

Testimony for House Bill 49- State of Ohio Operating Budget

Chairman Hackett, Vice Chair Tavares, and members of the Senate Finance and Medicaid Subcommittee,

Thank you for allowing me the opportunity to provide you with my questions and comments regarding the proposed Amendment to HB49.

Ohio, like all other states, has a compulsory vaccination law in place. This law includes a provision to allow exemptions to the law.

<http://codes.ohio.gov/orc/3313.671>

Sean Gallagher, 2nd-year resident doctor has the opinion that Ohio's compulsory vaccination law is deficient.- "however deficiencies in Ohio's immunization laws have proven to be the biggest hurdle in getting children vaccinated." That is his opinion, and he is entitled to it. But when you consider that over 90% of Ohio's children are vaccinated, his concerns seem to be without merit to me.

Ohio citizens value their vaccine exemptions as defined by current Ohio law. Attempts to modify these legal exemptions without a compelling reason to and without a legislative process with a full public hearing, makes me wonder about the true motivation of the AAP. The law does not need to be changed. Trying to change this law in an amendment to the State Budget is sneaky and underhanded and erodes the trust of the Ohio public in its government. Maintaining trust in the State government is crucial for a healthy and thriving Ohio.

Philosophical, including Religious vaccine exemptions must be preserved. Medical vaccine exemptions are not broad enough to protect the majority of medically vulnerable children, therefore parents must be afforded Philosophical, including Religious vaccine exemptions so that they can be empowered to protect their children from vaccine injury.

Despite the oft-repeated phrase that vaccines are only "safe and effective", let's not forget that in 2011, The United States Supreme Court ruled vaccines to be UNSAFE. While vaccines do appear to be safe in many cases, they also have the inherent ability and have been shown to cause harm of varying degrees among vulnerable persons.

Sean Gallagher makes the claim that the pro-immunization bills over the past few years have affected the public health of Ohio's children. "Over the past few years, the Ohio General Assembly has enacted a number of pro-immunization bills that have improved Ohio's immunization rates and helped to ensure children are protected from disease."

I would like to see evidence that these bills have actually 'ensured that children are protected from disease'. His statement needs to be backed up by objective data to support his claim.

For each of the immunization bills, either the percentage or the actual number of increased immunizations that resulted from the passage of these bills needs to be quantified.

Objective data showing that these bills have helped to protect children from disease is needed to support the claims, because without supporting evidence the claims are meaningless as they relate to policy making.

Sean Gallagher then goes on to say that the bills have not reduced outbreaks of infections for which the vaccines are supposed to prevent. "Despite these positive steps, we have seen outbreaks of immunization-preventable diseases including measles, mumps, whooping cough, and flu across Ohio in recent years. Not only have these outbreaks caused significant financial costs on Ohio communities and families, but they've caused the deaths of multiple children."

Have childhood communicable infections decreased, stayed the same, or increased as a result of the immunization bills that have been passed in the past several years?

For each illness mentioned, how many deaths have occurred in each of the recent years? Were these children who died full vaccinated, partially vaccinated, or unvaccinated? It would be helpful to list them in a chart form. If one is already compiled, he could provide the link.

If there have been outbreaks of infection, what is the dollar amount of increased cost for each of the infections in each of the years referred to?

"Studies have clearly demonstrated that outbreaks like these are linked to increasing instances of parents opting out of immunization requirements."

This is the first time that I have ever heard that outbreaks of infection would lead parents to opt out of immunization requirements, and I would like to see links to these studies.

If there were outbreaks of infection despite the high levels of vaccination in Ohio, parents would rightfully question the efficacy of the vaccines. If the

vaccines are not effective enough to prevent the intended infectious illness, then the risk of utilizing the vaccine would be unacceptable to some parents. One might accept the risks of an invasive medical procedure if the risks were outweighed by the benefit; in the case of vaccines, the benefit would be the prevention of infection. But if the vaccines are failing, such as in the case of the outbreaks of Measles and Mumps that are occurring around the country among the vaccinated, then one is right to question the validity of subjecting their child to the vaccine. The liberty to decline any or all vaccines must be preserved in a free society.

“These opt-outs put children at risk and undermine the public health of our state.”

Is the state of Ohio suffering a public health crisis? I have not heard of any epidemics of childhood communicable infections occurring in the state of Ohio.

We are however, seeing epidemics of chronic illness in children, such as rising numbers of Neurodevelopmental disorders including ADD, ADHD and Autism, Autoimmune Disorders, such as type 1 Diabetes and Multiple Sclerosis, and Allergic disorders such as peanut allergies and other food and environmental allergies. These are just a few examples from an exhaustive list of chronic illnesses that are befalling our children. These are the health issues that I am concerned about. We are seeing an explosion of serious debilitating illnesses in our children like we have never before seen in the past. Childhood used to be a period of robust health for all but a small minority of children, but now, chronic illness is the norm- ask any parent, school nurse or pediatrician.

