination after the administration of the second and the third vaccine dose in a previously healthy 39-year-old woman. Soriano et al. [14], in their case-series of giant cell arteritis and polymyalgia rheumatica (PMR) following influenza vaccination, described a patient who developed PMR 8 weeks after influenza vaccination; 2 years later, the patient was in clinical remission when she received another influenza vaccination, and experienced recurrence of PMR.

Quiroz-Rothe et al. [15] also described a case of post-vaccination polyneuropathy resembling human Guillain-Barré syndrome in a Rottweiler dog. The dog suffered two separated episodes of acute polyneuropathy after receiving two vaccines (both adjuvanted). Inactivated rabies vaccine was administered 15 days before clinical signs were first noted. Clinical remission was achieved with steroid therapy, but 3 months later the dog had recurrence of polyneuropathy, following another vaccination administered 12 days earlier. The presence of antibodies against peripheral nerve myelin was demonstrated.

Although data is limited, it seems preferable that individuals with prior autoimmune or autoimmune-like reactions to vaccinations, should not be immunized, at least not with the same type of vaccine. If vaccination is of utmost importance, it might be given, but the patient should be followed closely and treated if necessary.

Patients with established autoimmune conditions

The efficacy of vaccination in patients with autoimmunity may be reduced. On the other hand it is important to realize that the immune system is stimulated by vaccinations (especially when adjuvants are added), and therefore the chance of side effects is increased, in particular for patients with autoimmune diseases, where the immune system is already stimulated. There is a potential risk of flares following vaccination in such cases. Adjuvanted vaccines have been reported to trigger autoantibodies and ASIA [3,6].

Live vaccines including *Bacillus Calmette-Guérin* (BCG) and vaccines against herpes zoster, yellow fever (YF) and measles, and mumps measles and rubella triple vaccine (MMR) are generally contraindicated in immunosuppressed patients with autoimmune conditions due to the risk of an uncontrolled viral replication [16]. Regarding inactivated or recombinant vaccines, these have the disadvantage of inducing a suboptimal immune response, requiring sometimes the addition of adjuvants, which may be associated with ASIA [6]. Several prospective controlled studies targeted safety issues of vaccination in patients with autoimmune conditions. In most studies, no increased risk for severe adverse events or increase of activity of pre-existing disease was observed after vaccination.

HPV vaccine was well tolerated and reasonably effective in patients with stable SLE and did not induce an increase in lupus activity or flare. Disease flares in patients with SLE occurred at a similar frequency to that of 50 matched SLE controls (0.22 and 0.20/patient/year, respectively) [17].

The safety of hepatitis B vaccine has been assessed in prospective studies in rheumatoid arthritis (RA) and SLE. In RA patients, hepatitis B vaccination was not associated with an appreciable deterioration in any clinical or laboratory measure of disease. The measures of disease activity of the patients and controls during the study period did not differ significantly [18]. In SLE, hepatitis B vaccination was safe in patients in remission or with mild disease. No significant change in mean SLEDAI score was detected after vaccination [19].

Several studies targeted the safety of influenza vaccination in patients with autoimmune conditions. A large-scale study of 1668 patients with autoimmune rheumatic diseases and 234 controls evaluated the short-term (3 weeks) safety of non-adjuvanated Influenza A (H1N1) vaccination. Although no major relapses occurred in this short period of follow up, patients with autoimmune rheumatic diseases had significantly more arthralgia (9% compared to 3.8% in controls, $p = 0.005$), and fever (3.9% and 1.2%, respectively, $p = 0.04$) [20]. In another study, the autoantibody response to influenza vaccination in patients with autoimmune rheumatic diseases was reported. Female patients had statistically significant elevation in anti-nuclear antibody (ANA) titers following vaccination. In addition, a small subset of patients, especially ANA-positive patients, had a tendency to develop anti-extractable nuclear antibodies (ENA). One month after vaccination 8% of previously anti-cardiolipin (aCL)-negative patients presented with elevated aCL IgG and 4% with elevated aCL IgM antibodies. There was significantly more aCL IgG/IgM induction after the H1N1 compared to seasonal influenza vaccine. Elevated aCL were mostly transient but one female patient developed persistent high levels of aCL IgM [21]. In another study on Influenza H1N1 safety in patients with autoimmune rheumatic diseases, no change in disease activity scores was observed during a 4-week post vaccination period [22]. 15 other studies on influenza vaccination (reviewed in [23]) did not report significant adverse effects in patients with autoimmune conditions.

For the overwhelming majority of patients with established autoimmune diseases, vaccines carry no risk of significant disease flares. However, most studies did not address certain subsets of patients with autoimmune diseases, such as vaccinating patients with severe, active disease, or vaccination in conditions other than SLE or RA. In such subsets, the potential benefit of vaccination should be weighed against its potential risk.

Patients with a history of allergy

Historically, vaccine trials have routinely excluded vulnerable individuals with a variety of pre-existing conditions. Some of these include personal or immediate family history of developmental delay or neurological disorders (including convulsive disorders of any origin), hypersensitivity to vaccine constituents and any condition that in the opinion of the investigators may interfere with the study objectives. Because of such selection bias, the occurrence of serious adverse reactions resulting from vaccinations in the real life where vaccines are mandated to all individuals regardless of their susceptibility factors may be considerably underestimated [24]. In particular, the number of true allergic reactions to vaccines is not known, with an estimated range from 1 per 50,000 doses to 1 per 1,000,000 doses [25]. A higher rate of serious allergic reactions is probable if allergens such as gelatin (as in the case of Japanese encephalitis vaccine) or egg proteins are included in the formulation.

Apart from infectious agents, vaccine components include potential allergens such as animal-derived proteins or peptides (hen's egg, horse serum, etc.), antibiotics (gentamycin, neomycin, streptomycin, polymyxin B), preservatives (aluminum, formaldehyde) and stabilizers like gelatin and lactose. In addition, exposure to inadvertent allergenic contaminants such as latex (in vial stoppers and syringe plungers) may also occur.

The classification of allergic reactions distinguishes mainly two categories: immediate, most likely IgE-mediated reactions, and delayed reactions. IgE mediated reactions to vaccines may present with skin manifestations (urticaria, angioedema), respiratory signs (rhino-conjunctivitis or bronchospasm), gastrointestinal disorders (diarrhea, abdominal pain and vomiting), and life-threatening cardiovascular complications such as hypotension and shock within minutes following the vaccination. It has been estimated that immediate anaphylactic life-threatening reactions to vaccines are a rare event, while reactions to vaccines limited to the injection site are more frequent [25].

Delayed reactions comprise a wide spectrum of manifestations. Fever and local swelling are the most commonly observed, and usually are not considered a contraindication for future administration of the vaccine [26,27]. Less frequent delayed immunologic reactions include serum sickness, polyarthritis and erythema nodosum. These cases represent a contraindication for future vaccination [28,29].

Gelatin is one of the most common causes of allergic reactions to varicella, MMR, Japanese encephalitis vaccines and influenza vaccine [30]. Egg protein is present in yellow fever, influenza, MMR and some rabies vaccines. Influenza vaccination in patients with egg allergy is an important clinical issue and relevant guidelines are frequently updated (see www.cdc.gov/vaccines). Currently, the amounts of egg protein in most influenza vaccines are small ($\leq$1 μg per 0.5 ml dose in most cases). In addition, egg-free influenza vaccines are now available for adults with egg allergy. Thus, influenza vaccine can be safely administered to the vast majority of patients with egg allergy, as adverse reactions have generally been very rare [31–33].

Thimerosal and phenoxyethanol, used as preservatives, have been associated with delayed-type hypersensitivity reactions. Thimerosal has been recently removed from vaccine formulations. Aluminum salts are contained in several vaccines, including diphtheria tetanus and pertussis, hepatitis A and B vaccine, human papilloma virus (HPV) and *Haemophilus influenza* vaccine. Aluminum sensitization manifests as nodules at the injection site that often regress after weeks or months, but may persist for years [34]. In subjects with suspected aluminum-induced granuloma a patch test for aluminum may be used to confirm the sensitization.

Hepatitis B vaccine and anti-HPV vaccines are prepared by harvesting the antigens from cell cultures of recombinant strains of the yeast *Saccharomyces cerevisiae*, also known as baker's yeast. Yeast-associated anaphylactic reactions have also been reported as rare events. DiMiceli et al. [35] reviewed the adverse events described in the Vaccine Adverse Event Reporting System (VAERS) focusing on reports that mentioned a history of allergy to yeast and related

anaphylactic reactions following vaccinations. Among 107 reports of anaphylaxis in subjects with pre-existing yeast allergies, 11 were described as 'probably' or 'possibly' related to the administration of hepatitis B vaccine.

Finally, antibiotics may be responsible for anaphylactic reactions. Thus, an accurate allergy history has to be taken in cases with previous allergic reactions to antibiotics prior to administrations of vaccines containing these agents.

Individuals who are prone to develop autoimmunity

Family history of autoimmune diseases and the genetic profile

Numerous studies have found that autoimmune diseases have a genetic predisposition. The abnormal immune response probably depends upon interactions between susceptibility genes and various environmental factors. Evidence for genetic predisposition to autoimmunity includes increased concordance for disease in monozygotic compared to dizygotic twins, and an increased frequency of autoimmunity in patients with affected family members.

Family history of autoimmunity was prevalent among patients developing SLE following HPV vaccination [8]. In another study, 19% of 93 patients with autoimmune conditions following hepatitis B vaccination had a family history of autoimmunity [7].

Certain HLA profiles are associated with autoimmunity. The most potent genetic influence on susceptibility to autoimmunity is the major histocompatibility complex (MHC). Different HLA alleles are linked to different autoimmune diseases. Examples are DR2 and increased risk for multiple sclerosis and Goodpasture's syndrome; DR3 and increased risk for SLE, celiac disease, type 1 diabetes and Graves' disease; DR4 and increased risk for RA, pemphigus and type 1 diabetes; and DR5 and increased risk for Hashimoto's thyroiditis and pernicious anemia. HLA profiles were reported in only few patients with vaccination-triggered autoimmunity [36].

Non-HLA genes also play a role in the genetic etiology of autoimmune diseases. Non-HLA genes that have been associated with autoimmunity can be divided into two groups: the first group consists of immune-regulatory genes such as the cytotoxic T lymphocyte antigen-4, or the protein tyrosine phosphatase gene, or mutations leading to complement deficiencies or IgA deficiency [37–40]. Deficiencies in the earlier components of the classical complement pathway (especially C4) have been linked to autoimmune diseases, and autoimmune disorders occur more frequently in individuals with selective IgA deficiency. The second group of non-HLA genes that have been associated with autoimmunity consists of tissue-specific genes, such as polymorphisms associated with the insulin gene, the thyroglobulin gene and the thyroid-stimulating hormone receptor gene [reviewed in 37].

Presence of autoantibodies

Autoantibodies can be detected in the preclinical phase of autoimmune diseases many years before the disease becomes apparent. Examples are anti-citrullinated protein antibodies (ACPA) in RA, anti-mitochondrial antibodies (AMA) in primary biliary cirrhosis, anti-thyroid antibodies in Hashimoto's thyroiditis, and anti-dsDNA in SLE [41]. Many autoantibodies have the ability to predict the development of an autoimmune disease in asymptomatic persons. The progression towards an autoimmune disease and its severity can be predicted from the type of antibody, its level, and the number of different antibodies present. The ability to predict the development of an autoimmune disease in asymptomatic individuals is especially important when the disease progression can be prevented by avoiding environmental factors, such as vaccinations, that may trigger or worsen the disease.

Smoking

Tobacco smoking is one of the most potent environmental factors that influence autoimmune diseases. Smoking has been associated with SLE [42,43] and with an increased risk of RA, an effect that was more pronounced in males and in seropositive patients [43]. Studies documenting an increased prevalence of smokers exist for many autoimmune disorders [43]. Smoking could lead to autoimmunity by several mechanisms: it interacts with genetic risk factors such as specific HLA-DR alleles, it induces tissue damage, increases apoptosis, induces leukocytosis and elevates levels of C-reactive protein, intercellular adhesion molecule-1 and E-selectin, resulting in inflammation [44,45]. To date, no specific association was documented between smoking and vaccination-related ASIA.

Hormonal factors

The hormonal panel, which affects the process leading to autoimmunity, involves estrogen, prolactin and vitamin D [46,47]. Exposure of the immune system to estrogens may be exogenous, in the form of oral contraceptives or hormone replacement therapy for post-menopausal women. Both forms may be associated with disease flare-up. Ovarian stimulation may also lead to the development of SLE or induction of SLE flares [48]. The mechanisms by which other potential sources of environmental estrogens, such as phytoestrogens, pesticides and other chemicals, could alter the immune system are yet to be established. Estrogen leads to increased survival and activation of autoreactive B cells [49]. Indeed, in large-scale reports of vaccination-induced ASIA, females seem to be affected more frequently than males [7].

Low vitamin D status has been implicated in the etiology of autoimmune diseases. There is an inverse relationship between vitamin D status and incidence of multiple sclerosis [50]. High vitamin D intake was also associated with lower risk for type 1 diabetes mellitus, rheumatoid arthritis and inflammatory bowel diseases [51]. Vitamin D status has not been established in cases with vaccination-related ASIA.

Summary

Appropriate epidemiological studies should be undertaken to confirm reports of individual cases or case series where familial, genetic, hormonal or other risk factors for autoimmune conditions were found in patients who developed post-vaccination ASIA. However, it is important to remember that for the overwhelming majority of individuals, vaccines carry no risk of systemic autoimmune disease and should be administered according to the current recommendations. Reports on autoimmune reactions after vaccination would constitute probably less than 0.01% of all vaccinations performed worldwide, although this rate may be biased by under-reporting. In addition, many of those reactions are mild and self-limited. Nevertheless, we should be cautious, especially in cases with previous post-vaccination phenomena and in those with allergies, but also in individuals who are prone to develop autoimmune diseases, such as those with a family history of autoimmunity or with known autoantibodies. In such subsets, the potential benefit of vaccination should be weighed against its potential risk.

References

[1] Shoenfeld E, Aron-Maor A. Vaccination and autoimmunity-vaccinosis: a dangerous liaison. J Autoimmun 2000;14:1–10.
[2] Cohen AD, Shoenfeld Y. Vaccine-induced autoimmunity. J Autoimmun 1996;9:699–703.
[3] Shoenfeld Y, Agmon-Levin N. 'ASIA' – autoimmune/inflammatory syndrome induced by adjuvants. J Autoimmun 2011;36(1):4–8.

