

"This is not about mandatory  
vaccination." - Rep. Pabon

Attachment R

The like-minded stick together



Don't allow clusters of vaccine  
refusal in your community--  
Vaccine refusal threatens us all

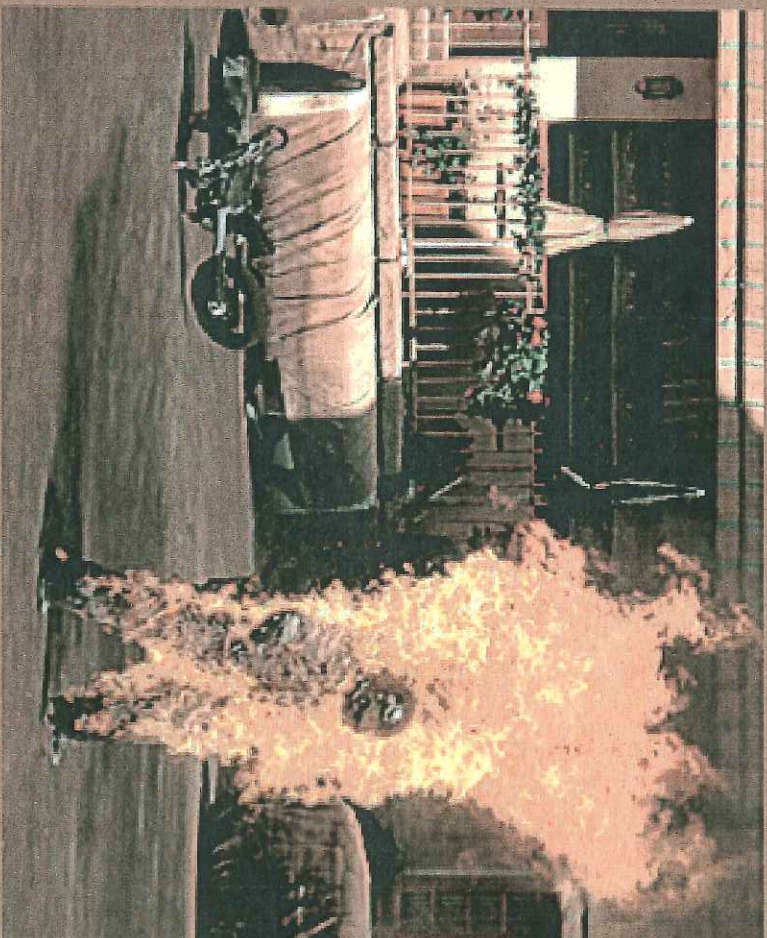
VOICES FOR VACCINES

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# Say no to anti-vaccine legislation requiring studies on vaccines and autism

Such studies are often biased, scientifically untenable, expensive, and unlikely to give any clear results.

And might just be another anti-vaccine publicity stunt.



Write your Representative asking them to stop the spread of anti-vaccine legislative nonsense.

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# Vaccinate for Healthy Schools

## Colorado Parents Supporting the Passage of Common-Sense Vaccine Legislation: HB 1288

JANUARY 3, 2014 BY HEALTHYSCHOOLSCO

### Sign Up Now!

We know that science and medicine are on the side of vaccination, but that's not enough. Our legislators need to hear from YOU!

Signing up with Healthy Schools, Healthy Kids will allow you to get periodic updates about the legislation and "Action Alerts" for your legislators. We'll let you know when and how you can contact your elected officials to let them know that you want safe schools and daycares for our kids.

**Note: Please use your full 9 digit zip code (xxxxx-xxxx) when signing up, because that is the only way that we can correctly identify your State House and Senate districts.**

If you don't know your full zip code, you can find it quickly by clicking here (<https://tools.usps.com/go/ZipLookupAction!input.action>).

*Here's a link to **Voices for Vaccines** if you'd like more information.* (<http://www.voicesforvaccines.org/>)

Many thanks to Susan Snipes for our wonderful logo: [susansnipes.com](http://susansnipes.com) (<http://susansnipes.com>)

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SECTION 1: 2 minutes, 50 seconds Samantha Franzen

I can only assume that the guise of this bill, rather than being the swift erosion of parental rights and a foothold to eventually remove the personal belief exemption entirely, is to protect the people of Colorado from pertussis. I assume this because the state of Colorado has had zero reported cases of mumps, rubella, or polio in the past seven years, five cases of meningitis in 2010, along with two cases of measles last year. However, it is more accurate to say that the groups behind this bill are using the excuse of pertussis to apply government pressure on parents in order to subject their children to all available vaccines against their better judgment.