There is ample evidence that all of these chronic illnesses are correlative with the rising numbers of vaccines on the vaccination schedule since the 1980’s. I do not believe that vaccines are the sole cause of the epidemics of chronic illness in America’s children, but they must be included along with all of the other sources of exposure to xenobiotic substances that are known to harm the health of humans.

“The rates reported by the CDC on vaccination in Ohio are, in fact, just estimates- we only have an idea of who’s vaccinated and what school districts and communities are at risk. This is because we have no standardized system in place to track vaccination exemptions.”

My understanding is that there is a tracking system in place regarding vaccinations in the K-12 education system. Of utmost importance in any tracking system is the privacy of each child. This privacy must be maintained and no

personally identifiable information should be made available about individual students.

“The Ohio Chapter of the American Academy of Pediatrics has put together a proposal to address these two issues and ensure that Ohio’s children are immunized and protected against an outbreak.”

The proposal document by the OHIO AAP must be made available to the public prior to its’ adoption. This amendment has no place in HB49- State of Ohio Operating Budget.

Is there any evidence that it is vaccination, and not other measures, that prevents outbreaks of communicable infections? Prior to the development of most vaccines, public health measures such as clean water, sanitary sewers, food security, adequate shelter, child labor laws and decreased societal stress led to the reduction of communicable infection epidemics. Why would only vaccines be credited today with the prevention of infectious illness epidemics?

Cuba had an epidemic of Leptospirosis that was controlled by Homeoprophylaxis, but not the vaccine. Cuba did not have enough of the Leptospirosis vaccine, so the government enlisted the services of Homeopaths to protect its’ citizens during this epidemic. The Homeoprophylaxis worked far better than the vaccine and at a much lower cost, while at the same time not causing adverse reactions in those who received it. It’s a fascinating account of the effectiveness of homeoprophylaxis. This example shows that vaccines are not the only way to protect from outbreaks or even epidemics of infection.

In addition to Homeoprophylaxis, there are many other methods of strengthening the immune system in order to prevent susceptibility to infection. There is not the time to elaborate on that here, but the important point to remember is that there is more than one way to prevent infection. Parents have the right per both the Ohio constitution and the United States Constitution to choose how they will care for their family. The Ohio government should not interfere with the rights of parents to raise their children in the manner that they determine to be in the best interest of their children.

“The amendment I am discussing today would standardize the process for the handling of school entry immunization forms. Firstly, these forms would need to be signed by a physician or other licensed health care provider.”

Medical vaccine exemption forms are signed by licensed health care providers and doctors. It doesn't make sense to require parents to have a doctor sign off on their philosophical or religious vaccine exemption. Parents take their children to the doctor to receive medical care for their children; not to have the doctor advise them regarding their philosophical and religious beliefs. Requiring a 'medical education' to claim a religious exemption violates the 1st Amendment by adding a 3rd requirement for "religious belief exemption". The Constitution of the United States ONLY requires a religious belief to be "religious in nature" and "sincerely held" This amendment is a clear violation of the 1st Amendment. Requiring a parent to sign a medical form to claim a religious exemption basically forces them to agree with the state's view(or the AAP's view) that they are endangering their child by following their sincerely held religious beliefs.

This proposed amendment to the state of Ohio's budget is nothing more than a thinly veiled attempt to erode the philosophical and religious vaccine exemptions of the parents of Ohio. The AAP has made their position clear that they support eliminating philosophical and religious exemptions, and it appears that they are determined to impose their beliefs upon Ohio parents by changing the vaccine exemption laws outside of the legislative process.

Ohio courts have recognized the right of parents to raise their children as a fundamental right deserving the "Strict Scrutiny" standard. The existing Ohio vaccine exemption law respects the rights of parents to oversee the care of their children as a FUNDAMENTAL right and as such respects the parents' legal right to make informed decisions for their children, including whether or not they will vaccinate the child. Thank you Ohio courts.

U.S. Supreme court rulings state parents have the "right to parent their children" including medical decisions without state interference, unless the state has deemed them "unfit." Interfering with the philosophical exemptions to vaccines for parents is a violation of the 14th Amendment.

"This is vital in an era of pervasive misinformation and pseudoscience readily available on social media and the internet."

