FINANCE – HEALTH AND MEDICAID SUBCOMMITTEE Witness Form

Today's Date _May 22, 2017

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Organization Representing: Not Applicable

Testifying on Bill Number: HB 49

Testimony: Verbal x Written Both
Testifying As: Proponent x Opponent Interested Party
Are you a Registered Lobbyist? Yes x No
Special Requests: Please OPPOSE the amendment to HB 49, requiring parents to go through a physician or other healthcare provider to obtain a conscientious or religious vaccine exemption.

Please OPPOSE the amendment to HB 49, which would require parents to go through a physician or other medical provider to obtain a conscientious or religious exemption for any vaccine recommended for school. Vaccines, like any other drug, are medical treatments that carry risk of serious injury and/or death. We often hear the mantra "vaccines are safe and effective," but it is not that simple. Perhaps a more accurate statement would be that SOME vaccines are safe, and SOME vaccines are effective. Certainly not ALL vaccines are safe OR effective for ALL children, nor are ALL vaccines necessary for ALL children. The issue at stake here is the fundamental right to VOLUNTARY informed consent – the parents' right to review all information available and make an informed decision for their children without harassment or the threat of being denied access to an education.

There are many valid questions surrounding vaccines with regard to safety, efficacy, necessity, and policy. Unfortunately, many in the healthcare field, including physicians, mid-level providers, nurses, pharmacists, and others are completely unaware of the issues, as they receive little training with regard to vaccines other than the recommended schedule and when and how to administer them. They may know nothing about vaccine ingredients, the sources from which these ingredients are derived, potential contaminants, how vaccines are manufactured, how they are tested for safety and efficacy, how they are approved and regulated, how they come to be recommended by agencies such as the CDC, or how they come to be mandated by government.

While vaccines have made incredible progress in the decline of many diseases, it does not mean that they do no harm. Although many children and adults are able to be vaccinated without signs of obvious injury, thousands of serious adverse events, injuries, and deaths occur each year, as well. In fact, the federal government has paid out over $3.5 billion for vaccine injuries and deaths since passing the National Childhood Vaccine Injury Act of 1986 (NCVIA).

In response to pressure from the pharmaceutical lobby to reduce litigation, Congress acknowledged that vaccine injuries are quite real and inevitable in large populations, yet stripped the right of individuals to sue vaccine manufacturers for injury or death - even in cases when the product is clearly unsafe. The passing of this law was a major victory for the pharmaceutical lobby and a crushing blow to the public, effectively removing a key check and balance in vaccine safety - liability.

When a child is injured, instead of suing the manufacturer in civil court, as they would with any other product on the market, parents have to bring a case before the National Vaccine Injury Compensation Program (NVICP) in the US Court of Federal Claims, where they bear the daunting burden of proving cause in a case that will likely take years to resolve, all while caring for a child who may now be severely disabled.

Vaccine manufacturers and healthcare providers, meanwhile, are absolved of any and all financial liability, as the payouts are funded by the public in the form of a tax added to every vaccine. As an added bonus to the pharmaceutical industry, in blocking citizens'

Seventh Amendment right to a jury trial, Congress ensured that the public is no longer able to file class action lawsuits with regard to vaccines, nor is the public entitled to see discovery or depositions in vaccine injury cases brought before the government.

The NCVIA also established a system, the Vaccine Adverse Event Reporting System (VAERS), in which healthcare providers are required by law to report certain adverse events following vaccination. According to the CDC, over 30,000 reports are submitted each year and 10-15% of them are classified as serious. Parents are also able to report, but unfortunately, much of the public is unaware of the program's existence. In fact, many in the healthcare industry, including the physicians who order vaccines and the nurses and pharmacists who administer them, are completely unfamiliar with VAERS or never report. The system was set up in an effort to recognize potential problems with particular vaccines or lots so that swift action can be taken to get dangerous products off the market, but it is highly underutilized and ineffective.

Nevertheless, many vaccines have been removed from market after initially being designated "safe and effective." We stopped using the oral polio vaccine because it was causing vaccine-strain polio in vaccine recipients and close contacts, as live virus vaccines can shed from the body for weeks after vaccination. We removed the Rotashield vaccine, as it was associated with a 20-30 times higher risk of intussusception, a potentially life-threatening condition for the infants it was purported to protect. Flu vaccines have long been tied to Guillan Barre Syndrome, which causes the immune system to attack the peripheral nervous system. Many remember the alarm the Pandemrix H1N1 flu vaccine caused, as it was linked to narcolepsy – a chronic condition resulting in the inability to stay awake. These are just a few examples of several vaccines that have caused many cases of serious injury and death after initially being hailed as "safe and effective."