In section 1(a) of the bill as drafted I object to the sweeping generalization that vaccines are one of the greatest health achievements of the 20<sup>th</sup> century, as surely they are not greater than the wide availability of clean drinking water free of fecal matter. I object to the completely out-of-context, unsupported, and impossible-to-prove statement that "vaccines save 3,000,000 lives a year."

To section 1(b) I would argue that the imagined "\$10 in health care expense saved for every \$1 spent vaccinating a child" doesn't carry nearly as much weight as the reality-based fact of the \$1 trillion national annual cost of caring for just three of the childhood chronic diseases that medical literature associates with injecting aluminum into our infants. Those would be asthma, food allergies, and ADHD. Our children are chronically ill, and undeniably, vaccination is the cause.

To 1(c) I object to the use of the word "immunization" in lieu of "vaccination." Immunity is only obtained from naturally-acquired viral illness. Immunity is not obtained by inducing an artificial response that engages only the TH2 portion of the immune system. Not even the FDA claims that vaccines induce true, cell-mediated immunity.

Furthermore, pertussis is not a virus. Lifelong immunity cannot be acquired through a needle for a bacterial infection when there is no such thing as lifelong immunity to bacteria. Authoritative medical establishments do not claim that the pertussis vaccine grants the vaccinated *immunity*, as the 2013 Kaiser study of the Tdap vaccine declared it only to be "moderately effective" with efficacy rates of 53 to 64%.

Lastly in 1(c) I object to the allusion to "herd immunity" in this bill as it is a never-proven theory of naturally-acquired viral disease that does not apply to vaccination of any kind, especially to that for pertussis. The CDC admits that pertussis is cyclical in nature with peaks every 3 to 5 years and that the increased rates of the past 20 years can be attributed to better awareness, improved testing, better reporting, and the shortcomings of the acellular vaccines. Nowhere does the CDC attribute the increase to the unvaccinated child. No amount of vaccine education is going to change that.

SECTION 2: 2:10 minutes Elizabeth Blackwood

In Section 1(d) I object to the overall sloppy drafting in this bill. It reads, "Children who are not vaccinated are 22 to 28 times more likely to get pertussis than their immunized peers." I have two issues with this statement.

First, it is clear from the stakeholder report that resulted in the drafting of this house bill that the sentence, "schools that have higher rates of exemptions may be associated with higher disease rates," is footnoted to a study about non-medical exemptions. That exemption study then refers to a second study about measles and pertussis in Colorado in the late 1980s to 1990s. It is clear from the second study that the phrase "22 times more likely" is not even attributed to contracting *pertussis*. It is referring to contracting *measles*, 16 to 27 years ago. Colorado has not had a measles outbreak worth noting, so why is the bill citing this statistic? In the interest of full disclosure, that study also states that 89% of the children with measles did not have direct contact with an exempted student.

Secondly, the "22 to 28 times more likely to contract pertussis" statement of section 1(d) is referring to footnote 9 of the stakeholder report, which refers to a tiny 72-child study about so-called "under-vaccinated" versus vaccinated children with pertussis. In that study, 47% were "under-vaccinated," having received up to 3 out of 4 doses of pertussis vaccine. Another way to state that same sentence is, "53% of the sick children were fully vaccinated for pertussis." To spin that fact for the study's conclusion to read, "The under-vaccinated are 28 times more likely to contract pertussis" is nothing short of magical thinking.

In November of last year the FDA put out a press release blaming the acellular pertussis vaccine for the rising rates of infection, not the unvaccinated child. In that study the FDA admits that the pertussis vaccine does not prevent acquiring, incubating, and transmitting pertussis to other people. The vaccine has been a failure.

In fact, it is clear from the study of the 986 children in the 2010 pertussis outbreak in San Diego County that only 69 of them were over the age of 2 months and unvaccinated. By my math, being vaccinated for pertussis makes a child 14 times more likely to become infected with it in San Diego County.

Section 3 2:00 Darlene Jalil

Continuing on with section 1(d), I want to point out that there is no numerical value assigned to the CDC's definition of an "epidemic." It is simply defined as being "an increase, often sudden, in the number of cases of a disease above what is normally expected in a population." For this bill to contain language that asserts that "pertussis in Colorado has reached epidemic levels" is meaningless fear-mongering and has no place in our legislation. Given that in 2010, California had 7.5 times the amount of pertussis as Colorado in 2013, and Arizona had 8 times the amount of pertussis of Colorado last year, the use of the phrase "epidemic level" is not even appropriate by comparison.