While there is some truth to this, the reality is that EVERYTHING is readily available online, including Government health websites, such as the CDC, PubMed, Medline, Vaccine Pharmaceutical Websites which contain detailed information about each of the vaccines, MSDS sheets about many of the vaccine ingredients, Scientific Journal articles, Scientific lectures, etc. misinformation.

Parents have the rights and the privileges of raising their children in the manner that they believe is most beneficial for their children. It is the educated parents that are utilizing philosophical exemptions, based upon their careful research about vaccines. The decision to decline vaccines comes after carefully and thoroughly studying vaccines and how they interact with the human body; especially the human immune system and nervous system. A parent who has arrived at the decision to withhold some or all vaccines for their child has done so after careful study. This decision is never taken lightly by parents. These parents are NOT falling prey to the “pervasive misinformation and pseudoscience” that Sean Gallagher is concerned about. So, while there IS misinformation on the internet, there is also ALL of the true information. Everything is on the internet. Parents are fully capable of comprehending the necessary information in order to make an intelligent and informed decision regarding vaccines.

‘Secondly, this proposal will standardize data collection and reporting. This would allow parents of children with cancer, autoimmune diseases, and weak immune systems to know the immunization rates at their child’s school as they themselves are unable to vaccinate their kids. **The second sentence doesn’t make sense when coupled with the previous sentence.**

What would be the advantage to the parents of the children with cancer, autoimmune diseases, and weak immune systems to know the immunization rates?

Most children in these categories will not be attending school anyway, because they will be in the hospital receiving surgery, chemotherapy, radiation, or immunosuppressive therapy. And once they are done with the treatments, the children will again qualify for vaccination. It is extremely difficult to qualify for a medical exemption as per the CDC guidelines, and therefore very few children are able to qualify for a medical vaccine exemption. Even the children who do qualify, often only qualify temporarily. You can find information regarding medical exemption qualifications on the CDC website. The focus on this group of children by those policy makers who ascribe to mandatory vaccination is intentionally misleading and disingenuous.

In the news, we hear about how the immunosuppressed child needs to be protected from the un-vaccinated. However, unless the unvaccinated person is

in the contagious stage of a communicable infection, they pose no threat to anyone, not even to an immunosuppressed child.

While the news is replete with warnings about the unvaccinated population spreading infection, what we don't hear about is the vaccinated population that is spreading infection. And when we do hear reports of those who are vaccinated developing the very infections that the vaccines were supposed to prevent, the answer is not to look into the efficacy of the vaccines, but rather it is always to give more doses of the ineffective vaccine. Does that make sense to you?

Because Live Viral Vaccines shed vaccine-strain viruses, it is important for these immunosuppressed children to avoid persons who have been recently vaccinated with live viral vaccines, such as Measles, Mumps, Rubella, Chicken Pox, and Shingles because these live vaccines can shed for weeks and even up to several months. I contend that persons who are vaccinated with live viral vaccines should be quarantined until lab tests confirm that they are no longer shedding vaccine-strain viruses. This measure will greatly reduce the outbreaks of childhood communicable infections.

These immunosuppressed children should also avoid being around persons who have had the Pertussis vaccine because persons vaccinated with Pertussis vaccine can be asymptomatic carriers of Pertussis. So these people should also be quarantined until lab tests prove that they are no longer carrying Pertussis.

So these immunosuppressed children need to avoid being around some vaccinated children and adults who are shedding vaccine-strain viruses and Pertussis, and they need to avoid being around children and adults who are in the communicable stage of a contagious infection. The risk of exposure is not limited to school, but extends to the playground, swimming pool, grocery store, church, school, movie theater, etc. Parents of these children need to protect their children in these areas in addition to school.

I disagree that parents want this data regarding rates of vaccination in the school, but rather it is the AAP and others who are engaged in vaccine promotion and mandatory vaccination policies who want this information. The parents of fragile children have no use for this information, and having this

information would be of no benefit to them. These parents know that while their child is undergoing immunosuppressant treatment, and when there are outbreaks of communicable infection in the community, they need to protect their children by keeping them away from places where their child may be exposed to communicable infections.

“Public opinion polling consistently shows more than 87% of parents support immunization requirements.”

Public opinion polls can be very inaccurate. The number does seem to be abnormally high, so I would appreciate if Sean Gallagher would provide the source of his 87% figure.

Thanks again for providing the opportunity for comment regarding this proposed amendment that Sean Gallagher and the Ohio AAP are trying to slip into the State Operating Budget- House Bill 49. As I said earlier in this letter, this tactic is improper in its form and in addition, it is morally wrong to deceive the parents of Ohio by attempting to alter the legal vaccine exemptions that are in place. I thank the Ohio legislature for respecting the rights of parents in the State of Ohio to make a proper decision for their child in regards to vaccination.

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