

Dear honorable members of the Senate Finance Committee and Health & Government Operations Committee,

Thank you for your service to our local community. As a parent, I am writing to express my strong **opposition to bill HB0087/SB0135, Access to Vaccines Act**. We are seeing these bills, some with even lower or no age limitations, showing up in many states throughout the country. However, there is no crisis here. There is no justifiable reason to weaken and/or strip parental rights on such an incredibly important healthcare decision.

It is egregious government overreach to attempt to remove and strip away parental rights in this manner. As parents, it is my and my husband's right and responsibility, not the state's, to make informed medical decisions of **any** kind, not just related to vaccinations, for our child. Doing so requires thoughtful and careful consideration of the benefits and risks for each medical intervention being considered, especially as it relates to vaccines since they are administered to healthy individuals. As I am sure you are aware, the 1986 National Childhood Vaccine Injury Act exempts vaccine manufacturers from liability if injury and/or death occurs following administration of a vaccine. Removing parental rights and parental informed consent for a product that is liability free is both immoral and unethical. This is also a slippery slope to HPV and flu mandates, as we have seen in other states, as well as other medical interventions.

Furthermore, this bill lumps every vaccine together, rather than considering each disease and vaccine on an individual basis, as well as whether each individual is even at risk for contracting a certain disease (i.e. newborns have zero chance of contracting Hepatitis B, a disease that IV drug users and prostitutes are at high risk for, unless their mother is infected, yet newborns are routinely given this vaccine). Doing so removes a parent's ability to carefully consider the risk to benefit ratio for each individual vaccine. There are 270+ new vaccines in the pipeline<sup>i</sup>. The existing CDC schedule is already very saturated and aggressive, with 25-26 doses of 7 vaccines in the first 12-months of life, and 69-72 doses by the age of 18<sup>ii</sup>. It is likely that many additional vaccine doses will continue to be added as these new vaccines are approved. While vaccines can serve as an important health tool, not every vaccine is 100% safe for 100% of the children receiving them 100% of the time. **As a medically literate parent, I want to make prudent and judicious decisions to be sure my child truly needs every one of these vaccines before administration. The state and/or its proxy (i.e. a school nurse, teacher, administrator, etc.) certainly do not know my child's health and/or family history or any genetic predispositions that may put my child at greater risk for an adverse event following vaccination such as a strong family history of autoimmunity and or genetic variations/single nucleotide polymorphisms (SNPs).** Even other medical professionals seem largely unaware of these risk factors since medical education typically only includes an overview of the CDC schedule, instructions to simply follow it and the platitude that "vaccines are safe and effective." They are typically not taught about adverse events (seizures, GBS, encephalitis, encephalopathy)<sup>iii</sup> even though they are listed on the package inserts or what to look for, only that temporal associations are "coincidence."

Secondly, informed consent is an essential and critical component of medical care and it is self-evident that minors do not have the intellectual and emotional capabilities of making truly informed medical



decisions. We as parents know our child best and our child is not likely to be able to fully understand the implications of genetic complexities, among many other factors, to make the best decision, even at the age of 16. To strip away parental rights in the medical arena is unprecedented. Currently, with few exceptions that vary by state, minors cannot consent to receiving any other kind of medical intervention, including blood products, biopsies, surgical procedures, and participation in clinical trials to name a few. Although there are standards in medicine to determine if an individual "is capable of meeting the informed consent standard," we currently do not apply this standard to any other medical treatment for minors. We should not start now.

Furthermore, since this is a liability free product, is my child going to understand that agreeing to a vaccine also means that should a reaction occur, the manufacturer is not liable and that the right to trial by jury is waived should something go wrong? Is my child going to understand that there is a statute of limitations in which claims can be filed in the Vaccine Injury Compensation Program (VICP)? Will my child know how to recognize an adverse event? Legislating medicine, especially in the absence of true informed consent, is a dangerous practice.