In 1(g) I object to the blanket statement that reads, "states with permissive personal belief exemptions have higher rates of disease." Oregon had the highest non-medical exemption rates in the nation in 2012-2013 and some of the lowest rates of disease with no mumps, no rubella, no polio, 3 cases of measles in 2013, and 458 cases of pertussis in 2012. Tied for second for the highest non-medical exemptions are Vermont with only 632 cases of pertussis in 2012, Michigan with 600 cases of pertussis in 2010, and Idaho with only 77 cases of perstussis in 2010.

In fact, aside from California, the only correlation between vaccine compliance and incidence of disease is with the *high* incidence of disease within the highly compliant states, such as the 280 cases of measles in Kansas, and the 3,500 cases of mumps in New York State.

Due to the tragic overuse of the insecticide Endosulfan, which is currently being phased out by the EPA, the migrant farm workers of Central California are in very poor health and susceptible to contracting pertussis and other diseases. For that reason, the high exemption rates of the Californian middle class should never be used to show the disease causation of the migrant farm workers laboring in the spray of insecticide, as the two events are completely unrelated.

#### Section 4 Missy Frazier-Winefeldt 1:45

My most sincere objection of this entirely objectionable bill goes to the portions of sections 3 and 4 that order the collection of publicly-available data concerning vaccine-exempt children. I am disgusted by the disregard for the medical privacy rights of children and horrified by what would certainly be a violation of the rights afforded to them under the Family Educational Rights and Privacy Act. That act forbids the release of a student's educational records, including vaccine records, to anyone but state health officials-- and even then, it would be in the event of an emergency such as bioterrorism.

The newly-unveiled map of a county in California that designates bright red dots over schools with high numbers of exempted children reads like a registered sex offender list. The California legislature should be ashamed of themselves, as should the drafters of this bill.

In 2011 the local news of one city in California followed behind a school district representative as he personally knocked on the doors of the parents who had intentionally not vaccinated their children with a teen Tdap booster. His words to one parent were, "We are coming today to give your child her Tdap if she hasn't had it." Perhaps this committee does not have the foresight to imagine a school district rep going rogue with a needle-packing nurse in tow, but look no further than California to see what the future holds for this bill in Colorado.

At best, in a large school, such a public database is creating a pharmaceutical mark for further unwanted and unnecessary vaccine education for the already-educated parent. However, in the circumstance of a small school having high exemption rates, the state of Colorado would be creating a helpless target for those residents who engage in lynch-mob mentality. You would be putting these young lives at risk for something far more dangerous than pertussis.

## Section I Sources

### 1(b)

The cost of 3 chronic disease caused by injected aluminum is \$1 trillion nationally per year.

Asthma: Asthma cost the US about \$3,300 per person (25 million people under 18) with asthma each year from 2002 to 2007 in medical expenses, missed school and work days, and early deaths. Total \$82.5 B. Source: [www.aaaai.org/about-the-aaaai/newsroom/asthma-statistics.aspx](http://www.aaaai.org/about-the-aaaai/newsroom/asthma-statistics.aspx)

Food allergies: Food allergies cost \$500 Million a year. Source: <http://www.reuters.com/article/2011/05/05/us-food-allergies-study-idUSTRE7447IW20110505>

ADHD: the annual societal "cost of illness" for ADHD is estimated to be between \$36 and \$52 billion. Source: <http://www.cdc.gov/ncbddd/adhd/data.html>

### 1(c)

i. Aluminum adjuvants do not elicit true, cell-mediated immunity.

Source: FDA 2008 PowerPoint presentation "Extrinsic Adjuvants in the Use of Allergen Immunotherapy Aluminum Hydroxide: Mechanism of Action and Safety Assessment." Page 15. "Despite strong safety profile, there are limitations to aluminum adjuvants: local reactions, production of IgE antibodies, and inability to elicit cell-mediated immunity."

ii. Tdap vaccine is only "moderately effective"

Source: "Study finds booster vaccine Tdap is only moderately effective" "The adjusted estimate of Tdap effectiveness against pertussis was 53 percent in the comparison with PCR controls, and 64 percent in the comparison with KPNC controls."

[www.dor.kaiser.org/external/news/press\\_releases/Study\\_Finds\\_Booster\\_Vaccine\\_Tdap\\_is\\_Only\\_Moderately\\_Effective/](http://www.dor.kaiser.org/external/news/press_releases/Study_Finds_Booster_Vaccine_Tdap_is_Only_Moderately_Effective/)

iii. Unvaccinated children are not to blame for rising pertussis rates.