While safety is perhaps the most important concern, the efficacy of vaccines is another, as vaccination is not the same thing as immunization. Natural exposure to disease most often results in life-long immunity, whereas the immunity produced by vaccines fades rather quickly and often requires multiple boosters throughout life, if it is effective at all. In recent years, the U.S. has seen outbreaks of diseases such as pertussis and mumps in fully-vaccinated children, as the vaccines and their multiple boosters have failed to confer lasting immunity. In the case of the mumps vaccine, two former scientists at Merck, the sole manufacturer of the MMR vaccine, blew the whistle in 2010 and filed a lawsuit against the pharmaceutical giant, which has been tied up in court for 7 years, alleging that they were instructed to falsify efficacy data so that the company could gain exclusive rights to manufacture the vaccine.

As for the necessity of particular vaccines, one must compare the risk of contracting a particular disease at a certain stage of life with the risks associated with vaccination. One of the most obvious examples is hepatitis B, which is not highly contagious and primarily seen in adults, as it is transmitted by blood and other bodily fluids and most often associated with IV drug users and people with multiple sex partners. Unless an infant's mother is hepatitis B positive, the risk of exposure to the infant is very low, yet the CDC

now recommends the three-shot hepatitis B series for all children, beginning only hours after birth. States such as California now ban healthy children without the full Hepatitis B series from school, yet allow students who are Hepatitis B positive to attend.

Many also question the necessity of vaccines for diseases such as chicken pox, which results in mild infection with no complications in the vast majority of cases. Yet today, children in some states are being denied an education based on the fact that they have not received this vaccine, which may not even confer short-term immunity, for a generally mild childhood illness. Ironically, mass vaccination of children with chicken pox vaccine may be responsible for the increase in adult cases of shingles, as re-exposure to natural chicken pox virus, which is no longer common, used to offer protection against shingles – a natural booster of sorts.

With regard to policy, one must question the enormous influence of the pharmaceutical industry and the billions of dollars it spends lobbying everyone from state and federal government officials, politicians, health agencies and organizations (including the American Academy of Pediatrics), universities and medical schools, all the way down to the public. With the revolving door between the pharmaceutical industry and regulatory agencies like the CDC and FDA, one has to wonder if the high-level employees who leave government to take high-paying jobs in the industry they previously regulated are acting in the best interests of the public or in the best interests of their own finances. Take for example, Julie Gerberding, former Director of the CDC, who then accepted the offer of president of the vaccine division at Merck, going on to make millions of dollars.

The bottom line is that vaccine policy is a very complex issue with risks and benefits to both sides, many gray areas, and no one-size-fits-all solution. Parents are wise to ask questions. Physicians, nurses, and pharmacists are wise to ask questions, too. We shouldn't just assume that "vaccines are safe and effective" because that's what we've always been told. We should read the vaccine inserts and the lists of reported adverse reactions for ourselves. We should examine the safety studies for each individual vaccine and vaccine ingredient, including aluminum adjuvants, aborted fetal cells, preservatives, and other chemicals. We should ask if the vaccines were ever tested on the population to which they are being given (e.g. pregnant women, newborns, the sick). How effective are they and for how long? Were they compared to an actual placebo, to the adjuvant, or to another vaccine? How long did the study last? What was the sample size? What was the study designed to find (or conversely, not to find)? Who performed the study? Were there any potential conflicts of interest or inappropriate influence over the results and whether or not they were published? Why have no studies been performed on the safety of the current vaccine schedule? Why have there been no studies comparing the short or long-term health of non-vaccinated, partially-vaccinated, and fully-vaccinated children?

Regardless of the conclusion that one reaches about any particular vaccine, one thing is certain. We MUST guard the right to VOLUNTARY informed consent. Parents MUST be able to question the safety, efficacy, and necessity of any vaccine, medication, or treatment and decide whether the risks outweigh the benefits for their children without harassment or the threat of being denied an education as a result, as COERCION IS NOT

CONSENT. I urge you to stand with the parents of Ohio's children and protect their fundamental right to VOLUNTARY informed consent by opposing the amendment to HB 49.

Sincerely,
Lindsey Conn, RN, MBA

Parent
Registered Nurse