

Hello!

I am contacting you to express my concerns regarding the **House Bill 3063** that aims to remove the ability of parents to decline immunizations on behalf of child for reason other than child's indicated medical diagnosis. I believe that the choice of if, when and how a child is to be vaccinated needs to remain between a family and their doctor. Where there is a risk of injury or death, no matter how small the perceived risk may be, there must be a choice. To mandate a medical procedure with known risks is medically unethical. I implore you to consider these critical reasons to oppose or dismiss HB3063. My reasons for my concerns are listed below.

1. The gold standard for drug research is the randomized double blind placebo controlled study. This has not been done for the full CDC schedule of vaccines. [i]
2. Regarding the MMR vaccine the CDC states, "Prelicensure trials are relatively small— usually limited to a few thousand subjects— and generally last no longer than a few years. In addition, they may be conducted in populations less demographically, racially, and ethnically diverse than those in which the vaccine is ultimately used. Persons with certain health conditions, such as pregnancy, may be excluded from the trials. Prelicensure trials usually do not have the ability to detect rare AE or an AE with delayed onset." [ii]
3. Unvaccinated children are not the only cause of measles outbreaks. Those who are vaccinated can experience waning immunity as the vaccine is not 100% effective. [iii]
4. Vaccines do carry risks of adverse reactions that are well known by the manufacturer and listed in the vaccine inserts. [iv] Any medical procedure that carries risk of an adverse reaction should not be mandated.
5. VAERS (Vaccine Adverse Event Reporting System) has paid out \$ 4 billion since 1988 toward 4,172 cases that were able to provide enough evidence to support that an injury was caused by a vaccine. [v]

Determining risk factors for receiving the vaccine requires critical thinking on behalf of the physician. Physician's today are not trained in these risk factors, nor do many of them seek out research to understand why some children may react negatively to a vaccine while others may not. [vi] Some of those risk factors include, but are not limited to: genetics, family history of autoimmune conditions, gastrointestinal dysfunction that can impact the immune system and nutritional deficiencies that are more common than conventional physicians recognize. [vii] The average pediatrician appointment is 10-15 minutes long at most. This amount of time does not give the average physician enough time to determine these risk factors. In addition, most physicians are trained in the false assumption that vaccines are 100% safe and can be given to any child at any time. This attitude contributes greatly to the number of children who are experiencing vaccine injuries.

Ultimately, the United States was created and built on the foundation of freedom. Having control over what substances enter our bodies and the bodies of our children is the ultimate form of freedom.

The people of the United States cannot be subjected to a mandatory medical procedure that will result in financial benefit to the creators of that procedure who also experience the luxury

no liability if something goes wrong with this procedure. The chance of fraudulent activity under this system is too high for parents to trust those who control the creation and dissemination of information surrounding its safety.

In conclusion, when government makes decisions to take away parental rights relative to the health of their children it must only do so when all can agree it is in the best interests of every single child. Opinion 8.08 of the American Medical Association (AMA) states, "The physician has an ethical obligation to help the patient make choices from among the therapeutic alternatives consistent with good medical practice. Informed consent is a basic policy both in ethics and law that physicians must honor..."

This proposed legislation ignores and eliminates the fundamental American value of choice as well as a doctor's ethical obligation to provide their patients informed consent.

If we are not free to make informed, voluntary decisions about which pharmaceutical products we are willing to take, then we are not free in any sense of the word. If this bill passes it will set a very dangerous precedent and there will be no limit on which individual freedoms the State can remove in the name of the greater good.

For these reasons and many more, I urge you to view this bill as inhumane and medically unethical. Please OPPOSE HB3063.

Sincerely,

Danielle Wood

[i] Misra S. Randomized double blind placebo control studies, the "Gold Standard" in intervention based studies. Indian J Sex Transm Dis AIDS. 2012;33(2):131-4.

[ii] Centers for Disease Control and Prevention. Manual for the surveillance of vaccine-preventable diseases. 5th ed. Miller ER, Haber P, Hibbs B, Broder K. Chapter 21: surveillance for adverse events following immunization using the Vaccine Adverse Event Reporting System (VAERS). Atlanta: Centers for Disease Control and Prevention; 2011. 1,2,8.

[iii] Anders JF, Jacobson RM, Poland GA, Jacobsen SJ, Wollan PC. Secondary failure rates of measles vaccines: a metaanalysis of published studies. Pediatr Infect Dis J 1996;15:62-6.

[iv] M-M-R® II (MEASLES, MUMPS, and RUBELLA VIRUS VACCINE LIVE) <https://www.fda.gov/downloads/BiologicsBloodVaccines/UCM123789.pdf>

[v] Health Resources & Services Administration: Data & Statistics <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-february-2019.pdf>

[vi] Sharples Jonathan M, Oxman Andrew D, MahtaniKamal R, Chalmers Iain, Oliver Sandy, Collins Kevan et al. Critical thinking in healthcare and educationBMJ 2017; 357 :j2234

[vii] Bird JK, Murphy RA, Ciappio ED, McBurney MI. Risk of Deficiency in Multiple Concurrent Micronutrients in Children and Adults in the United States. Nutrients. 2017;9(7):655. Published 2017 Jun 24.