"Pertussis is naturally cyclic in nature, with peaks in disease every 3-5 years. But for the past 20-30 years, we've seen the peaks getting higher and overall case counts going up. There are several reasons that help explain why we're seeing more cases as of late. These include: increased awareness, improved diagnostic tests, better reporting, more circulation of the bacteria, and waning immunity.

When it comes to waning immunity, it seems that the acellular pertussis vaccine (DTaP) we use now may not protect for as long as the whole cell vaccine (DTP) we used to use."

Source: <http://www.cdc.gov/pertussis/about/faqs.html>

## Section 2 sources

### 1(d)

i. The “22 times more likely” statistic cited in the bill does not apply to pertussis.

“...schools that have higher rates of exemptions may be associated with higher disease rates.”

Source: Colorado’s Personal Belief Exemption Policy for Immunizations: Stakeholder Engagement Report, Page 3.

Footnoted to Salmon DA, “The role of school policies and implementation procedures in school immunization requirements and nonmedical exemptions.” Am J Public Health. 2005.

Which reads, “In the Colorado study... at least 11% of children who developed measles after having received 1 dose of vaccine were infected through contact with an exempted child.

Then footnoted to Feikin DR, “Individual and community risks of measles and pertussis associated with personal exemptions to immunization.” JAMA 2000.

Which states in the results “Exemptors were 22.2 times more likely to acquire measles.”

ii. The study cited in page 6 of the Stakeholder Report in footnote 9 as the source of “19 to 28 times more likely to get whooping cough” refers to a study of only 72 children, 34 of which were “undervaccinated” with up to 3 out of 4 DTaP vaccines, 38 of which were fully vaccinated.

Source: Glanz, Jason. “Association between undervaccination with DTaP vaccine and risk of pertussis infection in children 3 to 36 months of age.” JAMA Nov 2013.

iii. The FDA blames the DTaP, not the unvaccinated, for spreading pertussis infections.

“This research suggests that although individuals immunized with an acellular pertussis vaccine may be protected from disease, they may still become infected with the bacteria without always getting sick and are able to spread infection to others, including young infants who are susceptible to pertussis disease.”

Source: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm376937.htm>

iv. The 2010 study of 986 pediatrics with pertussis, only 69 were not vaccinated.

Of 69 completely unimmunized children for reasons other than “under age,”

Chan, M.H. “The California Pertussis Epidemic 2010: A Review of 986 Pediatric Case Reports From San Diego County.” Oxford Journals, January 2012.

<http://jpids.oxfordjournals.org/content/1/1/47.full.pdf> see page 51.



### Section 3 sources

- i. The CDC does not assign a numerical value to the word “epidemic.”

“Epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.”{

Principles of Epidemiology in Public Health Practice, 3rd Edition

[http://www.cdc.gov/osels/scientific\\_edu/ss1978/lesson1/section11.html](http://www.cdc.gov/osels/scientific_edu/ss1978/lesson1/section11.html)

- ii. AZ and CO’s pertussis rates are 6-8 times that of CO.

States with high non-medical exemptions have very low disease rates: OR, VT, MI, ID

NY high mumps, KS high measles

Source: Council on Foreign Relations map of vaccine preventable outbreaks

[http://www.cfr.org/interactives/GH\\_Vaccine\\_Map/#map](http://www.cfr.org/interactives/GH_Vaccine_Map/#map)

Source: Non-medical exemption map:

<http://www.motherjones.com/environment/2014/02/vaccine-exemptions-states-pertussis-map>

- iii. California cannot be compared to other states in terms of the effect of exemptions on disease rates due to their migrant farm workers being subjected to Endosulfan.

See: <http://en.wikipedia.org/wiki/Endosulfan> for map of Endosulfan use.

### Section 4

- i. Disclosing vaccination records/exemptions is a violation of federal law.

Summary of the Family Educational Rights and Privacy Act (FERPA)

“Letter to Alabama Department of Education re: Disclosure of Immunization Records” from the US Department of Education

“Therefore, student immunization records that are maintained by an educational agency or institution subject to FERPA that directly relate to a student or students are considered to be education records under FERPA...”

“[T]he health or safety exception would apply to nonconsensual disclosures to appropriate persons in the case of a smallpox, anthrax or other bioterrorism attack. This exception also would apply to nonconsensual disclosures to appropriate persons in the case of another terrorist attack such as the September 11 attack. However, any release must be narrowly tailored considering the immediacy, magnitude, and specificity of information concerning the emergency. As the legislative history indicates, this exception is temporally limited to the period of the emergency and generally will not allow for a blanket release of personally identifiable information from a student's education records.