[4] Aron-Maor A, Shoenfeld Y. Vaccination and autoimmunity. In: Shoenfeld Y, Rose NR, editors. Infection and autoimmunity. Amsterdam: Elsevier; 2004. p. 105–16.
[5] Bijl M, Agmon-Levin N, Dayer JM, Israeli E, Gatto M, Shoenfeld Y. Vaccination of patients with auto-immune inflammatory rheumatic diseases requires careful benefit-risk assessment. Autoimmun Rev 2012;11(8):572–6.
[6] Perricone C, Colafrancesco S, Mazor RD, Soriano A, Agmon-Levin N, Shoenfeld Y. Autoimmune/inflammatory syndrome induced by adjuvants (ASIA) 2013: unveiling the pathogenic, clinical and diagnostic aspects. J Autoimmun 2013:1–16.
[7] Zafrir Y, Agmon-Levin N, Paz Z, Shilton T, Shoenfeld Y. Autoimmunity following hepatitis B vaccine as part of the spectrum of 'autoimmune (auto-inflammatory) syndrome induced by adjuvants' (ASIA): analysis of 93 cases. Lupus 2012;21:146–52.
[8] Gatto M, Agmon-Levin N, Soriano A, Manna R, Maoz-Segal R, Kivity S, et al. Human papillomavirus vaccine and systemic lupus erythematosus. Clin Rheumatol 2013;32:1301–7.
[9] Lee SH. Detection of human papillomavirus L1 gene DNA fragments in post-mortem blood and spleen after Gardasil® vaccination – a case report. Adv Biosci Biotechnol 2012;3:1214–24.
[10] Lee SH. Detection of human papillomavirus (HPV) L1 gene DNA possibly bound to particulate aluminum adjuvant in the HPV vaccine Gardasil. J Inorg Biochem 2012;112:85–92.
[11] Lee SH. Topological conformational changes of human papillomavirus (HPV) DNA bound to an insoluble aluminum salt – a study by low temperature PCR. Adv Biol Chem 2013;3:76–85.
[12] Gherardi RK, Coquet M, Cherin P, Belec L, Moretto P, Dreyfus PA, et al. Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminium hydroxide in muscle. Brain 2001;124:1821–31.
[13] Konstantinou D, Paschalis C, Maraziotis T, Dimopoulos P, Bassaris H, Skoutelis A. Two episodes of leukoencephalitis associated with recombinant hepatitis B vaccination in a single patient. Clin Infect Dis 2001;33:1772–3.
[14] Soriano A, Verrecchia E, Marinaro A, Giovinale M, Fonnesu C, Landolfi R, et al. Giant cell arteritis and polymyalgia rheumatica after influenza vaccination: report of 10 cases and review of the literature. Lupus 2012;21:153–7.
[15] Quiroz-Rothe E, Ginel PJ, Pérez J, Lucena R, Rivero JLL. Vaccine-associated acute polyneuropathy resembling Guillain-Barré syndrome in a dog. EJCAP 2005;15(2).
[16] van Assen S, Agmon-Levin N, Elkayam O, Cervera R, Doran MF, Dougados M, et al. EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases. Ann Rheum Dis 2011;70(3):414–22.
[17] Mok CC, Ho LY, Fong LS, To CH. Immunogenicity and safety of a quadrivalent human papillomavirus vaccine in patients with systemic lupus erythematosus: a case–control study. Ann Rheum Dis 2013;72(5):659–64.
[18] Elkayam O, Yaron M, Caspi D. Safety and efficacy of vaccination against hepatitis B in patients with rheumatoid arthritis. Ann Rheum Dis 2002;61(7):623–5.
[19] Kuruma KA, Borba EF, Lopes MH, de Carvalho JF, Bonfá E. Safety and efficacy of hepatitis B vaccine in systemic lupus erythematosus. Lupus 2007;16(5):350–4.
[20] Saad CG, Borba EF, Aikawa NE, Silva CA, Pereira RM, Calich AL, et al. Immunogenicity and safety of the 2009 non-adjuvanted influenza A/H1N1 vaccine in a large cohort of autoimmune rheumatic diseases. Ann Rheum Dis 2011;70(6):1068–73.
[21] Perdan-Pirkmajer K, Thallinger GG, Snoj N, Čučnik S, Žigon P, Kveder T, et al. Autoimmune response following influenza vaccination in patients with autoimmune inflammatory rheumatic disease. Lupus 2012;21:175–83.
[22] Elkayam O, Amir S, Mendelson E, Schwaber M, Grotto I, Wollman J, et al. Efficacy and safety of vaccination against pandemic 2009 influenza A (H1N1) virus among patients with rheumatic diseases. Arthritis Care Res 2011;63(7):1062–7.
[23] van Assen S, Elkayam O, Agmon-Levin N, Cervera R, Doran MF, Dougados M, et al. Vaccination in adult patients with auto-immune inflammatory rheumatic diseases: a systematic literature review for the European League Against Rheumatism evidence-based recommendations for vaccination in adult patients with auto-immune inflammatory rheumatic diseases. Autoimmun Rev 2011;10(6):341–52.
[24] Fritsche PJ, Helbling A, Ballmer-Weber BK. Vaccine hypersensitivity – update and overview. Swiss Med Wkly 2010;140:238–46.
[25] Wood RA, Berger M, Dreskin SC, Setse R, Engler RJ, Dekker CL, et al. Hypersensitivity Working Group of the Clinical Immunization Safety Assessment (CISA) network. An algorithm for treatment of patients with hypersensitivity reactions after vaccines. Pediatrics 2008;122:e771–7.
[26] Wood RA. Allergic reactions to vaccines. Pediatr Allergy Immunol 2013;24:521–6.
[27] National Center for Immunization and Respiratory Diseases. General recommendations on immunization–recommendations of the Advisory Committee on Immunization Practice (ACIP). MMWR Recomm Rep 2011;60:993.
[28] Rogerson SJ, Nye FJ. Hepatitis B vaccine associated with erythema nodosum and polyarthritis. BMJ 1990;301:345.
[29] Kelso JM, Jones RT, Yunginger JW. Anaphylaxis to measles, mumps and rubella vaccine mediated by IgE to gelatin. J Allergy Clin Immunol 1993;91(4):867–72.
[30] Lasley MV. Anaphylaxis after booster influenza vaccine due to gelatin allergy. Pediatr Asthma Allergy Immunol 2007;20:201.
[31] Wood RA, Setse R, Halsey N, Clinical Immunization Safety Assessment (CISA) Network Hypersensitivity Working Group. Irritant skin test reactions to common vaccines. J Allery Clin Immunol 2007;120:478–81.
[32] Centers for Disease Control and Prevention (CDC). Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2012–13 influenza season. MMWR Morb Mortal Wkly Rep 2012;61:613.
[33] Committee on Infectious Diseases, American Academy of Pediatrics. Recommendations for prevention and control of influenza in children, 2012–2013. Pediatrics 2012;130:780–92.
[34] Barbaud A, Deschildre A, Waton J, Raison-Peyron N, Trechot P. Hypersensitivity and vaccines: an update. Eur J Dermatol 2013;23:135–41.
[35] DiMiceli L, Pool V, Kelso JM, Shadomy SV, Iskander J, VAERS Team. Vaccination of yeast sensitive individuals: review of safety data in the US vaccine adverse event reporting system (VAERS). Vaccine 2006;24:703–7.
[36] Santoro D, Vita G, Vita R, Mallamace A, Savica V, Bellinghieri G, et al. HLA haplotype in a patient with systemic lupus erythematosus triggered by hepatitis B vaccine. Clin Nephrol 2010;74(2):150–3.
[37] Jacobson EM, Tomer Y. The CD40, CTLA-4, thyroglobulin, TSH receptor and PTPN22 gene quintet and its contribution to thyroid autoimmunity: back to the future. J Autoimmun 2007;28:85–98.
[38] Tomer Y, Davies TF. Searching for the autoimmune thyroid disease susceptibility genes: from gene mapping to gene function. Endocr Rev 2003;24:694–717.
[39] Walport MJ, Davies KA, Morley BJ, Botto M. Complement deficiency and autoimmunity. Ann N Y Acad Sci 1997;815:267–81.
[40] Liblau R, Bach JF. Selective IgA deficiency and autoimmunity. Int Arch Allergy Immunol 1992;99:16–27.
[41] Bizzaro N, Tozzoli R, Shoenfeld Y. Are we at a stage to predict autoimmune rheumatic diseases. Arthritis Rheum 2007;56:1736–44.
[42] Costenbader KH, Kim DJ, Peerzada J, Lockman S, Nobles-Knight D, Petri M, et al. Cigarette smoking and the risk of systemic lupus erythematosus: a meta-analysis. Arthritis Rheum 2004;50:849–57.
[43] Harel-Meir M, Sherer Y, Shoenfeld Y. Tobacco smoking and autoimmune rheumatic diseases. Nat Clin Pract Rheumatol 2007;3:707–12.
[44] George J, Levy Y, Shoenfeld Y. Smoking and immunity. An additional player in the mosaic of autoimmunity. Scand J Immunol 1997;45:1–6.
[45] Costenbader KH, Karlson EW. Cigarette smoking and autoimmune disease: what can we learn from epidemiology? Lupus 2006;15:737–45.
[46] Orbach H, Shoenfeld Y. Hyperprolactinemia and autoimmune diseases. Autoimmun Rev 2007;6:537–42.
[47] Arnson Y, Amital H, Shoenfeld Y. Vitamin D and autoimmunity: new etiological and therapeutic considerations. Ann Rheum Dis 2007;66:1137–42.
[48] Zandman-Goddard G, Peeva E, Shoenfeld Y. Gender and autoimmunity. Autoimmun Rev 2007;6:366–72.
[49] Grimaldi CM, Michael DJ, Diamond B. Cutting edge: expansion and activation of a population of autoreactive marginal zone B cells in a model of estrogen-induced lupus. J Immunol 2001;167:1886–90.
[50] Munger KL, Zhang SM, Oreilly E, Hernán MA, Olek MJ, Willett WC, et al. Vitamin D intake and the incidence of multiple sclerosis. Neurology 2004;62:60–5.
[51] Cantorna MT, Mahon BD. Mounting evidence for vitamin D as an environmental factor affecting autoimmune disease prevalence. Exp Biol Med 2004;229:1136–42.

#HB-1312 OPPOSITION Testimony for Record
Jennifer Crump to: matt.bishop 05/01/2019 11:01 PM

Since Madame Chair Court has REMOVED my right to speech (after waiting EIGHT HOURS to testify against this bill), I expect this testimony to be read into record!

My name is Jennifer Crump and I am here representing my family and the hundreds of families who were not given sufficient notice in order to attend this hearing and voice their opposition to HB-1312.

Many of you believe this bill is a benign, “middle ground” bill. The bill sponsors have assured you, this bill “changes nothing”. The pharmaceutical lobbyist has assured you this bill “changes nothing”. The difference is, she is being PAID to tell you that. Your constituents are not.

Directly from the bill:

1. This bill ADDS THREE vaccines (HEPATITIS A, ROTAVIRUS, AND MENINGOCOCCAL), and an additional 6-7 doses. (See Section 4, line 21)

NO change? If that were true, the bill sponsors would have NO problem amending this bill back to the CURRENT Colorado entry list of vaccines AND the current doses for school entry. Make no mistake … INCREASING the vaccine schedule will INCREASE the exemption rate. NOT decrease the exemption rate, which was the entire goal of this bill.

2. This bill RESTRICTS medical exemptions to just 3 horrifying reactions. THIS bill removes medical exemptions such as DEATH of a SIBLING due to vaccine injection, or seizures. Have you ever seen a baby or a child seizure? Trust me - you won't forget it and you would be terrified at the thought of subjecting your child to the same medical procedure that caused the first seizure. This bill REMOVES a doctor’s current medical exemptions, just to name a couple. The current ACIP language is threatening to the sound judgment of medical providers. (Section 3)

Those are just 2 examples of how you have been lied to regarding this bill.

This bill DOES increase the school entry vaccine dosage AND removes currently the approved medical exemptions from doctors. This bill is NOT a “middle ground”.

3. Lastly, you have been told that this bill simply “formalizes” the process of exemption, as though there is no formal process in place already! (Section 3)

All school-aged children are ALREADY required to report exemption status to their schools. It is called CIIS (Colorado Immunization Information System) under CDPHE (Colorado Department of Public Health and Environment). It is the SAME date collection platform where Rep. Mullica has GATHERED the exemption numbers that he insists are too low for Colorado. So if he is relying on that same platform (CIIS) which is already in place, to definitively assess the current exemptions in Colorado … WHY

does he insist there needs to be an additional, 2nd tracking system when he already TRUSTS the figures from CIIS?

Based on that, there is NO need for an additional tracking system. But Rep. Mullica wants personal identifying information on this NEW State tracking system -- our child's private name, private address and private medical choice. This is discrimination against a minority group, and a severe breech of privacy.

HB1312 is NOT a HIPAA entity and will require parents to give up FERPAA rights. The current system preserves privacy, provides aggregate data and affords the school to identify those at risk in an Emergency/Outbreak crisis. There is NO NEED to for a second tracking system that compromises privacy. **For this very reason, Governor Polis has stated that he would not sign this bill.** This is demonstrating the Democratic platform for which his party promised, and we are greatly impressed by Gov. Polis for standing by this promise.

Likewise, I believe you are a dedicated Democrat and we trust you will vote according to the Colorado Democratic Party 2018 platform under EDUCATION section:

“13. In light of breaches of student data, we advocate for student privacy rights that reflect ethical, lawful, and responsible security of student data.
14. We oppose the monetization of student data and support legislation which prohibits student data exchanged for services, benefit, or for profit in any way

I urge you, do not forget what was promised, the basis for which your constituents voted for you. In 2020,we will NOT forget how you vote on this bill.
Please vote NO on HB-1312.

I welcome your questions regarding the 3 points I made about this bill.

Opposing HB19-1312

Anne Momber to: matt.bishop 05/01/2019 10:51 PM

My name is Anne Momber and I am writing in opposition to HB 1312. As a working parent whose family relies upon my income, and an educated parent who is making informed medical decisions on behalf of my family, I see no benefit to this bill. If this bill passes as it currently stands, my choices are as follows:

1. Reverse medical decisions about vaccinations that have been made in light of personal medical history, vaccine risks, vaccine benefits, and with the input of medical professionals.
2. Take an exemption and submit my child's personal information into a state-run "tracking system" that circumvents FERPA.
3. Give up my career and homeschool my children to protect my family's health and right to personal medical privacy.

As you can imagine, as a woman who is deeply committed to her family and also committed to her career, these are not great options. I have lived in Colorado almost my entire life, and never expected to have any desire to leave the state. I am discouraged that the majority party — which claims to fight for women, for minorities, for the underrepresented, for medical freedom, for "my body my choice" — would turn its back on children, families, and women in this fashion.

Please oppose HB 1312.

1312 Testimony

Stephanie Rae to: matt.bishop 05/01/2019 10:49 PM

I think it's clear that there are problems with this bill. For this reason alone, this piece of legislature should not be passed. I am confident as Colorado citizens and representatives of the state that you do not pass problematic laws.

Though I have many concerns, one of my biggest concerns is for those who will lose their ability to get a medical exemption for their vaccine injured child. By restricting the medical exemption so severely, thousands of children in our state could be at risk if our state later chooses to do away with religious and philosophical exemptions (which lets face it is the plan across the country). So whose lives matter more - those we vaccinate to protect or those we exempt to protect. They are both EQUALLY important, at least they should be. If this bill is truly about protecting the lives of vulnerable children this bill is completely missing the mark.

