House Committee on Health and Human Services
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Conference Room 329

Thursday, March 22, 2018 at 9:00am

Testimony IN SUPPORT of House Resolution No. 107/House Concurrent Resolution No. 157.

"Any possible doubts, whether or not well founded, about the safety of the [polio] vaccine, cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent….."

-Federal Register, Friday, June 1, 1984
Vol. 49, No. 107, Page 23007
Rules and Regulation

Hawaii for Informed Consent, an organization with over 1,200 members, STRONGLY SUPPORTS HR 107/HCR 157.

We believe informed consent allows a healthy individual make an informed decision prior to receiving a VOLUNTARY medical procedure such as a vaccine, which carries inherent risks. Vaccines have been documented to cause an array of medical conditions, including paralysis, chronic autoimmune conditions, neurological conditions and death despite claims that vaccines are safe and effective.

Hawaii's healthcare providers do not seem to support discussing vaccine risks and this should be concerning to all current and potential patients. Testimonies from HB2622 that led to HR 107/HCR 157 showed that healthcare providers and organizations including the Hawaii Public Health Association, Healthcare Association of Hawaii, Hawaii Pacific Health Hospitals, the American Academy of Pediatrics, Hawaii Immunization Coalition, and Hawaii Medical Association who fervently believe in the benefits of vaccines, were not willing to provide additional information to their patients, answer questions and have meaningful discussions about the concerns patients may have. Instead, efforts to inform patients would be too costly, time-consuming, redundant, and unnecessary even to the point where some members have been kicked out of medical practices.

The intent of HR 107/HCR 157 is to encourage open, honest, dialogues between Hawaii's providers and their patients, not to discourage individuals from vaccinating as these organizations have argued. All individuals should be able to preserve their individual autonomy by taking an active role in managing

their own health and wellness based on individual circumstances. We do not and will not, fit into the same cookie cutter.

Vaccines contain specific antigens as well as vaccine excipients[1] including aborted fetal tissue (live-virus vaccines), retroviruses, stray strands of DNA, MSG(many vaccines), antibiotics (Vaqta, Havrix), acetone, heavy metals including thimerosal (multi-dose Afluria, Fluvirin), aluminum compounds (Gardasil 9 with the highest content), formaldehyde(flu vaccines), VERO monkey cells (polio), bovine cells (many vaccines), calf serum (many vaccines), borax (Vaqta), and squalene (Fluad), just to name a few. Anyone can sustain an adverse event from any vaccine, including death. If an individual feels that there are risks to his health based on the information presented on a package insert, then that individual should be allowed to make a decision most suited for his own well-being.

Adverse reactions can occur with any drug including prescriptions, over-the-counter products, vaccines, intravenous admixtures, vitamins and supplements. Any individual can experience a vaccine-induced adverse reaction. The problem is that neither the physician nor the patient has the tools to identify who is susceptible or vulnerable. Every individual has a different level of susceptibility due to differences in prescribed medications, genetic make-up, toxic-load, and different health issues, diagnosed or not. Nothing, FDA approved or not, is 100 percent safe with 0 percent risk. This is why patients should be allowed to discuss any potential vaccine injuries and risks PRIOR to receiving any vaccine.

Consider the following:

1. The FDA admits that "until a vaccine is given to the general population, all potential adverse events cannot be anticipated."[2] Therefore, safety and efficacy are not necessarily known as a general rule.

Vaccines undergo fewer clinical trials compared to drugs. The FDA will approve a drug only after clinical data and studies collected from Phase 1, Phase 2, Phase 3 and Phase 4 clinical trials have been conducted and completed. This can take several years, involve up to tens of thousands of volunteers, be extremely costly, and very complex.[3] However, the majority of drugs are approved through this common FDA process.

In contrast, vaccines only undergo Phase 1, Phase 2, and Phase 3 clinical trials and then they can become FDA licensed. According to the FDA, "many vaccines undergo Phase 4 studies ONCE on the market"[4] meaning that the public may be unwilling participants in a grand experiment for identifying the adverse effects of a particular vaccine.

2. The FDA and CDC collect data on vaccine injuries and deaths through the Vaccine Adverse Event Reporting System (VAERS). VAERS is a passive surveillance system that relies primarily on healthcare providers to VOLUNTARILY submit the mandatory information to this system after a suspected vaccine injury. The National Childhood Vaccine Injury Act of 1986 (NCVIA) requires healthcare providers to submit a report to the Secretary of the Department of Health and Human Services on every vaccine-induced adverse event to VAERS within seven days.[5]

Although reporting to VAERS is mandated by federal law, the majority of healthcare providers do not report adverse reactions. Most providers do not believe vaccines have any risks, are unaware of the VAERS system, and do not have the time.[6] Providers who do not report to VAERS do not suffer consequences for non-reporting since enforcement of this law does not exist.[7]

Whether the information gathered in VAERS is useful to the public ultimately depends on the reports submitted by doctors, nurses, family members or vaccine manufacturers and the quality of information provided.[8] Many times information is inaccurate, incomplete or delayed.[9]

3. Since 1990, VAERS has logged over 607,202 documented adverse event reports observed in the marketplace[10] with an average of 40,588 VAERS reports filed every year.[11] However, due to under-reporting by healthcare providers, 40,588 may actually represent less than one percent of vaccine adverse events reported to the FDA.[12] Further, as the majority of healthcare providers continually fail to report vaccine injuries to VAERS, vaccines are more than likely to carry a much higher risk of adverse events and death than reported by any surveillance system.