I am also concerned about the conditions under which a child would be "consenting" to these vaccinations; this bill is incredibly vague and offers no specifics whatsoever. What would this look like in practice? Where would these vaccinations be taking place? In a clinic? In a school setting? Would the child be accosted by a school nurse, a teacher, a coach, another school administrator or non-medical personnel to be persuaded and/ or coerced into vaccination? Will vaccines be administered during a sports practice or other extracurricular after-school activity? Will "vaccine clinics" using child/teen-friendly marketing techniques (i.e. professional athletes) be set up where children are being shuttled from their classrooms and into the cafeteria to get their vaccinations without informed consent and/or parental knowledge? Will children be given multiple vaccines at once even if that is not how a parent is choosing to give vaccines currently? ***Each of these scenarios are deeply troubling and anxiety inducing for parents who have children with stacked genetic susceptibilities to vaccine adverse events but are not yet considered medically exempt due to the narrow list of acceptable contraindications.***

Additionally, the increasingly punitive climate for doctors who issue these exemptions is hindering doctors' ability and willingness to do so, even when it is warranted. Doctors are fearful to face unjustified bullying and intense scrutiny for writing exemptions and potentially lose their practice. This scenario puts those truly at risk of injury in an incredibly vulnerable and dangerous position, as if the cards aren't already stacked against them.

This bill also makes no mention of whether parents will even be notified if their child is given a vaccination. In fact, it states that vaccines can be administered even IF the parent does not agree. This equates to a forced medical intervention. Regardless of who is administering the vaccine, again, this individual will certainly not know my child's genetic susceptibilities to vaccination adverse events and/or individual or familial medical history. My child will not be able to fully understand each of these factors. Additionally, if my child does have an adverse reaction or suffers injury, it is myself and my husband who are legally and financially responsible, not the unaccountable stranger administering the vaccine or the state imposing such draconian measures. This the beginning of a slippery slope where we are taking medical decisions out of the hands of parents and putting it into the hands of other non-qualified



individuals who can use their relationship with the child to then persuade, bully and/or coerce him/her into accepting a medical procedure they are not truly informed about. Children are impressionable and often want to please the adults in their lives. Additionally, they may feel that saying no will somehow get them “in trouble” or jeopardize their relationship with the adult who is asking. Furthermore, publicizing a child’s vaccine status (i.e. if the child declines the vaccine in one of these settings) could make them the target of bullying at school or unnecessary peer pressure due to the hostile climate and pejorative and ignorant narrative that is being propagated about “un/under vaccinated” children “spreading disease” and being a “threat” (it seems nobody is critically thinking about this: unvaccinated children who are **healthy** cannot and do not spread diseases they don’t have. **Disease status** [i.e. whether or not one is sick], not vaccination status, will determine if someone can spread an infection). It’s a matter of when, not if, this kind of policy will have grave and life-threatening consequences for a child.

Lastly, it seems this bill would cover any vaccine recommended by the Advisory Committee on Immunization Practices (ACIP), a committee fraught with conflicts of interest. The U.S. House of Representatives Committee on Government Reform investigated federal vaccine policy making, investigating both ACIP and VRBPAC, in 2000<sup>iv</sup>. I encourage you to read this 25-page report. A brief summation states, “The committee’s investigation has determined that conflict of interest rules employed by the FDA and the CDC have been weak, enforcement has been lax, and committee members with substantial ties to pharmaceutical companies have been given waivers to participate in committee proceedings.” If you care about the nation’s children, it should be deeply troubling to learn that those with financial ties to the pharmaceutical industry are the very ones approving new vaccines to be added to the schedule. This is not conspiracy; this is the reality of the agency. By allowing these corrupt practices, parents who are informed, educated, medically literate and critically thinking are understandably more skeptical of the recommendations made by this committee and are uncomfortable following them blindly. I’m also curious if you have ever watched the ACIP hearings to see how vaccine recommendations are approved. Have you dug deep into their decision-making framework?<sup>v</sup> As a parent who truly wants to be informed, I have spent countless hours at this point watching portions of these meetings and learning about this framework. After watching parts of a few recent meetings (which typically last two full days three times a year), I am troubled by the way in which safety signals are dismissed, how safety data is lacking because no pre-clinical studies have been performed and yet vaccines are added to the schedule anyway. It seems that vaccine and vaccine adjuvant safety is assumed rather than actually studied. For those who understand how science should be done, this is not sound science. Despite this, we are constantly hearing, “The science is settled.” This should make anyone uneasy. A more accurate and truthful statement would be that the science is lacking. A recent example is the HEPLISAV-B vaccine which ACIP approved in February 2018. Please watch the February 2018 ACIP video in the link below<sup>vi</sup> (I would normally the link from the actual CDC’s page, but as of this writing, it seems to be one of the few ACIP videos that has disappeared from the CDC’s YouTube page of live ACIP meetings; I have also cited meeting notes). To summarize my concerns from the hearing, they voted to approve the HEPLISAV-B vaccine for use unanimously despite concerns raised about its novel adjuvant (synthetic DNA) not being used in Europe and other markets, as well as its flagged risk for myocardial infarction (heart attack). When questioned, the committee goes on to state that pre-clinical trials have **not** been conducted to determine if administration of this vaccine simultaneously with other