I have an acquaintance whose child developed seizures immediately after vaccination, deemed by his doctor as vaccine injury. I won't state the research that shows this IS a side effect of vaccination or read the manufacturer insert to you that states as such. This child moved to Colorado from Texas to pursue cannabis treatment as the child quite literally had 1000s of seizures a day. The parents had to hire a home health nurse if they ever both wanted to leave their home at the same time because they were not able to take him out of the house. This child under this legislation would have to pursue a religious or philosophical exemption when clearly he should have a medical exemption. Hasn't this child and his family been through enough already?

The amount of children out of compliance in schools is much higher than those who have turned in exemptions. This bill unfairly targets those families who choose to exercise their freedom to choose medical treatments for their children outside of the grueling CDC schedule. These parents ARE in compliance with the law. There are plenty that aren't. So why are we targeting these parents?

Maybe with the hundreds of thousands of dollars this will cost tax payers processing paperwork and exemptions for those who are missing just one shot we should set up a research committee on the health of children, the growing list of medical conditions they are dealing with, and why our schools are spending more money on special education services than ever before. Maybe we should offer low cost services to our communities that want to vaccinate but struggle to. I'm confident with a little creativity we can make our children and our state a safe and healthy place to be, without infringing on the privacy and freedom of our Colorado parents.

Please vote NO on this bill. We can do better.

Stephanie Sumitra

Opposition to HB1312

Sarah Austin to: matt.bishop@state.co.us 05/01/2019 10:44 PM

Dear Matt,
Thank you for taking the time to read my testimony. My name is Ellie and I'm an army wife and a mother in Colorado Springs. My husband serves this country to protect our freedom and that includes our medical freedom. This bill is a gross overstretch of the government. The government doesn't belong in our personal medical choices. As parents we are forced to make decisions for our children everyday, some harder than others. Vaccines are one of the toughest decisions I've had to make and I've spent thousands of hours researching. I am incredibly offended that parents who choose not to vaccinate are being accused of doing so out of "convenience". I am in contact with hundreds of other parents in my area and not a single one has ever stated they choose not to vaccinate out of convenience. I would love to see the numbers of "convenience exemptions".
I am also greatly offended that those of us who choose to miss even one vaccine will lose our privacy regarding our medical choices and we will be put into a tracking system like criminals and that system could easily be hacked. This is treating the unvaccinated like second class citizens.
The limiting of medical exemptions in this bill is ridiculous and takes away doctors ability to make decisions based on their patients history.
Adding more vaccines to the Colorado requirements is unnecessary and quite frankly will only lead to more exemptions.
We do not have a broken system in Colorado. We currently have systems in place to keep track of exemption rates and schools have the ability to contact parents if there were a breakout. We don't need to fix what isn't broken.
It is our right as parents to make decisions for our children's health without being forced, bullied or pushed into compliance with governments beliefs.
If this bill passes my family will immediately be requesting a transfer to another state, we have no interest in being tracked because of our medical choices. I know of many other families who will be taking their children out of school and some plan on leaving the state if this bill passes, I do believe the state will suffer by passing HB1312.
I would also like to point out that I was very disappointed in the finance committees running of this bill. While I greatly appreciate the long hours being put into this bill and this session, it doesn't seem right that testimony was limited and very few out of the 500 who showed up to testify in opposition, will actually be able to do so. We deserve to have our voices heard and I do thank you for allowing us to send these emails.
Thank you for your time.
Respectfully,
Ellie

HB1312

Kimberly Doty to: matt.bishop 05/01/2019 10:41 PM

Good Evening Mr. Bishop,

Thank you for taking the time to read this. I am pleading with you to vote no on this HB1312 bill. I will keep this short and to the point. Whether you support vaccines or not, this bill is overreaching human rights. When we start infringing on people's bodies with forced medicines, we need to take a long, hard look at where our government is headed. This is a non partisan issue. This is an issue of humanity and the rights of people. This is an issue of stripping away those rights. Having to give up personal information is part of the overreach. There are so many aspects of this bill that are absolutely frightening. Please vote no. Please convince others to vote no.

Thank you! Blessings!
Kimberly E Doty

Sent from my iPhone

testimony of Rock family -- adoption

Robin Rock to: matt.bishop 05/01/2019 10:31 PM

Greetings:

My adopted daughters shot records got “spit” out of the database. Her 1 year old shot in China were given in China 1 week before the American schedule. When we got her home we had her bloodwork done to check the titers. Our doctor was pleased, because sometimes in China orphans only get partial doses, she was fully covered. A few years later when I enrolled her for school. We got a call from the nurse and she alerted us to the fact that her records were not being accepted by the database. After several calls for help to the CDPHE, the clerk suggested I “just redo all the shots” – this was unacceptable to get medical advice from a clerk. So I had no choice even through my daughter IS FULLY VACCINATED but to use a personal exemption. I have heard from other adoptive parents that this has happened to them as well. So your numbers will still be wrong even if you push this HB1312 through to law.

Sincerely Thank you!

Robin Rock

WRITTEN TESTIMONY SHEET

DATE: May 1st, 2019 NAME: Joy Vines

SB/HB # and Title: HB19-1312 School Immunization Req PHONE #: 307-509-0147

PRIME SPONSORS: Mullica, Gonzales, Priola

WRITTEN TESTIMONY:

I am very concerned about HB19-1312. My daughter has a couple rare diseases, and the way this bill is currently written, she will lose her medical exemption. This is a decision multiple doctors have agreed to. But HB19-1312 overrules my daughter's doctors, and replaces them with a Health Department employee. Please preserve the doctor-patient relationship, and allow doctors who care for their patients to decide what medical care they need, including vaccines. I'm not comfortable switching to a personal exemption, because I see other states removing those also. I also have friends who already can not get a medical exemption, even though their chid needs one. So I support personal exemptions. Please vote NO on HB19-1312. But if it passes, an ammendment to protect medical exemptions is critical.

PRINT NAME: Joy Vines SIGNATURE: Joy Vines

HB19-1312 OPPOSE

Stacy to: matt.bishop@state.co.us 05/01/2019 10:12 PM

Please respond to "cookiesandcorn@yahoo.com"

Good evening, my name is Stacy Trefethen, I am here representing my family. I ask that you vote no on HB19-1312.

The bill states in 2017, 9,424 Colorado children, a majority of them under the age of four, were hospitalized or went to an emergency department to be treated for a disease that was preventable by a vaccine.

According to the vaccine preventable disease report out of the 9,424 hospitalization or emergency room visits 9,116 were due to the flu.

The vaccine preventable disease report does not mention how many of these children were vaccinated against the flu or how much time had passed between the vaccine and their emergency room visit or hospitalization.

According to the CDC the flu vaccine is about 50% effective when the flu viruses are well-matched to the vaccine but can be as low as 10%.

Section 4 states, IN ADDITION TO THE IMMUNIZATIONS REQUIRED BY THE STATE BOARD OF HEALTH, THE STATE BOARD OF HEALTH SHALL ADOPT RULES THAT REQUIRE THE HEPATITIS A, ROTAVIRUS, AND MENINGOCOCCAL IMMUNIZATIONS.

Rotavirus is a vaccine that has not been required in Colorado by the CDPHE and is a vaccine that can't be caught up, according to the CDC the maximum age the rotavirus vaccine can be administered is 8 months.

Will every school aged child not administered 2 doses of Rotavirus require an exemption to attend school?

We all have the same goal, healthy children and a healthy community.
Please oppose this bill.

Thank you for your time and consideration.

Sent from Yahoo Mail on Android

Testimony-HB19-1312 opposed

Julie Johnson Bogdan to: matt.bishop 05/01/2019 09:51 PM

First I'd like to say that if you don't have enough time to hear all the testimony. Then you don't have time for this bill.

The things that cause me pause and I hope would cause you pause too is #1)All pharmaceutical companies that manufacture vaccines were granted immunity. Meaning they can not be held accountable for any adverse affects their vaccines cause. #2)The top 5 pharmaceutical companies that manufacture vaccines have been convicted of felonies. #3)The same industry, pharmaceutical, kept vioxx on the market killing more than 40,000 people even though the manufacture of vioxx were aware of the safety concerns #4)This is the same industry who created the opiate crisis where more than 2 million Americans became dependent. These 4 things cause me to pause and ask the question if the pharmaceutical company hasn't been an ambassador of the people why do we think they would be an ambassador of the children. How can we as the people of Colorado not ask for more vetting of the safety and efficacy of vaccines, given the conduct of the pharmaceutical companies in the past.

Please vote no!

Sent from my iPhone

HB19-1312 OPPOSITION

Kristi Cartwright to: matt.bishop 05/01/2019 09:48 PM

I oppose HB19-1312.

This is a terrible bill. This is a violation of privacy. This is in support of the pharmaceutical industry. The current system is NOT broken. Leave it as it is.

There are well over 500 people at the capitol opposing this bill - hear us!!

Testimony of Cynthia Shelden

Shelden Family's to: matt.bishop 05/01/2019 09:48 PM

My name is Cynthia Shelden of Morrison, 80465, and I'm representing myself and my family:
—All 3 of my kids are fully vaccinated although one was on a delayed schedule deemed necessary by her doctor, a right and patient/doctor privilege that would be eliminated with the passing of this bill. Furthermore, because she was delayed, her vaccination did not "count" for the kindergarten "rate" which Representative Mullica has used as the basis for this bill. The number used for kindergarten rates (Section 1-f) is inaccurate and an analysis of older grades could be determined to realize the true immunization rates/statistics for Colorado.
—The amount for taxpayer and/or insurance hospitalization cost of "unvaccinated illness" was proven completely inaccurate in the House hearings yet still remains as a point within this bill today. Of the 9,424 hospitalizations (Section 1-h), over 9000 were due to flu complications. The data has not proven whether or not those patients were or were not vaccinated, and the CDC stated that year's vaccine was only 40% effective anyway.
—A single house representative, in all his few months of applied medical wisdom as a nurse in the ER, added 3 unnecessary vaccines to the current Colorado schedule in a 2 minute time frame on the House floor (Amendment) thus grotesquely eroding the public trust of this government and specifically this bill. How is this the right of Representative Mullica to determine best health practices and vaccine schedules for the entire State of Colorado?
—Taxpayer cost created by this bill is a grossly negligent oversight. There are no funds appropriated for this bill, yet new duties will be added to CDPHE agencies, an entirely new database tracking system will be created and implemented, as well as monitored. How will this possibly cost "nothing"?
—The person who wrote this bill on behalf of Representative Mullica, Sundari Elizabeth Kraft, is a paid employee of GlasgowSmithKline, one of the largest manufacturers of vaccines. If you don't find that to be a conflict of interest against the people of Colorado , then I don't know who it is that each of you are claiming to "represent" today? Representative Mullica also had vaccine pharmaceutical companies contribute to his campaign. Shouldn't this be a huge red flag?
—Please, I'm pleading with you all to be on the correct side of history! This bill is discriminatory, it is based on false and misleading statistics/information, it was written by those who have vaccine pharmaceutical interests in their pockets, it violates multiple privacy, patient, and parental laws, and it completely erodes the constituent trust of the lawmakers whom we voted to Represent the Great State of Colorado. Thank you for your time, PLEASE Vote NO on HB19-1312

Testimony opposed to HB19-1312

Jeanette Mufford to: matt.bishop 05/01/2019 09:43 PM

My name is Jeanette form Peyton Colorado. I represent myself and my family. We strongly oppose HB19-1312. My family has only been back in the state of Colorado for 21 days after living abroad and already we are considering leaving the state we love, the only state we put down roots as a prior Air Force family. I'm use to being on lists, deployment lists, I'm on lists as a combat veteran with PTSD, on lists for disabilities, on lists as a concealed carry permit holder. But I will not subject my children to government lists for a medical choice we made with our doctor. CDPHE is not apart of any health choice I make for my family and they wouldn't be privy to their name without this bill. CRS 9-2403 limits student data collection. This bill circumvents FERPA...could this be intentional? Citizens should not have to be here tonight to argue to elected officials why we don't what our kids on lists. Please vote no on HB 19-1312

Jeanette
Sent from my iPhone

Testimony HB1312- OPPOSE

Erica Lehman to: matt.bishop 05/01/2019 09:42 PM

My name is Erica Lehman, I live in Colorado Springs, and I am writing to oppose HB1312. I oppose this bill because my son suffered a severe reaction to his first round of vaccines when he was an infant. For his wellbeing, we discontinued his vaccines as well as his sister's once we found out they both have a genetic variant that causes them to be more susceptible to adverse reactions to vaccines. If HB1312 passes, my children would not qualify under the new, narrow criteria for a medical exemption, even though they could very likely suffer a great deal of harm if they were vaccinated again.
Additionally, I don't believe it is right for my children's private information to be collected and stored by the government. I can't trust that this information about our personal medical choices will not ever get info the wrong hands. My family should not be punished for making the decisions that were best for our children's health and wellbeing. The government has no business monitoring this kind of information.
Please vote NO on HB1312.

Erica Lehman
Colorado Springs

Good Afternoon,

Madam Chair Lontine and members of the committee, thank you for this opportunity. My name is Matt Baylor, I am here representing myself and my family and I oppose HB19-1312. As a Colorado parent I am concerned about student privacy. In order to have healthy kids and a healthy community we must protect our kids' privacy.

Our expectation of privacy has been codified in two different laws: FERPA and HIPAA. The Family Educational Rights and Privacy Act (FERPA) was enacted to protect students' personally identifiable information. The Health Insurance Portability and Accountability Act (HIPAA) defines and protects personal health information.

HB19-1312 causes great concern with both of these privacy protections. I will address them in the order they appear in the bill.

On page 6, line 10, this bill suggests medical providers offer information about opting-out of the immunization tracking system. In order to guard the spirit of HIPAA, participation in the immunization tracking system should be opt-in, not opt-out. I urge you to amend HB19-1312 to make the tracking system opt-in or oppose this legislation.

Simultaneously, on page 6, lines 12-13, it directs the provider to submit the medical exemption to the immunization tracking system. I ask that you clarify the language of HB19-1312 so that it is clear that parent and students control their data.

HB19-1312 on page 6, line 24 through page 7, line 19, requires students and their parents to disclose FERPA protected information in order to apply for the religious or personal belief exemption. FERPA already provides for the release of personally identifiable information in the event of a significant threat to the health and safety of our students. There is no need to disclose this information to any other agency since, according to FERPA, it is already readily available. I ask you to remove this requirement from HB19-1312 in order to continue the privacy protections afforded by FERPA.

Additionally, students and parents seeking a religious or personal belief exemption must opt-out of the immunization tracking system. To honor the privacy of health information as defined by HIPAA, HB19-1312's tracking system should be opt-in rather than opt-out.

HB19-1312 causes serious concerns for information protected by both HIPAA and FERPA. I urge you to either amend this bill so that it conforms to the privacy expectations codified in FERPA and HIPAA or oppose this bill in committee so that we ensure Colorado families have the assurance of privacy. We all have the same goal: healthy kids and a healthy community. Thank you for your time today.

Testimony HB 1312-oppose

Jess Hart to: matt.bishop 05/01/2019 09:35 PM

Scan_20190501_211514.pdf

Sent from my iPhone

First, I'd like to thank each of you for your time today. Whether you are for or against this bill our time is precious and ultimately, we all want to do what is best for the children. So, thank you!