Under the health and safety exception, school officials may share relevant information with "appropriate parties," that is, those parties whose knowledge of the information is necessary to provide immediate protection of the health and safety of the student or other individuals. (Citations omitted.) Typically, law enforcement officials, public health officials, and trained medical personnel are the types of parties to whom information may be disclosed under this FERPA exception....”

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/library/alhippaa.html>

ii. Contra Costa County map of exempted children creates targets, which are violations of privacy rights and put children in danger.

<http://cchealth.org/immunization/school-iz-levels.php>

iii. School district representatives go door-to-door in California searching for the unvaccinated.

<http://www.youtube.com/watch?v=qrYp9AcYWMg&feature=youtu.be>

PubMed

Display Settings: Abstract

PEDIATRICS  
FINAL VERSION

Pediatrics. 2004 Jul;114(1):187-95.

## Children who have received no vaccines: who are they and where do they live?

Smith PJ<sup>1</sup>, Chu SY, Barker LE.

### Author information

#### Abstract

**CONTEXT:** Each year 2.1 million children 19 to 35 months of age are undervaccinated. Among these are children who have received no vaccinations. Unvaccinated children are at increased risk of acquiring and transmitting vaccine-preventable diseases.

**OBJECTIVES:** To assess whether the characteristics of children with no vaccinations differ from those of undervaccinated children, to monitor trends in the numbers of unvaccinated children, and to identify states with high rates and counties with large numbers of unvaccinated children.

**DESIGN:** A nationally representative probability sample of children 19 to 35 months of age was collected annually between 1995 and 2001. Vaccination histories were ascertained from children's medical providers. Undervaccinated children had received > or =1 dose of diphtheria-tetanus-pertussis, polio, measles, Haemophilus influenzae type b, hepatitis B, or varicella vaccine but were not fully vaccinated. Unvaccinated children were children who were reported as having no medical providers and having received no vaccinations or children whose medical providers reported administering no vaccinations.

**PARTICIPANTS:** A total of 151,720 children sampled between 1995 and 2001, 795 of whom were unvaccinated.

**RESULTS:** Undervaccinated children tended to be black, to have a younger mother who was not married and did not have a college degree, to live in a household near the poverty level, and to live in a central city. Unvaccinated children tended to be white, to have a mother who was married and had a college degree, to live in a household with an annual income exceeding 75,000 dollars, and to have parents who expressed concerns regarding the safety of vaccines and indicated that medical doctors have little influence over vaccination decisions for their children. Unvaccinated children were more likely to be male than female. Annually, approximately 17,000 children were unvaccinated. The largest numbers of unvaccinated children lived in counties in California, Illinois, New York, Washington, Pennsylvania, Texas, Oklahoma, Colorado, Utah, and Michigan. States that allowed philosophical exemptions to laws mandating vaccinations for children as they entered school had significantly higher estimated rates of unvaccinated children.

**CONCLUSIONS:** Unvaccinated children have characteristics that are distinctly different from those of undervaccinated children. Unvaccinated children are clustered geographically, increasing the risk of

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Alan G. Phillips, J.D.  
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March 5, 2014

TO: Sixty-ninth General Assembly  
STATE OF COLORADO

RE: House Bill 14-1288, Concerning Personal Belief Exemptions to Immunization  
Requirements for Children Prior to Attending School

FROM: Alan Phillips, J.D.

Honorable Legislators of the Great State of Colorado:

I am a nationally recognized legal expert on vaccine exemption and waiver law. I have advised clients, attorneys, activists, legislators, and legislative committees throughout the United States about vaccine rights issues. Today I write with concerns about HB 14-1288. While its stated intent is honorable, HB 14-1288 is based on misleading and erroneous information designed to promote pharmaceutical interests under a false pretence of public health. This assertion is supported by the referenced Analysis below. For these reasons, I respectfully urge you to vote against this bill.

The information below is introductory. I can provide much more if desired.

Thank you for your time. Please let me know if I may be of any further assistance.

Sincerely Yours,



Alan G. Phillips  
NC State Bar No. 30436

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## ANALYSIS

### I. LEGAL CONCERNS

A. **Parents have a Fourteenth Amendment Due Process Constitutional right to parent their children that includes medical decision-making.** The state may not intervene unless there is a showing that the parent is unfit,<sup>1</sup> or in case of emergency or imminent risk of harm. Regarding the latter, state laws allow intervention by appropriate medical or social worker authorities. HB 14-1288 unconstitutionally presumes that parents are unfit to make exemption decisions for their children.