vaccines is safe, but that their “general approach” to immunization is that vaccines can and should be given simultaneously<sup>vii</sup>. If you look at the data they used to approve the vaccine you will see that every single piece of evidence used to approve the vaccine was funded by the manufacturer of the vaccine, Dynavax<sup>viii</sup>. They did downgrade the evidence because of this, but the manufacturer is obviously a biased source and to use their evidence as the sole evidence for approval does not seem prudent. It should also be noted that the FDA rejected licensing this vaccine twice previously. It does not appear that safety concerns were fully resolved despite approval the third time around, only that additional post-marketing surveillance/trials needed to be done to further monitor the myocardial infarction signal<sup>ix</sup>. Even a medical advisor to the FDA who worked on this is unsure of its safety.<sup>x</sup>

In closing, we often hear the slogan, “Vaccines are safe and effective.” While this may be true for most, this cannot be said for every single child who receives them. Legislators and public health officials need to stop pretending this is the case by voting in favor of legislation and measures that only harms the smaller minority at risk for vaccine injury. In FY19 alone, the Vaccine Injury Compensation Program paid out over \$225 million dollars, totaling \$4.2+ billion dollars since its inception<sup>xi</sup>. We know from a CDC funded study with Harvard Pilgrim Health Care that only 1% of adverse events are even reported through VAERS<sup>xii</sup>. **We should not value the lives of the children who are at risk of injury less simply because they are in the minority.** This one-size-fits-all approach to vaccination does not fit all; it does not consider epigenetics or vaccinomics. The CDC continues to fail to study who is most at risk of adverse events, despite being asked to do so by the Institute of Medicine. This would help identify those at risk to make safer immunization recommendations. **We need to start moving the conversation in the direction of individualized medicine rather than vilifying educated, medically literate and well-informed parents who are making prudent choices to protect the *long-term* health of their children.** We need to broaden our perspective to see that increasing vaccine uptake at all costs, while dismissing legitimate and valid safety concerns, will not serve public health or our children’s health in the long run. It already is not; our children are very, very sick. Public health should not be narrowly defined as the absence of transient infections when we have an epidemic of childhood chronic diseases (food allergies, eczema, type 1 diabetes and other autoimmune diseases, ADHD, learning disabilities, autism, etc.). These things have become the norm, but it is not normal for children to be plagued with such illnesses. In today’s climate, it is the societally acceptable thing to promote bills that weaken parental rights under the guise of public health. **I implore you to *please dig deeper into this complex and nuanced issue so that ALL children are protected.*** Please have the courage to stand up to the pressures of the medical and pharmaceutical industries whose goal is to increase vaccine uptake at all costs and without regard for those who are most genetically vulnerable. Thank you so much for your time and consideration.

Warm Regards,

Jennifer R.  
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## References

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- <sup>i</sup> <https://www.businesswire.com/news/home/20130911005252/en/270-Vaccines-Biopharmaceutical-Pipeline-Offer-Hope-PreventTreat>
- <sup>ii</sup> <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>
- <sup>iii</sup> [https://www.merck.com/product/usa/pi\\_circulars/m/mmr\\_ii/mmr\\_ii\\_pi.pdf](https://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf)
- <sup>iv</sup> <https://vaccinesafetycommission.org/pdfs/Conflicts-Govt-Reform.pdf>
- <sup>v</sup> <https://www.cdc.gov/vaccines/acip/recs/grade/downloads/ACIP-evidence-rec-frame-508.pdf>
- <sup>vi</sup> <https://www.youtube.com/watch?v=FyHcaiActqY&fbclid=IwAR3bL9nU7PaM4WAxfFOYzKbsjj-CeAPfaakB-Djmd7ux1YQds-O6RjanGZY>
- <sup>vii</sup> See page 24 of 194, paragraphs 4-7, which capture some of the conversation I've referenced but not all: <https://www.cdc.gov/vaccines/acip/meetings/downloads/min-archive/min-2018-02-508.pdf>
- <sup>viii</sup> <https://www.cdc.gov/vaccines/acip/recs/grade/hepb.html>
- <sup>ix</sup> <https://www.medscape.com/viewarticle/888411>
- <sup>x</sup> <https://www.statnews.com/2017/08/04/dynavax-hepatitis-vaccine/>
- <sup>xi</sup> <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-vicp.pdf>
- <sup>xii</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>