In 2011 the Supreme Court in case no. 09-152 Buesewitz v. Wyeth, labeled vaccines as "unavoidably unsafe." They then awarded absolute immunity to vaccine manufactures.

In 2013 WHO (the World Health Organization) said that vaccine safety depends upon clinical trials of the manufacturers.

Basically, they put the fox in charge of the hen house.

Regarding the Use of Placebos in Vaccine Trials, WHO went on to say, "The subjects are given either (a) the trial vaccine mixed with the existing unrelated vaccine or (b) the combination of a placebo and the existing unrelated vaccine." Thus, the trial can never provide a genuine risk assessment due to not having an actual true placebo. The reason given by WHO was that it would be unethical to deny the control group the use of a vaccine.

ALL DRUGS should have a true placebo in order to see if they actually are safe.

I urge each of you to take 'a time out' on this bill and really do your own research. Not from the CDC or the vaccine manufactures but look at the research done by scientist with no bias.

I think we all owe it to the children, to see for ourselves if it really is safe to inject aluminum, heavy metals, aborted fetuses, animal bi-products, and carcinogenic into the blood steam of our developing children.

After you read this research, I'm sure you will echo the sentiment of the Supreme Court that vaccines are "unsafe".

Thank you for your time.

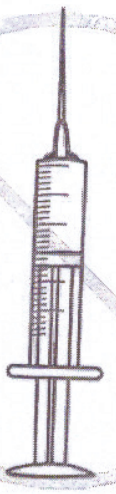
DO YOU KNOW WHAT'S IN A VACCINE?

NONE OF THESE SHOULD BE INJECTED INTO YOUR BODY

Aluminum
Causes brain damage even at tiny doses. Linked to ALZHEIMER'S DISEASE, seizures, autoimmune issues and cancer. Accumulates in the body causing more health damage with each shot.

Mercury [thimerosal]
One of the most toxic substances known. Even tiny doses damage the brain, gut, liver, nervous system and kidneys. In most flu shots.

Human and Animal Cells
Human DNA from aborted BABIES. Cow blood, monkey & dog kidneys, etc. Linked to childhood cancer, DNA mutation and diabetes.



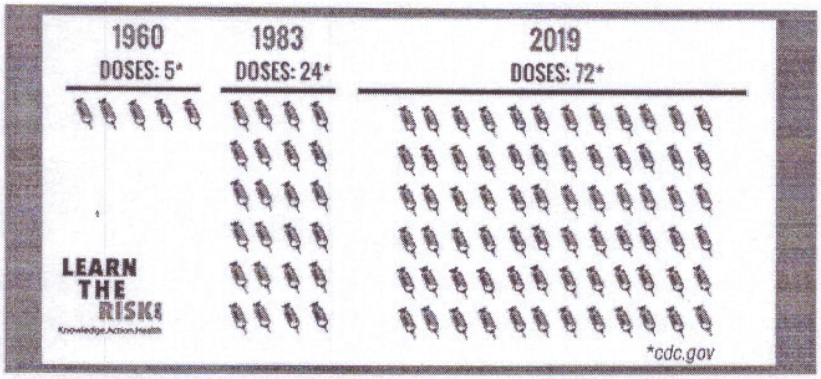
Genetically Modified Yeast, Bacterial and Viral DNA
Can be incorporated into the recipient's DNA and cause GENETIC MUTATIONS.

Monosodium Glutamate [MSG]
Toxic to the brain, linked to birth defects, developmental delays and infertility.

Polysorbate 80 & 20
Known to cause CANCER in animals and linked to infertility. Opens up the brain-blood barrier allowing the other toxins into the brain.

Formaldehyde [formalin]
Known to cause CANCER in humans. Probable liver, respiratory, immune and nervous system POISON.

VACCINE DOSES FOR U.S. CHILDREN



In 1986, the U.S. government passed a law protecting pharmaceutical companies that produce vaccines from ALL liability for vaccine-related side effects and deaths, after hundreds of lawsuits from vaccine victims flooded the courts.

This means you CANNOT sue vaccine makers for side effects and injuries, even in the case of death.

LearnTheRisk.org

Testimony HB1312- OPPOSE

Nicole Tolin to: matt.bishop 05/01/2019 09:13 PM

Hello,

I am emailing today to testify as an opposition to 19-1312.

I do not have any vaccine injured children nor am I myself vaccine injured. However, after many grueling months and hours of time spent researching, I made the very educated decision to not vaccinate my son. Spiritually I don't agree with it as well as philosophically.

If this bill is passed my son's information will no longer be protected by FERPA. He is six years old and will be tracked by the state government. We will not be able to opt out of this NEW tracking as some Reps have been saying we will be able to do. This will force me to have to remove him from his school that he loves and quit my job. I will have to homeschool him. He will lose all social things with children his age, especially being an only child. It will put a strain on my family's financial situation which will also result in forcing us (my husband and I are both natives) to have to move out of state.

Please VOTE NO on this discriminatory bill. Thank you for your time.

Nicole Tolin
520 N Ider Way
Aurora 80018

Sent from my iPhone

WRITTEN TESTIMONY SHEET

DATE: 1 May 2019 NAME: Jamie Vineski

SB/HB # and Title: HB 19-1312 School Immunization Requirements PHONE #: 719-440-9086

PRIME SPONSORS: Mullica

WRITTEN TESTIMONY:

I want to testify specifically about the medical exemption portion of this bill. On Page 11, Lines 14-20 it says the contraindications from the Advisory Committee on Immunization Practices (ACIP) shall be used for determining medical exemptions. I want to explain how this puts the most medically vulnerable kids at risk. The ACIP contraindications are not intended to be a comprehensive list of reasons not to vaccinate. They also list many precautions, which a Doctor should consider before determining if a particular vaccine is appropriate for a particular patient. The decision needs to be left up to Doctors who know their patients. The ACIP Contraindications are so limited, that even a child with cancer would not qualify for a Medical Exemption. Only someone undergoing chemotherapy can get an exemption and then only for the 2 live vaccines.

My daughter is immunocompromised, and this bill would cause her to not qualify for a medical exemption. (over →)

PRINT NAME: Jamie Vineski SIGNATURE: J Vineski

Even if you pass an ammendment to grand father existing medical exemptions, what about her little sister? She hasn't started school yet, and thus doesn't have a medical exemption yet.

I shared the information about my child loosing her medical exemption in a private forum online. I was immediately attacked for not vaccinating my child. I was called a terrorist and a "crazy anti-vaxxer", and more. One person even threatened to kill my family. Then the took a screenshot and shared my information publically.

I urge you to vote No on HB19-1312. If you can't do that, please at least pass an ammendment to protect medical exemptions. Doctors need freedom to use their clinical judgement.

Testimony HB1312- oppose

Amanda Hepner to: matt.bishop 05/01/2019 09:04 PM

I am a Certified Nurse Assistant and 19-year long honorary Colorado transplant, married to a successful brick and mortar local business owner and Colorado native. I write to you regarding HB19-1312. There seems to be an ever-developing list of reasons as to why vaccines can be very dangerous so I'd like to share some that I feel hit home. This is about ethics, informed consent, and safety. I believe that parents are the best qualified to weigh the benefits and risks, given unbias and unaltered information, of each vaccine, contraindications, adverse reactions, safety trial outcomes, relative disease risks, and effectiveness data, therefore, the right to choose and refuse without being tracked in a system that violates privacy should continue to be protected as a basic civil human right.

1. The 32-year failure of Health and Human Services (HHS) to submit biennial reports to Congress on vaccine safety as required by HHS in the 1986 National Childhood Vaccine Injury Act (NCVIA) at 42 U.S.C Sec. 300aa-27(c) is a staggering issue. The first safety report was due in 1989 and required ongoing safety monitoring reports every two years. The admission was contained in a document concluding a lawsuit filed by the Informed Consent Action Network (ICAN) represented by attorney, Robert F. Kennedy, Jr., to compel HHS to produce the required safety review documents. This admission by HHS declares that there is no safety watchdog reviewing the growing vaccine schedule, nor has there ever been a safety watchdog over vaccine manufacturers. Given the critical nature of the vaccine industry and the admitted lack of oversight for 32 years, it is clear that an independent Vaccine Safety Commission must be established. The vaccine industry has lobbied for vaccine mandates for 32 years without any independent safety monitoring. What other industry has mandates for their product, without any liability, and without any third party safety review? None. The ethics of medicine do not support mandates for consumers under this system. Parents presently assume all risks of vaccines, and are rarely compensated for serious injuries or deaths in the vaccine court.

2. The FDA maximum requirements for aluminum received in an IV is 25 mcg per day. The suggested aluminum per kg of weight to give to a person is up to 5mcg. (so a 5 pounds baby should get no more than 11mcg of aluminum.) Anything that has more than 25 mcg of aluminum is a very valid concern.

Research indicates that “patients with impaired kidney function, including premature neonates, who receive parenteral levels of aluminum at greater than 4 to 5 (micro)g/kg/day accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration.

https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=201.323

But did you know most vaccines, for some reason, are not required to have a label containing this information and that practitioners also are not required to follow the maximum dosage of 25 mcg? This is something that actually was very troubling to us.

So doing some math — the following are examples of weight with their corresponding maximum levels of aluminum, per the FDA:

• 8 pound, healthy baby: 18.16 mcg of aluminum
• 15 pound, healthy baby: 34.05 mcg of aluminum
• 30 pound, healthy toddler: 68.1 mcg of aluminum
• 50 pound, healthy child: 113 mcg of aluminum
• 150 pound adult: 340.5 mcg of aluminum
• 350 pound adult: 794.5 mcg of aluminum[/feature_box]

So how much aluminum is in the vaccines that are routinely given to children?

• Hib (PedVaxHib brand only) – 225 mcg per shot
• Hepatitis B – 250 mcg
• DTaP – depending on the manufacturer, ranges from 170 to 625 mcg
• Pneumococcus – 125 mcg
• Hepatitis A – 250 mcg
• HPV – 225 mcg
• Pentacel (DTaP, HIB and Polio combo vaccine) – 330 mcg
• Pediarix (DTaP, Hep B and Polio combo vaccine) – 850 mcg[/feature_box]

The HEP-B shot alone is almost 14 TIMES THE AMOUNT OF ALUMINUM THAT IS FDA-APPROVED. The MMR? The dTap? All have similar amounts.

So in summary, when we do our due diligence, this info scares the hell out of us.

According to the FDA and the AAP (American Academy of Pediatrics), what happens if a child receives more than the maximum required dose of aluminum?

• Aluminum builds up in the bones and brain and can be toxic to the body and its organs.
• Aluminum “can” cause neurological harm.
• Aluminum overdose can be fatal in patients with weak kidney’s or kidney disorders or in premature babies.
• (Aluminum Toxicity in Infants and Children, Committee on Nutrition, American Academy of Pediatrics, Pediatrics Volume 97, Number 3 March, 1996, pp. 413-416)”

Our reasons are valid enough to raise resistance to vaccinations and the ingredients that are used in them as adjuvants. No person should ever be forced to receive a "medical treatment" they do not want. Nor should they be entered into a tracking system of any kind based on their informed refusal. HB19-1312 grossly narrows the acceptance of [true] informed consent with bias benefit-only based educational material, compelled language which criminalizes guardians, and strips individuals and parents of their rights to autonomy and privacy by violating HIPPA and FERPA! This bill needs to not exist as the vaccine manufacturers are currently being sued for fraud and misconduct surrounding their liability-free products! PLEASE UNDERSTAND THE MAJOR ISSUES ARISING FROM THIS BILL AND ADDRESS THEM HEAD ON. Make vaccine manufacturers liable again! LISTEN TO AND PROTECT YOUR CONSTITUENTS.

If this law passes, our bright and brilliant child who lives with Cerebral Palsy and Epilepsy, and is wonderfully supported with a constructive IEP in the Cherry Creek School District, would gravely miss out on the incredible educational experience he has only just begun. He's in 1st grade and has tremendously benefited more than realistically expected. It would be a shame if he were kept from such excellence simply because we, as a family, refuse to continue injecting ourselves with liability-free, patented poison. Furthermore, his pre-existing conditions of Cerebral Palsy and Epilepsy, which are likely due to malpractice (it's being investigated), would not be considered reasonable to issue him a medical exemption per CDC guidelines. Yet, seizures are listed as a likely reaction from certain vaccines such as the MMR for example, which he did have the first dose of and cognitively

regressed for months after. It took years to rehabilitate him back, only through nutrition.
We strive for optimal existence! Vaccines endanger the quality of life and WE DO NOT CONSENT to that!

PLEASE vote NO on HB19-1312!

In closing, I thank you for taking the time to read my email. I firmly admire your dyadic representation and look forward to your continued legislative support.

Respectfully,

Testimony HB1312- OPPOSE

Lucas Rogers to: matt.bishop 05/01/2019 09:04 PM

"Thank you for the chance to speak tonight. I'm here representing myself, my vaccine injured wife and my vaccine injured child.

For a little background on how I got interested in Vaccine Risk Awareness: when my wife was entering college she was forced to get a chicken pox vaccine. Within a day, she developed encephalitis and began having seizures. She almost died. Later when we decided to have kids, we were worried that the vaccines may have been contraindicated because of my wife's reaction, however, our child's pediatrician told us that my wife's reaction was "one in a million." We trusted her, and when our son started banging his head against the wall and lost all language and eye contact and much more after his second Hib vaccine, we knew we had made a horrendous mistake. We went against our instincts and we will regret it for the rest of our lives.

It is extremely important for you all to know that the bill, as passed in the House, violates some of the most basic and core principles and relationships of our great country.

First, the right of parents to thoughtfully raise and educate their children as they deem appropriate is not only a fundamental concept in this country but a core principle of our western civilization. When the government steps in to raise our children, we have started a terrible slippery slope. Now, speaking directly to the democrats on the committee, as a Democrat in control of the government here in CO, you feel comfortable with this bill, but what happens when Republicans gain control and this precedent has been set? Do you want Republicans determining how you should raise your children? Do you want Republicans determining what medical procedures to which you must expose your kids? How about your constituents' kids?

Second, this bill eliminates the right of a physician to determine what the best and safest course of treatment is for their patient. The doctor/patient relationship and the doctor's ability to use his/her education, experience, knowledge, and skill to determine the best course of treatment for their patient is vitally important for all of our safety. This bill removes the doctor's ability to determine the best course of treatment for their patient. There seems to be some confusion regarding this part of the bill amoung your colleagues because parents are being told repeatedly that the medical exemption is not affected, and that the ACIP exemption requirements were amended out. After reading the amended bill, you'll see it remains in section three subsection 3, lines 14-20 on page 11.

As concerned parents and American citizens, we are asking for this bill to be killed here in the Senate. If not killed then at a minimum the following amendments to be made:

1. There should be an amendment leaving medical exemption to the discretion and judgment of physicians with no oversight committee or review board for medical exemptions.

2. There should be an amendment removing all personal identifying information from the database so aggregate data is provided with no violation of our right to privacy and a true opt out option (where information is not stored in **ANY** database).

3. There should be an amendment removing the safety clause that puts this bill immediately into affect and makes it so it cannot be appealed.

