May 24, 2017

My name is Stephanie Stock. I'm a Physical Therapist Assistant, and mom of a child who suffered a vaccine injury that left him with chronic gut pain, digestive problems and a diagnosed speech apraxia. As a therapist with over 17 years' experience working with neurologically affected patients I would like to state that an "apraxia" is the "inability to perform particular purposeful movements as a result of brain injury". According to the last study done in 2004, Speech apraxia's account for about 3.5 % to 4.5 % of children referred for speech disorders.

http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935338§ion=Incidence and Prevalence

My son's injury caused him to require 3 years of speech therapy and special reading services which cost the state approximately \$20,000. The Individuals with Disabilities Education Act requires that speech therapy be provided as part of public education services for children with speech or language impairments. Children like my son who are being injured by vaccine mandates are bringing astronomical costs to the state!

Allowing a physician to deny access to a state protected vaccine exemption right for a parent like myself is unethical! <u>Vaccines may save some lives</u>, <u>but they are also medical procedures that can cause harm</u>. The proposed amendment by the AAP completely violates the Ohio constitution and parental rights by requiring families to pay for a medical education from a Physician in order to obtain a vaccine exemption. It is a blatant violation of the 1st amendment for those declining vaccines on religious grounds due to the use of aborted fetal cell lines in the manufacturing of several required vaccines. For some groups, it religious violation to even go to a doctor. This amendment would simply be a government mandate to put money in the pockets of pediatricians and enable a doctor to override state law by denying parents their right to state exemptions.

Whatever the reason the AAP agenda is being pushed, it is not for the common good of children's health or herd Immunity. With only 2.3% of Ohio children utilizing any form of exemption, our schools are well above the recommended 'herd immunity' level. According to the <u>American Journal of Epidemiology</u>, The herd immunity theory was originally <u>coined in 1933</u> by researcher named <u>Hedrich</u>. He had been studying measles patterns in the US between 1900-1931 (more than 20 yrs. before the measles vaccine was introduced.) He observed that <u>epidemics of the illness only occurred when less than 68% of children developed life long immunity by contracting or being directly exposed to the measles pathogen. <u>Herd immunity theory</u> was about <u>immunity via the natural disease processes</u> and had <u>nothing to do with vaccination</u>.</u>

<u>Vaccinologists and the CDC simply stole the phrase</u>, applied it to vaccines and increased the figure from 68% to 95% without any scientific justification I could find. There are dozens of documented disease outbreaks in populations with vaccination rates well above 95%. We continue to see outbreaks occurring in <u>highly vaccinated college campuses</u> here in Ohio, so Un-vaccinated children are obviously <u>NOT</u> the problem. In fact CDC Pink book states that <u>adults accounted for 48% of all reported measles cases in 2001.</u>
https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html

In addition to the major flaws in herd immunity, you also have the issue of shedding. Persons vaccinated with 'live virus" vaccines can "shed" to unsuspecting populations for up to 21 days post vaccination. According to the 2000 *Journal of Infectious Disease*, the 2010 *Journal of Pediatrics*, and

the Center for Infectious Disease and Research policy.. A <u>Vaccine live strain virus is SHED</u> for varying amounts of time in the body fluids of <u>vaccinated people</u> and <u>CAN</u> be transmitted to others.

St. Jude's hospital's "Inpatient Visiting Guidelines" openly states...

It is recommended for your immune suppressed child to avoid contact with a person who:

- has a rash after <u>recently receiving the chickenpox</u> (varicella) <u>vaccine</u>.
- has received a intranasal flu vaccine within one week.
- has contact with an (infant) that recently received rotavirus vaccine,
- Or has received the Oral Polio Vaccine.
- $\bullet \quad \underline{https://www.stjude.org/treatment/patient-resources/caregiver-resources/infection-tips/inpatient-visiting-guidelines.html}$

Does the AAP plan **to** order Schools to prohibit children that have been recently vaccinated with a live virus vaccine from attending school for 21 days? **Aren't** <u>vaccinated</u>, and <u>potentially shedding</u> children **MORE** of a threat to the community than NON-infected, NON-contagious, unvaccinated children?

Why is the AAP so anxious to override state law to protect "IMMUNIZED" children from exposure TO the LESS than 2.3% of their non-infectious peers attending school with a reasons of conscious and religious exemption? Since the AAP is demanding these 'vaccine education' visits will they also be covering the physician fees for these forced visits? Will the parents attending be able force the doctor to read the vaccine package insert and visit the NVICP data base to see the number of injuries and deaths that have been compensated for each of the vaccines they are recommending that day? I am confident that today the Senate is getting MORE of a "vaccine education" from our testimonies today then ANY parent will receive during a mandated training with their pediatrician! Thank you for your time!