B. **The religious exemption language in Section (3)(b) is flawed grammatically and legally.** Grammatically, it is not possible to be an “adherent” to a “religious belief,” and a “religious belief” doesn’t “teach” anything; the current wording is unclear. Constitutionally, the First Amendment prohibits restricting a vaccine religious exemption to adherents of an organized religion. States may require only a sincerely held religious belief.<sup>2</sup>

C. **The U.S. Supreme Court says vaccines are “unavoidably unsafe.”<sup>3</sup>** No vaccine risk-benefit information can change that, nor would any such information be objectively accurate unless it stated that—which we can rest assured will never happen.

### II. ETHICAL CONCERNS

A. **Vaccines Cause Permanent Disabilities and Death.** The Federal Vaccine Injury Compensation Program (VICP) pays out approximately \$100,000,000 (one hundred million dollars) annually for vaccine injury and death—nearly \$3 billion to date. No one can calculate the risk for any given child. Neither the state nor interested parties (doctors, etc.) can ethically promote such risks; yet, the intent of HB 14-1288 is that they do so vigorously.

*We do not require young adults to risk their lives for their country with the draft; yet, we require newborn infants to risk their lives with a Hepatitis B vaccine for a disease they have virtually no risk of contracting and cannot spread by casual contact, and the vaccine’s protective effect will wear off before they are at risk of contracting the disease.*

B. **The scope of vaccine injury and death is unknown.** The FDA estimates that as few as 1% of serious adverse reactions to vaccines are reported.<sup>4,5</sup> The CDC admits that only about 10% are reported.<sup>6</sup> Congressional testimony revealed that medical students are told not to report suspected adverse events,<sup>7</sup> despite a law requiring doctors to report suspected vaccine adverse events.<sup>8</sup>

C. **The industry that manufactures vaccines routinely engages in criminal behavior.** The pharmaceutical industry is the biggest defrauder of the federal government under the False Claims Act.<sup>9</sup> In 8 years (2004-2012), there were 20 settlements in the \$345 million to \$3 billion range,<sup>10</sup> with criminal fines as high as \$1 billion. In the last 5 years, \$19.2 billion has been returned to taxpayers from attempts to defraud federal health programs.<sup>11</sup> The point is this:

*No one should ever be pressured to take a product from an industry that routinely engages in criminal behavior!*

D. **Government health officials are not always truthful about vaccines.**

Examples:

(1) In 1962, Dr. Bernard Greenberg, Biostatistics Dept. Head at the University of North Carolina School of Public Health, testified before Congress that cases of polio increased substantially after the first polio vaccine was introduced—50% from 1957-58, and 80% from 1958-59—and that the Public Health Service deliberately manipulated statistics to give the opposite impression.<sup>12</sup>

(2) In 2011, Co-Med (non-profit) obtained information via the Freedom of Information Act revealing that the CDC deliberately withheld data from publication showing that removing mercury from vaccines resulted in declining autism rates.<sup>13</sup>

(3) In April of 2011, Dr. Poul Thorsen, the principal coordinator of multiple studies funded by the CDC used to deny a vaccine-autism link, was indicted on 13 counts of fraud and 9 counts of money-laundering.<sup>14</sup>

E. **Those designing and/or providing the risk-benefit information have conflicts of interest.** They may profit from providing the information, may ignore or deny the risk of injury and death from vaccines under peer pressure, and may not inform parents in writing about the Vaccine Injury Compensation Program as required by federal law.<sup>15</sup>

F. **Medical facts may be irrelevant to non-medical exemptions.** Some philosophical objections concern non-quantifiable moral and ethical considerations not related to or refuted by vaccine risk-benefit information, such as the unquantifiable risk of vaccine injury and death (II. A. & B. above) and the large-scale routine criminal behavior of the vaccine manufacturing industry (II. C. above).

III. MEDICAL CONCERNS

In Response to HB 14-1288 SECTION 1. Legislative declarations:<sup>16</sup>

(1)(a). **Do vaccines really “save three million children’s lives each year”?** No. Childhood infectious diseases declined by 90 – 95% *prior* to the introduction of vaccines.<sup>17</sup> Many diseases disappeared at the same time with no vaccine at all. Vaccines did not cause today’s low disease rates, so there is no way to calculate lives saved, if any, by the continued widespread use of vaccines.

In fact, **according to the CDC, there are far more non-immune vaccinated children than exempt children.** At least 5-15% of vaccinated children do not develop immunity (which the CDC admits is why most outbreaks occur in vaccinated children),<sup>18</sup> while the national exemption rate averages 1.8%,<sup>19</sup> and exempt children may develop natural immunity—and without even developing symptoms.<sup>20</sup> The problem of infectious disease is not about exemptions.