Without these amendments this bill violates our FERPArights or HIPPA rights, the relationship between parent and child and doctor and patient as well as our right to privacy, and I ask respectfully that you vote no on HB19-1312."

Lucas Rogers

Testimony HB19-1313, Oppose

robert cinea to: matt.bishop 05/01/2019 09:02 PM

Hello, my name is Robert and I am writing to you tonight on behalf of myself, my fiance, and our daughter.

My fiance, Shelby, and I both oppose this bill, as it is a violation of personal and parental choice, and a violation of protecting personal information. We do not want our data regarding vaccines stored in a database, which can be hacked. If NASA, universities, government agencies, etc can have their systems hacked, so can Colorado. Without even providing personal information, people can find us. They can follow our IP addresses, as we speak out against unfair mandates and recording of our information. They send death threats to us and our child, among wishing other horrible things to our family. It is our right as American citizens to accept or deny any medical treatment offered to us, including vaccinations. It is our right as parents to decide what is best for our child, with input from our pediatrician (NOT the government). I have the right to deny further vaccines after my child suffered from vaccine induced encephalitis after her 4 month well child visit, where she received 6 vaccines at once. Administering more than one vaccine at a time has never been tested. The current vaccine schedule as it stands has never been tested. Only individual vaccines are tested, and they are not tailored to each individual. As is well known, every body is different. Every single human body handles various things differently. Vaccines are no exception. One tactic used for this bill is that Colorado ranks as the lowest state for kindergarten vaccination rates. What isn't mentioned is that Colorado is one of the HEALTHIEST state in the country. Without looking it up, offhand I believe we are ranked as the 8th healthiest state. That's pretty good. Several politicians get incentives from Pharma, and several doctors get incentives from health care providers. Does this not seem like a conflict of interest? Or at the very least, unethical and one sided? We see so much debate over vaccines, with one side being silenced. If there is no debate, why silence us? If vaccines are 100% safe and effective for everyone, why does pharma carry no liability? If vaccines are 100% safe and effective for everyone, why is there a vaccine compensation program that has paid out over four billion dollars to vaccine injured families? Instead of Mandarin vaccines and taking away exemptions, I believe we need to have mandatory genetic testing before ANY vaccines are given to anyone; MTHFR is a good example of a gene mutation that can cause severe adverse reactions in people who have the mutation. I believe we need better vaccine safety and efficacy testing. I believe vaccines should not allowed to be fast tracked. I believe that as Americans, and some of us also as parents, we have every right to choose what goes into our bodies or not. I do not believe I should have to move, homeschool, or other means of making sure my family isn't vaccinated. my daughter is almost 3 now. We stopped vaccinating after her adverse reaction. Over the past 2+ years I've researched during every minute of free time that I have. In that time, I have put together over 200 pages of my own research. In that time, my daughter has been sick once with the common cold. I have been sick once with the common cold. I have never had a flu shot, and I have never had the flu. Same with my daughter, same with my fiance. We are a healthy family, because we take care of ourselves. We address the root causes of health issues, and tackle them at the source. Vaccines are a bandaid for a larger problem. Vaccines have not saved as many lives as proper plumbing, better living conditions, better nutrition, better working conditions, breastfeeding, hand washing, sterilization of medical instruments, vitamins and herbs

(2 consecutive days high dose vitamin a for measles, for example), trash and feces not being thrown in the alleyways of slums, child labor laws, and so much more. Yes, vaccines can be beneficial for some individuals. But they are not beneficial for all. There have been more deaths from the MMR vaccine than there have been from measles in the US. Measles was never eradicated, there were 86 cases the year measles was declared eradicated. I believe in the freedom to choose for ourselves. If Family A wants to fully vaccinate, that is their choice. If Family B wants to vaccinate on a different schedule, that is their choice. If Family C wants to selectively vaccinate, that is their choice. If Family D does not want to vaccinate at all, that is their choice. I grew up in a provax family. My siblings and I were vaccinated for everything except chickenpox, which my mother had a pox party for us and our cousin. My fiance's mother was a Labor & Delivery nurse for almost 50 years. We did what we were told, and vaccinated our daughter. Then she had an adverse reaction, one that to this day I can still remember the feeling when my fiance messaged me that something was wrong. I worked full time while she stayed home with our daughter, so I knew she knew when something was wrong. I knew she would do the research, and figure out what to do. I strongly urge a No vote on HB19-1312. I oppose this bill, and I will oppose any others like it that come forward in the future. Thank you for your time.

Testimony HB19-1312 - OPPOSE

Matthew Steele to: matt.bishop 05/01/2019 09:00 PM

I am writing to share my opposition of HB19-1312 since the Senate decided to not allow full testimony to be heard today despite over 500 citizens signing up to speak without 24 (or even 12) hours notice.

I am a mom that currently has two fully vaccinated children and I still OPPOSE this bill because it completely infringes on my right to CHOOSE what is best for me and my family. I have an auto-immune disorder and my youngest son is being tested for a rare genetic disorder that may affect my choice to vaccinate or delay vaccinations for him in the future for his own safety. As his mother, I know my child best and should have the RIGHT to CHOOSE what is best for his health while working with his doctors who see him regularly. No government official should have the right to force me or my child into a public database that will violate his FERPA rights or mandate additional vaccines without following the proper protocol as outlined in Colorado Statutes.

I do not take these decisions lightly and as a mother make fully informed and educated decisions for my family. This bill is a step in the wrong direction and is a complete over reach of the government into my personal freedoms and privacy. Where there is risk, there must be choice.

Even as amended, this bill is discriminatory against those who make informed decisions to delay or deny vaccinations. It violates the doctor-patient relationship and forces students into a tracking system without the ability to opt out, eliminates school privacy rights and mandates additional vaccines for school or daycare.

1. Adds hepatitis A and meningococcal vaccines for school and rotavirus vaccines for infants. The board of health has always had the authority to require any vaccines for school.
2. The board of health declined to add hepatitis A and meningococcal vaccines to the list of vaccines required for school.
3. This bill usurps the board of health authority by forcing them to require these vaccines.

This bill is unnecessary and redundant because there is already a standardized process in place that works well! I respectfully ask the Senate Committee to OPPOSE this bill. This is not a pro or anti vaccine issue. This is a PRO-CHOICE issue and WE the parents (not the government) in this state who dearly love and protect our children deserve to keep the right to make the best medical decisions for our family. Let's make Colorado a leader in this country for health and wellness and not bow down to fear mongering and special interest groups. Listen to your citizens!!!

Respectfully,
Ashlie Steele
Denver County resident and Colorado Native

Testimony HB1312- OPPOSE

Melissa Conklin to: matt.bishop@state.co.us 05/01/2019 08:58 PM

Hello, my name is Melissa Conklin and I oppose bill 1312 because I am concerned for my family's privacy and safety. I am grateful that I don't have a tragic vaccine injury or adverse reaction story, but I have enough close friends who unfortunately do. I'm thankful that I have been able to decide, with my children's doctors, to delay doses at times and decline a few we determined were not in my children's abest interest.

I value educating the facts, both the benefits and the risks, and stand up for the parents' right to choose a child's medical procedures based on the child's personal needs and history. This bill is a gross infringement on parental rights and personal freedom. I am not comfortable with being strong armed into giving up my children's personal, private information to be added to a registry like they're criminals. I understand that we cannot truly opt-out of the tracking system and I fear what may eventually be done with that sensitive information. I have witnessed the vitriol and hate put forth by citizens who are feeding into media sensationalism and believe that this small percentage of children poses a threat to them. I will not have my children targeted, will not put their safety at risk simply because we opt out of a flu shot or chickenpox vaccine.

I have the luxury of homeschooling my 4 children and understand that under this bill, we will have the ability to avoid this registry… as long as we stay home and keep to ourselves. Many of us attend enrichment programs through the public school system, providing funding to our schools. My school district has over 800 students, including homeschoolers, who have exemptions on file with their schools. Under this bill, many will find the invasion of privacy unacceptable and withdraw, leaving our district with a significant loss in funding. The exemption process right now is fine, it does not need fixing.

My family requests the parental right to choose or decline medical procedures for our children. We despise the idea of a vulnerable state tracking system to hold their personal identifiable information. I urge you to please vote no on 1312. Thank you.

Testimony HB19-1312, Oppose

Shelby Johnson to: matt.bishop 05/01/2019 08:57 PM

Hello, my name is Shelby and I am writing to you tonight on behalf of myself, my fiance, and our daughter.

My fiance, Robert, and I both oppose this bill, as it is a violation of personal and parental choice, and a violation of protecting personal information. We do not want our data regarding vaccines stored in a database, which can be hacked. If NASA, universities, government agencies, etc can have their systems hacked, so can Colorado. Without even providing personal information, people can find us. They can follow our IP addresses, as we speak out against unfair mandates and recording of our information. They send death threats to us and our child, among wishing other horrible things to our family. It is our right as American citizens to accept or deny any medical treatment offered to us, including vaccinations. It is our right as parents to decide what is best for our child, with input from our pediatrician (NOT the government). I have the right to deny further vaccines after my child suffered from vaccine induced encephalitis after her 4 month well child visit, where she received 6 vaccines at once. Administering more than one vaccine at a time has never been tested. The current vaccine schedule as it stands has never been tested. Only individual vaccines are tested, and they are not tailored to each individual. As is well known, every body is different. Every single human body handles various things differently. Vaccines are no exception. One tactic used for this bill is that Colorado ranks as the lowest state for kindergarten vaccination rates. What isn't mentioned is that Colorado is one of the HEALTHIEST state in the country. Without looking it up, offhand I believe we are ranked as the 8th healthiest state. That's pretty good. Several politicians get incentives from Pharma, and several doctors get incentives from health care providers. Does this not seem like a conflict of interest? Or at the very least, unethical and one sided? We see so much debate over vaccines, with one side being silenced. If there is no debate, why silence us? If vaccines are 100% safe and effective for everyone, why does pharma carry no liability? If vaccines are 100% safe and effective for everyone, why is there a vaccine compensation program that has paid out over four billion dollars to vaccine injured families? Instead of Mandarin vaccines and taking away exemptions, I believe we need to have mandatory genetic testing before ANY vaccines are given to anyone; MTHFR is a good example of a gene mutation that can cause severe adverse reactions in people who have the mutation. I believe we need better vaccine safety and efficacy testing. I believe vaccines should not allowed to be fast tracked. I believe that as Americans, and some of us also as parents, we have every right to choose what goes into our bodies or not. I do not believe I should have to move, homeschool, or other means of making sure my family isn't vaccinated. my daughter is almost 3 now. We stopped vaccinating after her adverse reaction. Over the past 2+ years I've researched during every minute of free time that I have. In that time, I have put together over 200 pages of my own research. In that time, my daughter has been sick once with the common cold. I have been sick once with the common cold. I have never had a flu shot, and I have never had the flu. Same with my daughter, same with my fiance. We are a healthy family, because we take care ofiurselves. We address the root causes of health issues, and tackle them at the source. Vaccines are a bandaid for a larger problem. Vaccines have not saved as many lives as proper plumbing, better living conditions, better nutrition, better working conditions, breastfeeding, hand washing, sterilization of medical instruments, vitamins and herbs

(2 consecutive days high dose vitamin a for measles, for example), trash and feces not being thrown in the alleyways of slums, child labor laws, and so much more. Yes, vaccines can be beneficial for some individuals. But they are not beneficial for all. There have been more deaths from the MMR vaccine than there have been from measles in the US. Measles was never eradicated, there were 86 cases the year measles was declared eradicated. I believe in the freedom to choose for ourselves. If Family A wants to fully vaccinate, that is their choice. If Family B wants to vaccinate on a different schedule, that is their choice. If Family C wants to selectively vaccinate, that is their choice. If Family D does not want to vaccinate at all, that is their choice. I grew up in a very provax family. My mother was a Labor & Delivery nurse for almost 50 years. We did what we were told, and vaccinated our daughter. Then she had an adverse reaction, one that to this day I can still remember the feeling in my gut that something was wrong. The feeling of helplessness as she cried all day, barely eating, and hot in my arms. I strongly urge a No vote on HB19-1312. I oppose this bill, and I will oppose any others like it that come forward in the future. Thank you for your time.

Testimony

Jenn Nims to: matt.bishop 05/01/2019 08:55 PM

Our family moved to Colorado in 2015 after SB277 passed. We came to Colorado believing that Colorado valued personal freedom and responsibility. Unfortunately, it seems I may have been wrong.

I have four children. Two teenagers who are FULLY vaccinated according to Colorado's current schedule. Since vaccinating my oldest children, we have discovered our family has a history autoimmune disease. Therefore we've decided to err on the side of caution and vaccinate our youngest on a delayed schedule. The current bill does not allow medical exemptions based on family history. It is unclear on a number of issues? Will our information be kept anonymous or not? Representative Mullica says it will but then alludes to a "second database". Where is the transparency? What about the rotavirus? It is not FDA approved in children over eight months of age. What about parents who skipped this vaccine during infant hood? Do you they need an exemption for something that is not even FDA approved?

We are currently enrolled in an enrichment programs for the fall. If this bill passes I will NOT hesitate to pull my children out of the program to avoid turning in exemptions for one maybe two vaccines. There are hundreds if not thousands of parents who feel the same way. Colorado schools will suffer. In fact, our family won't hesitate to move to another state like Arizona who values parental rights and medical freedom. AZ recently introduced three new bills HB 2470, 2471, and 2472 that would ADD religions exemptions, *requires* doctors to give complete medical information about vaccines to patients including vaccine inserts, and gives parents the option to have antibodies, i.e. titers, tested to check for immunity in lieu of vaccines. Colorado, however, seems to be moving in the opposite direction requiring education on only the risks and adding many hoops for those seeking exemptions. It appears to be designed to intimidate parents and doctors to coerce them into complying. My children's health is my and my doctor's business not the state's business.

" As of November 30, 2018, there have been more than 93,179 reports of measles vaccine reactions, hospitalizations, injuries and deaths following measles vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 459 related deaths, 6,936 hospitalizations, and 1,748 related disabilities. Over 50% of those adverse events occurred in children three years old and under." The Harvard Pilgrim Health Care study reported, "Adverse events from vaccines are common but underreported, with less than one percent reported to the Food and Drug Administration (FDA)." There is no doubt that vaccines carry a risk and where there is risk there must be choice without the fear or pressure of being put on a list for non-compliers.

Day after day parents have come here to the Capitol sharing stories and pleading with law makers to not infringe upon our rights. Yet, it is clear that one side is listening to the lobbyist who mocks us publicly on social media. We see. We hear. We are not going away. Please consider all implications of HB 1312 and vote NO. Thank you for your time.

Testimony AGAINST HB19-1312

Susan Wilkinson to: matt.bishop 05/01/2019 08:54 PM

I would like to enter my strong objection to this bill on the following grounds:

- It is immoral to remove the rightful place of a parent in making medical decisions for their children.
- It is totalitarian for the State to insert itself between a parent and child in medical decisions either by removing the doctor/patient relationship or by burdening parents unduly by making them choose between school which they pay for in taxes, or their child's health.
- It is unconscionable for the state to track parents as non-compliant when they are doing their duty to their children! This is a step in the direction of Nazi Germany and it will force many parents into hiding, away from the public or private school systems.
- I do not believe vaccine mandates are just in the first place, but to take ANY STEPS in the direction of removing or REDUCING exemptions that many parents rely on is absolutely intolerable.
- This bill will result in a large segment of Colorado residents living in terror and reducing their quality of life. PLEASE DO NOT PASS THIS BILL.

Respectfully,
Susan Wilkinson, Colorado Resident and registered voter

HB1312-OPPOSE

Anne Garboczi Evans to: MATT.BISHOP 05/01/2019 08:53 PM

Dear Committee Members,

I urge that you vote no on HB1312.

Anne Garboczi Evans

1312
Starla Nicoll to: Matt.bishop 05/01/2019 08:48 PM

Hi, my name is Starla I'm the mother of two daughters. I drove over an hour to be here at the capital today. My children and I were at the first hearing for 6 hours but I was unable to stay until 4am to testify, it looks like I won't be able testify again because of the limiting time we now have. Both of my children show signs of being carriers of gene mutations that put them at a higher risk for vaccine injury. They would not qualify for a medical exemption under this bill, We are also a homeschool family so this bill effects our lives greatly. Although the amendment passed to not effect homeschoolers, that doesn't include children involved in enrichment programs funded by the state, which my oldest daughter attends and loves. It would break my heart but I will pull her out of her enrichment class if this bill passes, as will many other family's, taking money away from our schools. I do not consent to my children's personal medical information being tracked in any database. My biggest fear is that information would fall into the wrong hands and risk mine and my children's safety. I have seen first hand how those of us who have made the choice to not vaccinate our children are bullied, shamed and threatened. I've been told I should have my children taken from me and that me and my children should die because of my choices to protect them from vaccines. I care about my kids more than anybody, I should make the choices that best fit their individual medical care. The pharmaceutical companies have 0 liability for their vaccines causing injury and death. If any bills should passed regarding vaccines, it should be a bill to make these manufacturers liable again. You do not work for the pharmaceutical companies, you work for the people. And we the people are telling you that we oppose this bill. We're not going away. Please vote no.

Thank you,

Starla Nicoll
719-761-2340

Testimony HB1312-OPPOSE

Beth Hoffman to: matt.bishop 05/01/2019 08:47 PM

I am writing to encourage all of you to oppose HB1312. This bill is not simply about streamlining the process as it has been presented. This bill goes way beyond that. This bill increases the school vaccine schedule by three vaccines, Hep A, Meningococcal and Rotavirus. New vaccines are supposed to go through a share holder process and be voted on, not just thrown into a bill without any discussion. It also limits a medical doctor in what he can diagnose as a vaccine reaction for a medical exemption. This should always be a doctor patient relationship, not a doctor, government, patient relationship.

This bill does not and will not increase vaccination rates. So the idea that it is helping in that area is nonsense. The proponants want to make this bill about vaccinating your kids and that it is safe and effective. That is not what this bill is about. Opposing this bill does not mean that the opposition does not want people to be vaccinated, they can do what they want. This is about making sure we are not put into a database for praciticing our freedoms as Americans.

I ask you to please Oppose HB1312. Kill this Bill and show the people that you have listened to their concerns and they have been heard.

Thank you,
A concernced CO citizen,
Beth Hoffman

--

Dr. Beth Hoffman, D.C.

Bellies, Babies and Beyond Boulder, LLC
Joy Collective
2800 Folsom St, Suite D, Boulder, CO 80304
303-710-5136

HB19-1312 Testimony
KSTiedem to: matt.bishop@state.co.us 05/01/2019 08:42 PM
Please respond to KSTiedem

My name is Sarah Tiedemann, I represent myself and my household, and I am against this bill. I have written these thoughts to explain my stance.

The education of parents this bill encourages would not be comprehensive, but would instead be quite one-sided. Parents should not only be informed of the intended benefit of vaccines, but also of other important aspects, such as vaccine shedding and how those who have been inoculated with a live virus can shed that virus to those around them for weeks. The ingredients of vaccines and the risks associated with them should also be openly stated. Exemption forms should reflect the parent's choice based on unbiased material presented.

It's hard for me to understand why we are not focusing more on the need for parents to be fully informed before making these medical decisions, but we're instead further limiting the ability of parents to make and informed choice. Why are vaccine companies required by law to print and ship the insert with each type of vaccine that lists the ingredients, risks, and dangers associated with those vaccines, but physicians do not provide furnish them to parents/patients unless the parents know to ask for them?

I believe it is clear the intentions of this bill are to further shun those who choose not to fully vaccinate their children and put tighter restrictions on them -- even extremely dangerous restrictions, as is demonstrated in the bill's intentions to narrow medical exemptions to very strict qualifications that would impact the safety and well-being of many children. The fact that a database would exist to track those who are not fully and completely complying with the vaccine schedule is yet another concerning violation of rights.

Vaccinations are a MEDICAL PROCEDURE that involve risks; we as sovereigns have the right to choose what is done with our bodies and our children's bodies. This bill infringes on that right and needs to be struck down. Please vote NO on HB19-1312.

HB 1312 testimony

Olathe Sherman to: matt.bishop 05/01/2019 08:40 PM

Hello my name is Olathe Aquene Chenoa Sherman I'm in Colorado Springs 80905. I have three children and I oppose this bill. Please vote no on HB1312. This bill would place children who receive a personal or religious exemption into a government database and take away their medical privacy. I should be able to check all the boxes because that's how I feel. The MTHFR gene mutation runs in our family. My children have asthma, allergies and eczema along with tree nut and peanut allergies. This bill takes away doctor patient relationships. These products are risky. Anything with risk deserves choice. Vaccines aren't one size fits all because we are all genetically different. We need vaccines safety testing (hasn't been done since the 80's). I was vaccinated one at a time six months apart. I'm immune to rubella because my titers told me so. I'm scared what will the government do with my children's information? Thank you for your time please vote no.

Sincerely, Olathe

Testimony HB1312- OPPOSE

Sabrina Kiely to: matt.bishop@state.co.us 05/01/2019 08:37 PM

Matt,

I am opposed to HB19-1312 due to Common Sense! Thank you for taking the time to read and submit my testimony.

--

Thank You,

Sabrina Kiely

Office Manager @ Stellar Mechanical & Bartender/Server @ Event Staffing & Catering Specialist @ Qdoba & Property Management @ Kiely Enterprises Inc.

Cell: 720.474.7973

DATE: 5/1/19 NAME: Tina Husman

SB/HB # and Title: Holistic Practitioner/Scientist PHONE #: 970-819-8594

PRIME SPONSORS: My family, Science Integrity

WRITTEN TESTIMONY:

How does PII aide in the management of a potential disease outbreak as opposed to mass communication about the situation? And in what ways is this better than the current system of sending information through the schools to vulnerable children?

Given the history of form creation with CDPHE, and given the House amendment that includes the phrase "but not limited to" in addressing compelled speech, how will you protect parents from being forced to sign forms that have compelled speech especially in light of the 5th Amendment which protects us from self-incrimination?

HB19-1312 is bad policy. Denying protection of privacy to a small minority sets a precedent for genetic discrimination. I will pull both of my children out of the Poudre School District. Not only does this take away $14,550.30 from the district per year but also removes honor students. All children deserve to be protected not just those who comply with products that can not guarantee efficacy or safety.

PRINT NAME: Tina Husman SIGNATURE: Tina Husman

Support parental and medical rights

Megan Jack to: matt.bishop 05/01/2019 08:30 PM

I am writing again to discuss HB19-1312 and the implications it will have on families in your district. This bill seems harmless enough to those who have passed in in the house. But there are many underlying issues which will ultimately cause great stresses to local families and cost the government in the long run.

1. The first issue is the way in which medical exemptions will be handled if this bill passes as is, the sponsor of the bill Mullica promised that they would be left the way they are and that any doctor can write them as they see fit. But when a amendment was proposed to make this language clear in the bill, it was not passed. As it stands now, the bill makes medical exemptions fit into a very narrow list following the ACIP guidelines. These guidelines do not include the cdc's or the vaccine insert contraindications lists. This is frightening because many children fit into the cdc's contraindications lists and are able to have a medical exemption but will not fit into the ACIP list, meaning they would have to either be vaccinated against their health care providers recommendation or be put into a government system with a philosophical or religious exemption that would negate their Hippa and Ferpa rights.

2. Second currently this bill adds 3 vaccines to the current colorado schedule, including rotavirus. This particular vaccine can only be given in three doses to children between ages 6 weeks-8 months and many who choose not to vaccinate their infants but vaccinate their older children before school would need an exemption, this would increase colorado exemptions not reduce them, over a vaccine that has not previously been recommend for school age children.

3. The third issue I see with how this bill currently stands, is the "tracking" system, I've referred to it a few times but I believe this will become a huge burden. According to CDPHE the current tracking system, called the Colorado Immunization Information System does not have to comply with HIPPA or FERPA's standards of confidentiality. Mullica continually defended this system and its security but would not agree to pass amendments that would protect our children's medical information - names, addresses, and vaccination exemption. This system is redundant and takes the right to medical confidentiality from our children, another government database will not increase vaccination rates, it will likely increase them and lead to noncompliance (which hasn't been discussed, but many parents are considering homeschooling as an alternative to having their children in this database).

4. This leads to the next issue with this bill, financial loss for local schools. When I have to make the decision to comply to government overreach or homeschool my children, arapahoe county schools will lose money. A county which currently only has a 1.7% exemption rate, and is funded $7,980 per child per year. If we do the math and all of those exemption kiddos are taken out of public and private school, 657 kids in Arapahoe, adams, and aurora schools would lose the school districts an estimated $5,246,786. Thats a lot of funding, all to create some clunky database and try and force compliance on something that is not threatening public health.

These partially vaccinated, unvaccinated, and medically fragile kids are not transmitting disease to their peers. They are healthy and deserve the same protections and rights as other children. Vaccination rates are not an issue in Colorado, or anywhere for that matter and parents will not comply

regardless of which stipulations you put in place because parents make this decision based on current data and research not because of ignorance or convienence. If Colorado decides to go the route of California and limit our rights even further and begin mandating vaccination, people will leave the state, and statistically parents who choose not to vaccinate are highly educated. Are those the kinds of people you want to run out of your district and state, the people who voted for you to protect the environment, and care for the health of those who are less fortunate, because I was one of them. I believe we can be liberal and do well by doing good, and not interfere with parents rights or violate the sacred bond between a doctor and their patient, and definitely not put our children's medical information into a database which doesn’t comply with Hippa and Ferpa. It would be a grave disservice to pass this bill, Colorado schools will lose funding and democrats will lose voters, and the vaccination rates will stay the same. We do not comply.

Megan Jack
80120

Sent from my iPhone

HB 1312 Testimony

Brittany Mahoney to: matt.bishop 05/01/2019 08:29 PM

Madam Chair and committee members,

My name is Brittany Mahoney. I am representing myself and my children. I am a 2rd generation Colorado native, I am a small business owner, employer, tax payer, community member, I have two children one of which brings in school funding as a public school student and one who will enter school in two years.

Since the first rumors of HB1312 I have found myself fighting. We cannot vaccinate due to history of severe reaction in our family. I have been fighting to educate friends. I have been fighting to educate strangers. What was once a fairly private and small detail of our lives has been forced into the spotlight in order to fight for our freedom.

Like others we have suffered lost friendships, a feel that we are no longer welcome in our old circles, subjected to public and very personal threats and the fear for the well being of our children from numerous fronts. HB1312 is a threat in and of itself. It opens the doors for further government misuse, it opens the doors for a very small but hated minority in Colorado to be sought out. Should the unnamed database be hacked, my children's names and addresses will be available to anyone who would seek harm for unvaccinated people. I long to go back to my life before HB1312 existed.

If HB 1312 passes, my husband and I WILL take our family to a state where we have not been discriminated against by those who are sworn to represent us. I thank you for your no vote.

HB 1312: F Sincere Testimony

Fran Sincere to: lois.court.senate@state.co.us, matt.bishop@state.co.us 05/01/2019 08:29 PM

Too the Honorable Senate Finance Chair Lois Court and all Colorado Senators,

Thank you for your service and your leadership in hearing testimony for HB 1312 today.

I am Francis Sincere from Lakewood Colorado and I represent 25, 000 families who object to Bill 1312.

Slides of my testimony are in attached pdf for your review.

We oppose HB 1312 for the following reasons:

1. 1,000s personal identifiable Info (PII) private medical records in CIIS are breached frequently; e.g., used by outside insurance companies which 'skirt' citizens' HIPPA rights! **Slide 1** of my handout gives an example of this the invasion of our private information where the RMHP sends letters to a parent to vaccinate their Kiddo. Obviously, this information is from the CIIS.
2. The Sponsors say that this bill is needed to make it harder for people to get exemptions and thereby boost vaccination rates. But we already have the recommended threshold level of vaccination rates in schools across Colorado at 93.4%. **See chart 2.**
3. Chart 3 shows Colorado Schools at 93.4%. compared to the recommended rate for "HERD IMMUNITY at 92 to 95%.
4. If vaccines were actually safe and harmed no one, we wouldn't have anyone in this room today.
    - The fact is that with just the MMR vaccine alone, the Vaccine Adverse Events Reporting System show that were over 92,800 MMR serious injuries. **See slide 4.**
    - If we allow this bill to pass, our doctors would be restricted to a very few government allowed medical conditions and thereby result in even more vaccine injuries.
5. **Slide 5** tells how a Harvard Medical School study commissioned by the CDC found that only 1% of vaccine injuries are actually reported. CDC ignored the study and the recommendations to automate vaccine injury reporting was never implemented.

So that's why we need to vote no on this Bill. Thank you, Madam Chair.