(b) **Are vaccines cost-effective?** There is no way to know with any precision, presently. Vaccine cost-effectiveness claims do not factor in the \$100 million paid out annually for vaccine injury and death, and they can’t factor in the 90-99% of serious adverse events that the FDA and CDC have said never get reported (see II A and B above). Until integrity is brought to vaccine adverse events reporting system (federal law requires

doctors to report suspected adverse events, but Congressional testimony revealed that medical students are taught to not report such events<sup>21</sup>), we can't know whether or not vaccines are cost-effective.

(c) **Are high rates of immunization coverage necessary?** No. The majority of the U.S. population consists of "baby boomer" adults not vaccinated in decades (vaccine immunity lasts from 2 – 10 years); yet, disease outbreaks are not at all widespread.<sup>22</sup> 90-95% of infectious disease decline preceded immunizations. Those diseases won't return without vaccines.

(d) **Do high exemption rates cause pertussis outbreaks?** No. Recent research has shown that it is actually the pertussis vaccine, and not lack of immunizations, that has caused recent pertussis outbreaks across the U.S. Even the CDC admits this.<sup>23</sup>

(e) I neither agree nor disagree that 90% of exemptions are personal belief exemptions. However, for the reasons stated herein, this is not a concern.

(f) I neither agree nor disagree that Colorado has one of the highest rates of personal belief exemptions. However, if true, this has not led to greater disease rates in Colorado than other states, and is not a reason for government to interfere with parents' decision about whether or not to risk injury or death to their child from immunizations.

(g) Section (d) above refutes the assertion that states with easy exemption procedures have more infectious disease generally and that such procedures result in more whooping cough specifically. However, even if true, states with higher exemption rates necessarily also have lower vaccine injury and death rates. Furthermore, there are means of infectious disease prevention that are more effective and less costly than vaccines, and with no adverse events, that parents should be able to use. Presently, they are only denied this option because it is not profitable for the pharmaceutical industry.<sup>24</sup>

(h) **A parent's vaccine decision carries great risks for the child, as the child could be permanently disabled or killed by the vaccine.** However, a parent's vaccine decision carries little risk to other community members if vaccines really work and those members are vaccinated. Current law allows anyone who wants a vaccine to get one.

#### IV. CONCLUSION

For any and all of the above reasons, Colorado's present vaccine exemption law should remain unchanged, and HB 14-1288 not passed. Current law allows parents to selectively vaccinate as they and the healthcare professional of their choice may deem necessary and appropriate for each child, without biased interference from the state or healthcare professionals chosen by the state.

<sup>1</sup> In *Troxel v. Granville*, 530 U.S. 57 (2000), the Court stated: "The Fourteenth Amendment's Due Process Clause has a substantive component that 'provides heightened protection against government interference with certain fundamental rights and liberty interests,' including parents' fundamental right to make decisions concerning the care, custody, and control of their children . . . There is a presumption that fit parents act in their children's best interests; there is normally no reason for the State to inject itself into the private realm of the family to further question fit parents' ability to make the best decisions regarding their children [citations omitted]."

<sup>2</sup> See, e.g., *Sherr and Levy vs. Northport East-Northport Union Free School District*, 672 F. Supp. 81 (E.D.N.Y., 1987), *Mason v. General Brown Cent. School Dist.*, 851 F.2d 47 (2nd Cir. 1988), *Lewis v. Sobel*, 710 F. Supp. 506 (S.D.N.Y. 1989), and *Farina v. The Board of Education*, 116 F. Supp.2d 503 (S.D.N.Y. 2000).

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<sup>3</sup> *Bruesewitz v. Wyeth LLC*, 131 S. Ct. 1068, 179 L.Ed.2d 1 (2011), <http://www.supremecourt.gov/opinions/10pdf/09-152.pdf>

<sup>4</sup> Less than 1%, according to Barbara Fisher, citing former FDA Commissioner David Kessler, 1993, *JAMA*, in the Statement of the National Vaccine Information Center (NVIC), Hearing of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, "Compensating Vaccine Injuries: Are Reforms Needed?" September 28, 1999.

<sup>5</sup> Less than 10%, according to KM Severyn, R.Ph., Ph.D. in the *Dayton Daily News*, May 28, 1993. (Vaccine Policy Institute, 251 Ridgeway Dr., Dayton, OH 45459)

<sup>6</sup> American Association of Physicians and Surgeons, Fact Sheet on Mandatory Vaccines at <http://www.aapsonline.org/>.