Best regards,

Fran Sincere
Lakewood, CO

303 886 3467 

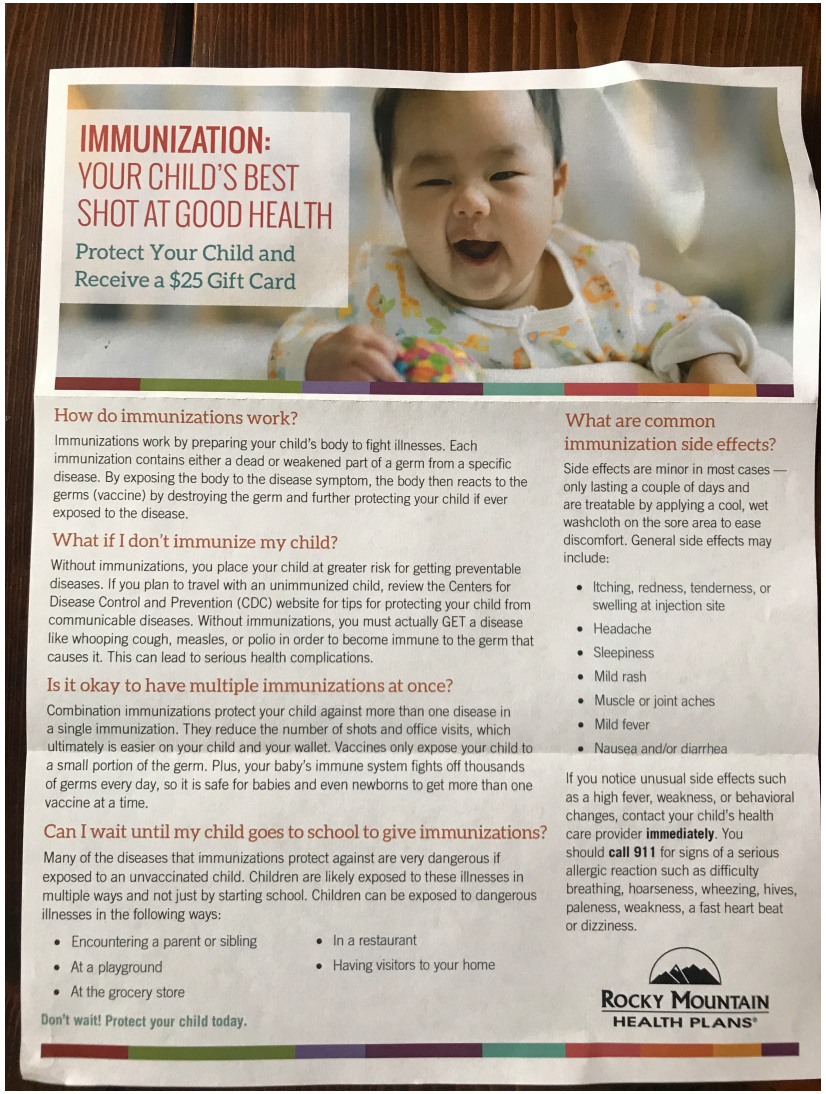
19_1312_Meeting.pdf

1,000s personal identifiable Info (PII) private medical records in CIIS are breached frequently; e.g., used by outside insurance which 'skirts' citizens' HIPPA Rights!.

Private Vaccine info sent from insurance company
Email to F. Sincere
Kxxx Hxxx
Mon 4/29/2019 10:34 AM

Hello, I have received these 2 times this year from Rocky Mountain Health plans. We have CHP+ which then also goes through RMHP. My son was vaccinated up until 2 then has not been to a well child visit or Doctor since so we have not used our insurance in years except for speech therapy. He is now 10 Let me know if you need any other info.

Thanks,
Kxxx Hxxxxxx



IMMUNIZATION: YOUR CHILD'S BEST SHOT AT GOOD HEALTH

Protect Your Child and Receive a $25 Gift Card

How do immunizations work?

Immunizations work by preparing your child's body to fight illnesses. Each immunization contains either a dead or weakened part of a germ from a specific disease. By exposing the body to the disease symptom, the body then reacts to the germs (vaccine) by destroying the germ and further protecting your child if ever exposed to the disease.

What if I don't immunize my child?

Without immunizations, you place your child at greater risk for getting preventable diseases. If you plan to travel with an unimmunized child, review the Centers for Disease Control and Prevention (CDC) website for tips for protecting your child from communicable diseases. Without immunizations, you must actually GET a disease like whooping cough, measles, or polio in order to become immune to the germ that causes it. This can lead to serious health complications.

Is it okay to have multiple immunizations at once?

Combination immunizations protect your child against more than one disease in a single immunization. They reduce the number of shots and office visits, which ultimately is easier on your child and your wallet. Vaccines only expose your child to a small portion of the germ. Plus, your baby's immune system fights off thousands of germs every day, so it is safe for babies and even newborns to get more than one vaccine at a time.

Can I wait until my child goes to school to give immunizations?

Many of the diseases that immunizations protect against are very dangerous if exposed to an unvaccinated child. Children are likely exposed to these illnesses in multiple ways and not just by starting school. Children can be exposed to dangerous illnesses in the following ways:

- Encountering a parent or sibling
- At a playground
- At the grocery store
- In a restaurant
- Having visitors to your home

Don't wait! Protect your child today.

What are common immunization side effects?

Side effects are minor in most cases — only lasting a couple of days and are treatable by applying a cool, wet washcloth on the sore area to ease discomfort. General side effects may include:

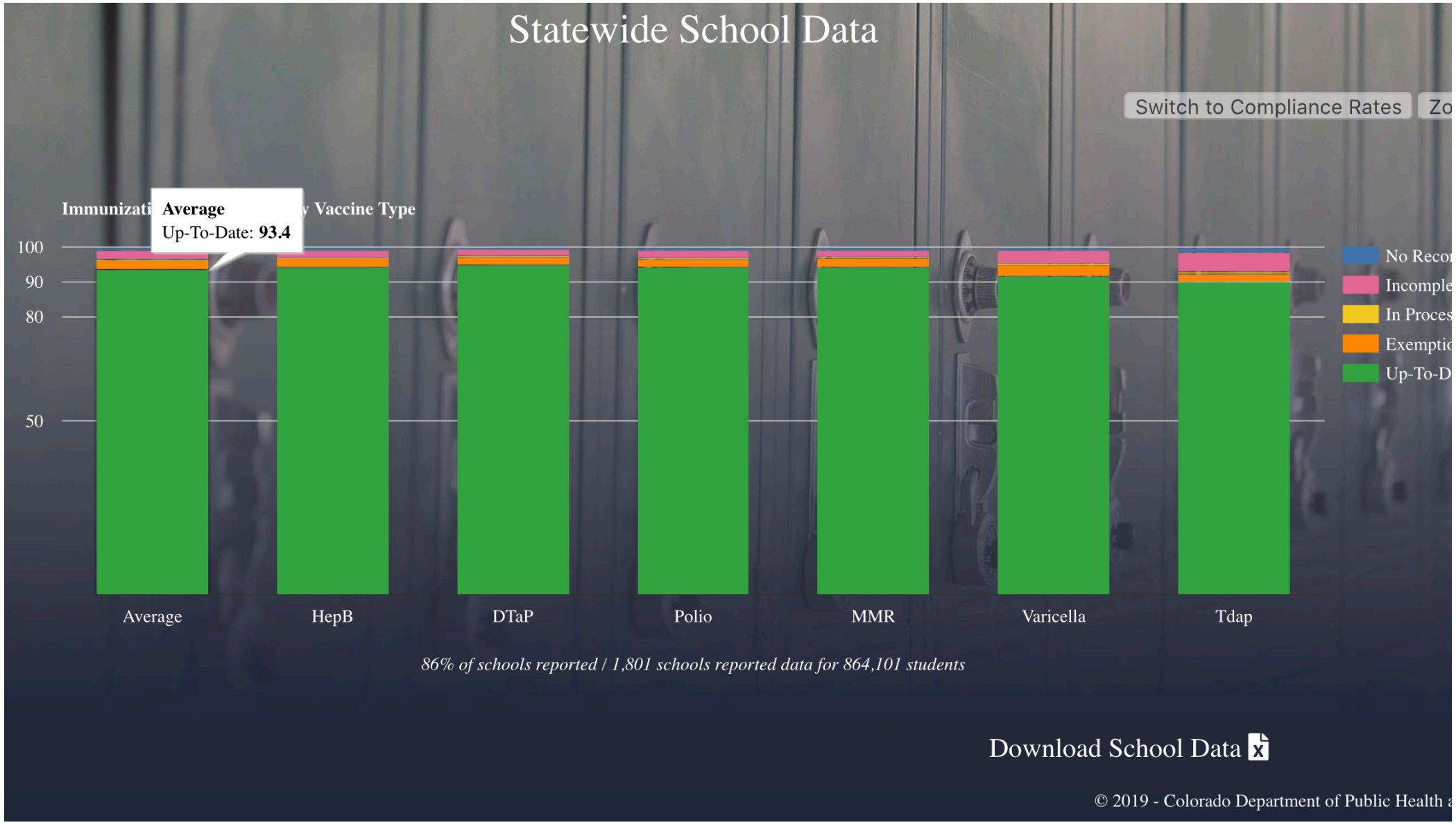
- Itching, redness, tenderness, or swelling at injection site
- Headache
- Sleepiness
- Mild rash
- Muscle or joint aches
- Mild fever
- Nausea and/or diarrhea

If you notice unusual side effects such as a high fever, weakness, or behavioral changes, contact your child's health care provider **immediately**. You should **call 911** for signs of a serious allergic reaction such as difficulty breathing, hoarseness, wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

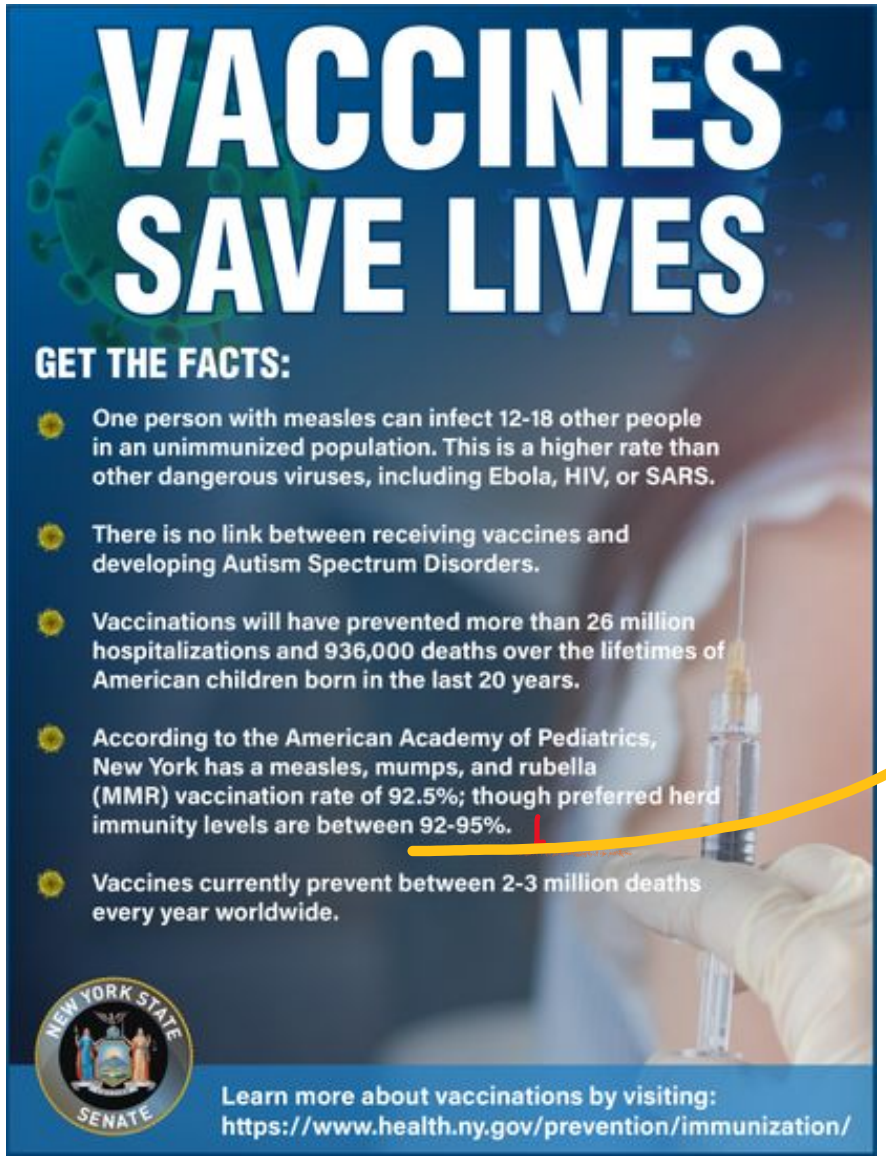
ROCKY MOUNTAIN HEALTH PLANS®

Sen. Finance Committee Testimony from Francis Sincere, Lakewood Colorado May 1, 2019

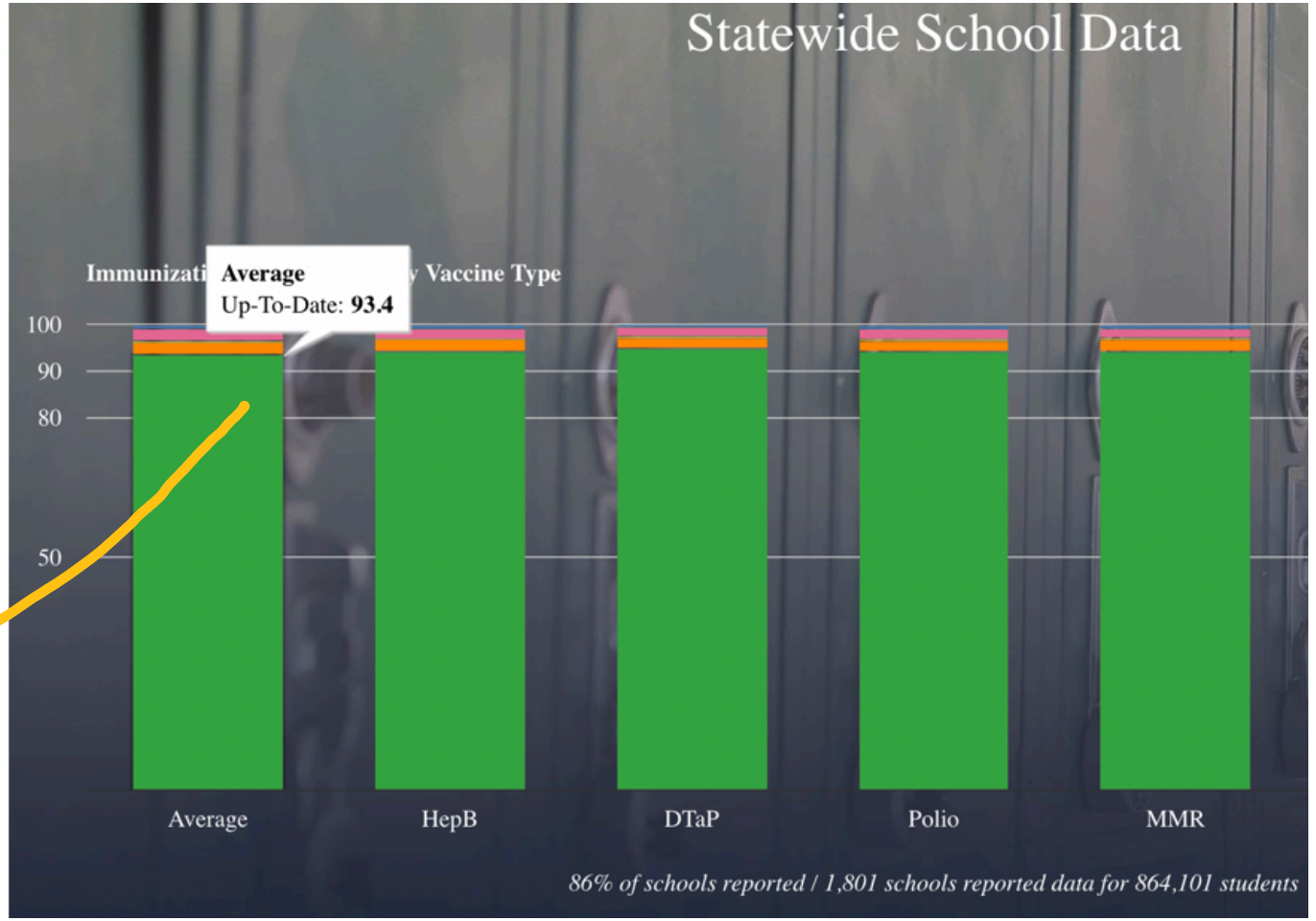
2019 CDPHE Reported 93.4% Vaccination Rates…



Colorado Schools* are within Target “Herd Immunity” Goals…
HB 1312 ignores these facts!