<sup>7</sup> Jane Orient, M.D., Director of the American Association of Physicians and Surgeons, "Mandating Vaccines: Government Practicing Medicine Without a License?" 1999.

<sup>8</sup> 42 U.S.C. § 300aa-25. Recoding and Reporting Information, National Vaccine Injury Compensation Program.

<sup>9</sup> "Public Citizen Study: Pharmaceutical Industry Is Biggest Defrauder of the Federal Government Under the False Claims Act," Dec. 20, 2010, <http://www.pharmpro.com/news/2010/12/public-citizen-study-pharmaceutical-industry-biggest-defrauder-federal-government-under-false-claims-act>

<sup>10</sup> List of largest pharmaceutical settlements (2004 – 2012), Wikipedia, [http://en.wikipedia.org/wiki/List\\_of\\_largest\\_pharmaceutical\\_settlements](http://en.wikipedia.org/wiki/List_of_largest_pharmaceutical_settlements)

<sup>11</sup> False Claims Act Whistleblowing Blog, February 2014 archive, <http://www.fraudwhistleblowersblog.com/2014/02/>

<sup>12</sup> Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, 87<sup>th</sup> Congress, Second Session on H.R. 10541, May 1962, at 94.

<sup>13</sup> Scandal Exposed in Major Study of Autism and Mercury, PR Newswire, Oct 25, 2011, <http://www.prnewswire.com/news-releases/scandal-exposed-in-major-study-of-autism-and-mercury-132519518.html>

<sup>14</sup> Autism and Vaccines Researcher for CDC, Indicted for Fraud and Money-Laundering, CNBC, April 14, 2011, <http://www.cnn.com/id/42592600>

<sup>15</sup> National Vaccine Injury Compensation Program, Subpart c. Assuring a Safer Childhood Vaccination Program in United States, 42 U.S.C. § 300aa-26. Vaccine Information.

<sup>16</sup> Colorado House Bill 14-1288, [http://www.leg.state.co.us/clics/clics2014a/csl.nsf/billcontainers/94D61307D2B5926387257C360075EBCB/\\$FILE/1288\\_01.pdf](http://www.leg.state.co.us/clics/clics2014a/csl.nsf/billcontainers/94D61307D2B5926387257C360075EBCB/$FILE/1288_01.pdf)

<sup>17</sup> See, e.g., "Immunization Graphs, Prepared by: Raymond Obomawin, M.Sc., Ph.D., December, 2009," at <http://www.theoneclickgroup.co.uk/documents/vaccines/Immunization%20Graphs%20PPT%20-%20RO%202009.pdf>

<sup>18</sup> Centers for Disease Control and Prevention, Vaccines and Immunizations, Misconception #2. The majority of people who get disease have been vaccinated, <http://www.cdc.gov/vaccines/vac-gen/6/mishome.htm>

<sup>19</sup> Vaccination Coverage Among Children in Kindergarten – United States 2012-2013 School Year, Morbidity and Mortality Weekly Report (MMWR), CDC, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6230a3.htm?s\\_cid=mm6230a3\\_eThe](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6230a3.htm?s_cid=mm6230a3_eThe)

<sup>20</sup> Centers for Disease Control and Prevention, Vaccines and Immunizations, Glossary, "Asymptomatic infection: The presence of an infection without symptoms. Also known as inapparent or subclinical infection." <http://www.cdc.gov/vaccines/about/terms/glossary.htm>

<sup>21</sup> Jane Orient, M.D., Director of the American Association of Physicians and Surgeons, "Mandating Vaccines: Government Practicing Medicine Without a License?" 1999.

<sup>22</sup> The Deadly Impossibility of Herd Immunity Through Vaccination, Russell Blaylock, M.D., International Medical Counsel on Vaccination, February 18, 2012, <http://www.vaccinationcouncil.org/2012/02/18/the-deadly-impossibility-of-herd-immunity-through-vaccination-by-dr-russell-blaylock/>

<sup>23</sup> Study Proves Vaccines – Not 'Vaccine Refusers' – Are Behind Whooping Cough Outbreaks, Truthstream Media, November 27, 2013, <http://truthstreammedia.com/study-proves-vaccines-not-vaccine-refusers-are-behind-whooping-cough-outbreaks/>

<sup>24</sup> See, e.g., "Successful Use of Homeopathy In Over 2.5 Million People Reported From Cuba" (describing use of homeopathy profoundly outperforming vaccines in disease prevention that was scientifically documented), <http://homeopathyresource.wordpress.com/2009/01/01/successful-use-of-homeopathy-in-over-5-million-people-reported-from-cuba/>