* From CDPHE’s Website: 2019



Sen. Finance Committee Testimony from Francis Sincere, Lakewood Colorado May 1, 2019

If vaccines were safe, there would close to Zero Vaccine Hesitant Parents. HB 1312's Medical Exemption provision replaces doctor's Judgements for 100s of Health Conditions with limited government diagnoses.

Taking a Doctor's discretion out of a medical exemption will bring more harm to 1000s of children if this provision passes.

This is from the National Vaccine Information Center: "Vaccine injuries and deaths are facts, not opinions. As of November 30, 2018, there have been more than 92,844 reports of measles vaccine reactions, hospitalizations, injuries and deaths following measles vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 457 related deaths, 6,902 hospitalizations, and 1,736 related disabilities. Over 50% of those adverse events occurred in children three years old and under. These figures are for measles containing vaccines only and do not include reports from other vaccines."

Critics say that VAERS is not accurate or incomplete and prove nothing! So the CDC asked the Harvard Medical School to recommend a better system for capture and reporting of adverse events. See next page for what this report found and recommended and what the CDC do with these recommendations?

According to a Harvard Medical School study, VAERS only represents 1% of actual injuries.

Report States…

'Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative. '

CDC funded *Grant Final Report* *(This report was ignored by the CDC!)*
Grant ID: R18 HS 017045
Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)
(Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals.

Sen. Finance Committee Testimony from Francis Sincere, Lakewood Colorado May 1, 2019

Gillian Eslinger to: Matt.bishop 05/01/2019 08:26 PM

My testimony that I would like added to the official record for HB19-1312:

I am a parent. I am a teacher. I am a nurse. I am also a veteran.

When I enlisted in the US Navy, I swore an oath to support and defend the Constitution against **all** enemies both foreign and domestic.

I haven't thought about that promise I made in many years, but I find myself now faced with defending our rights.

I know that elected officials take a similar oath promising to defend our Constitution. I ask you today to uphold that vow you made to the people of Colorado and vote NO on 1312.

An excerpt from the Colorado Constitution- "All persons have certain natural, essential and inalienable rights, among which may be reckoned the right of enjoying and **defending their lives** and liberties; of acquiring, possessing and protecting property' and of seeking and **obtaining their safety** and happiness."

This bill is unconstitutional plain and simple. All yes votes are taking away the right of all Coloradans to defend their lives and seek safety.

I believe that all medications, including vaccines, are dangerous to a certain portion of the population and as you've heard from many parents that in some cases they cause **permanent damage** or can even be **deadly.**

Agreeing that **all** vaccines selected in this bill are safe for **all** people is a ridiculous notion, **one not granted to any other class of medications.**

This bill is stripping away the right of Coloradans to make educated decision with their providers about what is **safe** for their families.

I'm here today to support and defend the Constitution. Vote NO. Thank you.

--

Gillian Eslinger
239-671-1229

Finance committee Vaccine Bill HB 1312 Testimony

Mann, Dori - SHE to: matt.bishop@state.co.us 05/01/2019 08:25 PM

Hi! I came to the capital yesterday to sit in on the Senate session and learn more about HB 1312 (the vaccine bill). It was great to look down on the Senate floor and be a part of the Democratic process! I left the Capital with a mixture of awe at witnessing democracy in action and a concern at seeing the division between the political parties. I am a 48 year old liberal, feminist that strives to live by three simple words- *lead with love* . I am afraid that some of the ramifications of this bill may be missed if Congress simply votes by party. This should not be a partisan issue. I am discouraged by the lack of time allotted for testimony from hundreds and hundreds of concerned citizens. I am aghast at how the time is to be split evenly when the numbers against the bill dwarf the proponents. How is this fair and proper protocol? It feels incredibly biased.

I have some strong concerns about the direction this bill will take our state. The more I educate myself, the more confused and concerned I become. I recognize the intention of the bill is to protect our children, but as a mother and educator I feel this is taking us in the wrong direction. When looking at data regarding our vaccine rates over the past years, it is clear that the percentage of un-vaccinated is much greater than just those who request medical, personal, and religious exemptions. **It feels so much of this bill is directed at those individuals that follow the rules and are in compliance by requesting exemptions rather than focusing on how to reach those individuals who don't vaccinate or request exemptions.** Trust me, parents do not choose to exempt their children from vaccines simply because "it's easier" or "they don't want to take them to the doctor". In fact, those who exempt their children are often treated unkindly and with disgust when they turn their forms into schools.I have experienced so much fear, anger, resentment and outrage in response to not blindly vaccinating. It is not easy to disagree with your doctor and refuse a vaccine or to engage in extensive dialogue with fellow parents who believe that you are putting their child at risk yet don't even recall the names of any of the actual immunizations. It would be MUCH easier to vaccinate. I have experienced this for the past 20+ years with my girls. **I am not anti-vax or pro-vaccine. What I am, is a mother that has researched vaccines, medication, and surgical procedures prior to committing my children to treatment.** My 26 year old daughter, Aspen is completely vaccinated as recommended by Colorado for her age. However, we staggered her vaccines somewhat. We have chosen to exempt Carly from two vaccines and only recently chose to have her 2nd MMR so that she could complete her internship and spend some of her time observing at PVH. Carly is a completely different individual than her sister and her body tends to be more sensitive, therefore we made vaccine choices dependent upon the child.

I am hopeful that you have heard the stories of the families that are speaking out about this bill. **Vaccine injury is real. If it were not, there would be no need for the information listed in the inserts. It can and does happen. And when it does happen vaccine manufacturers are protected from financial lawsuits. I am a strong and fierce believer in MY BODY/MY CHOICE. When it is clear that there is some (no matter how big or small) risk involved in vaccination, I believe it should be up to the parents and then the individual when they come of age. I do not believe the government has a right to make those decisions for us**.

This leads to my greatest concern with this bill. After reading it, it is my understanding that we

are making it law that Colorado will defer to the recommendations of the CDC regarding Colorado vaccine requirements. More specifically, Colorado will adopt the immunization recommendations for the Advisory Committee on Immunization Practices of the Center for Disease Control. I am unfamiliar with the ACIP and have spent a little time researching this group. Unfortunately it is incredibly hard to determine fact from fiction on the internet- there is an overwhelming amount of conflicting information. I have repeatedly heard (and recently read) about the number of ACIP members with conflict of interest issues, such as Dr. Paul Offitt who supposedly was involved with the company who held the patent on the rotovirus and he still played a role in the discussions leading up to the vote to add the rotovirus to the list of requirements. I am in hopes you have more information than I do on these individuals and trust that you will weigh this into your decision. I am also concerned about the steady increase in number of vaccines children are required to have.

Vaccine requirements just keep growing and growing. I am afraid of what the future holds if we give the CDC complete control of this issue. When will flue shots be required? What's next? Think about dystopian novels,will we at some point be required contraception shots? Families should not have to choose between free education and the choice not to immunize. I am afraid this is the direction we are headed.

Please dig deep and research these issues before voting for this bill. One thing these past two and a half years has taught me is that we must use our voice and play an active role in our government and community. **As MLK,Jr. stated, "In the end, we will remember not the words of our enemies, but the silence of our friends." I cannot remain silent, I have witnessed vaccine injury first hand as it played out over the years in my friend's family. So please, hear my voice, ask the hard questions, take the initiative to explore and question this bill**. Thank you for being you, for working so hard for your constituents. Trust me, we really appreciate you.

Thanks for listening,
Dori Mann
Fort Collins

Sent from my Verizon, Samsung Galaxy smartphone

Testimony HB1312- OPPOSE

Onemom's Voice to: matt.bishop 05/01/2019 08:23 PM

Dear Finance Committee Members,

This bill requires that 2.6% of children will be forced to give up the FERPA rights but having them have to register at the Health Department for an exemption instead of keeping that personal information confidential between the parents and school. This will place families on a registry that they can not opt out of, this is a different registry than the CIIS system that you can opt out of. You can the bill language I am talking about here. https://twitter.com/1312Hb19/status/1123366403354980352

This bill also requires the adoption of ACIP guidelines for medical exemptions and this will cause many people in CO to lose their current medical exemptions and make it harder to obtain a medical exemption. Currently my son holds a medical exemption due to seizures and this bill will nullify that exemption as I would have to request his doctor to complete a new form and send it in to the Health Department. Rep. Mullica was clear about all forms needing to be completely filled out and there is no way to know if these forms will contain language the Doctors will be unwilling to sign their name to.

Forcing people to appear in person at a health department also places those who decline even one shot in danger, as there is a very real discrimination and hate toward those who are perceived to be "anit-vaxxers".

My husband is a Federal Officer and has asked me not to go to the Capital and testify today because he is concerned about the safety of myself and our children. Many threats have been made on social media towards those who have been actively trying to spread the word regarding why we are opposed to this type of legislation and this is concerning to our family.

I would like to point out that I have many friends who are on a selective vaccine schedule who would need exemption forms, they are not vocal about their choices and only choose to share information between friends and not online or in public. This would force them to put their private medical decisions in front of anyone and everyone who happens to be at the health department that day. This endangers them and makes their private medical decisions and information public.

I hope you will take all of these points into consideration and Vote NO on HB1312 and thank you in advance to the committee members who are already opposed to this legislation.

Sincerely,
Darlene Jalil

HB1312

Jessica Theyers to: matt.bishop@state.co.us 05/01/2019 08:22 PM

Dear Commitee,

Please listen to the parents showing up to share their experiences with vaccines reactions and vaccine injury. Your decision can not be taken lightly when the lives of children are in your hands. Vaccines are not one size fits all. The families showing up today are living witness to the dangerous effects of vaccine mandates. They are not anti vax, but mostly ex vaxxers who trusted vaccines and paid the ultimate price. Please listen. Moms and dads know their children best. Vaccines are proving more and more to be unsafe. Looking to VAERS will immediately give you reference as to how many serious reactions are occurring. These numbers far outweigh the numbers of measles related fatalities in the US and Canada combined. I urge you to be compassionate and to not be blind sighted by the misinformation and lies told by the pharmaceutical companies who can not be held legally liable for any reactions or deaths related to their vaccines. Please do what's right when you have the chance.

Kindly watching/listening from Canada

Hb1312

Steve Sumitra to: matt.bishop@state.co.us 05/01/2019 08:15 PM

My name is Stephen Sumitra and I oppose 1312 as it is in direct conflict of my duties as a father. My responsibilities as a father include to provide and protect. I work hard to provide and earn for my family and I don't feel it is right for our earned tax money to pay for the costs of this bill. I understand that this bill has been proposed as zero cost but there will be costs

If we want to better quantify the impact of opts outs to vaccination, we should also want to better quantify the adverse effects of opting in to vaccination. A 6 month old baby has had more vaccines than I have as a 35 year old man. At some point, the risk of over vaccinating our children could tip the scales the other way, to where the benefit no longer outweighs the risk. Shouldn't we take a balanced approach on this and allow all of the information to come to the forefront? Instead, this bill only cares about increasing rates of vaccination without thought to any other potential impact. Do we only care about vaccines and not the actual health outcomes or our children?

I can't understand that when people do not follow the strict vaccine guidelines that they earn this false narrative that they are being lazy or uneducated about the decision. I can guarantee that my family and many other families here have done more research on this subject than the average household. We are informed of these consequences and we stand here surrounded by families that have been horribly effected by these vaccines. Please do the right thing and not make so many relive these nightmares or subject many others to these horrors against their will.

Sent from my iPhone

Refusing testimonies HB 19-1312

Jennifer Meagher to: matt.bishop@state.co.us 05/01/2019 08:05 PM

The chair of the committee and the Democrats have limited testimony to four hours total for HB 19-1312. This bill if passed into law; is about to affect every child in Colorado and it is beyond unethical to silence the very people who voted them in. This is entirely unjust. Thank you for taking the time to read this and I feel confident that you will know exactly how to handle this.
Sincerely,
Jen Meagher

Testimony in Support of HB19-1312, Before the Senate Finance Committee on May 1, 2019

John M. Douglas to: 'lois.court.senate@state.co.us', 'pete.lee.senate@state.co.us', 'julie.gonzales.senate@state.co.us', 05/01/2019 03:31 PM

Sent by: Joella Gonzales <jgonzales@tchd.org>

Cc: Mellissa Sager, "'matt.bishop@state.co.us'"

Tri-County Health Department

Testimony in Support of HB19-1312
Before the Senate Finance Committee on May 1, 2019

As the Executive Director of the Tri-County Health Department (TCHD), I ask for your support of HB19-1312 as a critical step toward increasing vaccination rates in the state of Colorado.

Recent statistics show Colorado ranking last among 49 states for kindergarteners with an MMR vaccine rate of 89%, substantially below the 95% rate of "community coverage" needed for "herd immunity" to prevent community-wide transmission of measles if a case were introduced. This low coverage rate is largely due to the high number of parents who choose to take exemptions from school entry requirements for MMR vaccination.

As a result of low immunization rates, large outbreaks of measles are occurring in states across the US. Last week, the CDC announced that there have been more cases this year than in any year since measles was eliminated from the US in 2000. The total now sits at 704 cases nationwide, the most in 25 years. Measles can be a serious illness causing pneumonia, encephalitis, and death. Almost 10% of the cases this year have required hospitalization. Of great importance, persons for whom there is a clear medical contraindication to the vaccine—young infants and those with compromised immune systems—can be at great risk of complications if outbreaks occur.

We know that vaccinations are safe, effective, and save lives. Vaccinating children protects kids themselves as well as their parents, siblings, schoolmates, neighbors, and friends. It is a community benefit that cannot be achieved in any other way. We also know that vaccine preventable diseases come back when vaccination rates drop, as evidenced in our counties actively managing several outbreaks of vaccine preventable diseases in unvaccinated people. Vaccine preventable diseases like mumps, whooping cough, and measles are hard to control and resource intensive.

In the face of this public health challenge, HB 19-1312 is a rational and appropriate response. It preserves the option of taking exemptions for parents with deeply held beliefs, but –based on experience in other states—is very likely to reduce exemptions taken out of convenience—when seeking an exemption is easier than seeking immunization.

As we sit in the 11th hour of the legislative session, I ask that you carefully consider this proposal and urge you, as our state leaders, to pass HB 19-1312. This is a win:win proposal that can make our communities substantially safer. As HHS Secretary Azar stated this week, "Vaccine preventable diseases belong in the history books, not in our ERs".

Sincerely,

John M. Douglas, Jr., MD
Executive Director
Tri-County Health Department
6162 S. Willow Dr., Suite 100
Greenwood Village, CO 80111
720-200-1535
jmdouglas@tchd.org

This information is provided on behalf of the Tri-County Health Department as a public health agency and not on behalf of the Commissioners of Adams, Arapahoe or Douglas Counties.