4. The Vaccine Injury Compensation Program (VICP) established by NCVIA, has paid approximately $3.8 billion dollars since 1987 to compensate vaccine-injured individuals, including deaths.[13] Despite the existence of the CDC/FDA's vaccine safety surveillance systems such as the Vaccine Safety Datalink (VSD), Post-Licensure Rapid Immunization Safety Monitoring (PRISM), and Clinical Immunization Safety Assessment Project (CISA), vaccine injuries DO occur and they are not as rare as healthcare providers represent them to be.

5. Vaccine Information Statements (VIS) are documents produced by the CDC offering a selective summary of information for vaccine recipients to review just prior to a vaccination. The VIS offers information about the vaccine and the disease it is intended to prevent, some common side effects, risks and benefits and information about the Vaccine Injury Compensation program.

Even though a VIS is supposed to be provided to a patient before vaccine administration, the CDC acknowledges the following:[14]

1) VIS' provided by the healthcare provider may be outdated.
2) The information on a VIS is based on recommendations from the Advisory Committee on Immunization Practices (ACIP) which only includes adverse events that the ACIP believes are causally linked to the vaccine. Therefore, a VIS does not fully present the adverse events as identified by the manufacturer during clinical trials.
3) Not all combination vaccines administered have an associated VIS thus pediatricians who use various vaccine combinations all of the time may not providing the appropriate VIS as required by NCVIA under 42 USCS § 300aa-26.
4) If a VIS is unavailable from the CDC, the FDA suggests the use of a Manufacturer's Package insert as a substitute for a VIS or other print materials.

Further, the CDC states that NCVIA requires providers to do the following:[15]

1) Make a notation in the patient's medical record or permanent office log regarding the provision of a VIS or the parent must acknowledge receipt in writing,

2) Make a notation of the edition date of the VIS provided, and date provided,

3) Provide patients with a current VIS PRIOR to vaccination, not afterwards.

Given that Hawaii's healthcare providers are admittedly extremely busy, how can there be any assurances that these steps take place on any regular basis?

6. According to the CDC, vaccinations are considered medical procedures. Yet, there are claims that HRS § 671-3 regarding informed consent does not apply to vaccinations. There are two problems to this claim.

First, under HR§ 671-1, the terms "medical or surgical treatment" or "diagnostic or therapeutic procedure" are not defined. Thus, to claim that the act of vaccinations do require informed consent under HRS § 671-3, is inaccurate and unsubstantiated and may need to be challenged in a court of law.

Second, the information on a VIS contains all of the elements of Informed Consent as required in HRS § 671-3 (b):

(b) The following information shall be supplied to the patient or the patient's guardian or legal surrogate prior to obtaining consent to a proposed medical or surgical treatment or a diagnostic or therapeutic procedure:

- **(1)** The condition to be treated;
- **(2)** A description of the proposed treatment or procedure;
- **(3)** The intended and anticipated results of the proposed treatment or procedure;
- **(4)** The recognized alternative treatments or procedures, including the option of not providing these treatments or procedures;
- **(5)** The recognized material risks of serious complications or mortality associated with:
  - **(A)** The proposed treatment or procedure;
  - **(B)** The recognized alternative treatments or procedures; and
  - **(C)** Not undergoing any treatment or procedure; and
- **(6)** The recognized benefits of the recognized alternative treatments or procedures.

One of the major reasons why the VIS does not constitute informed consent is that the information on the VIS does not accurately reflect the adverse events the manufacturer reported in clinical trials. As noted earlier, the ACIP makes recommendations on the information included on the VIS and clearly, this selectivity of information is not the same as informed consent. Lastly, many severe or unobserved vaccine events will not be observed until the vaccine is in the market and reported to VAERS and thus is not part of the VIS.

If HRS § 671-3, does not apply to vaccines where protections from informed consent would reduce vaccine injuries in Hawaii, then supporting HR 107/HCR 157 must be seriously considered since a great number of physicians and other recognized healthcare providers regularly recommend vaccinations as a medical intervention for health purposes.

7. NCVIA of 1986 was enacted as an administrative process intended to quickly address and facilitate the vaccine-injured[16] while preserving the U.S. immunization program. The NCVIA created a National Vaccine Injury Compensation Program (VICP) to compensate individuals for vaccine-related injuries or death[17] resulting from CDC recommended vaccines.[18] In exchange, vaccine manufacturers and medical professionals are exempted from all civil liability associated with vaccine injury claims.[19]

As a result of NCVIA, vaccine injured families can languish in the "Vaccine Court" up to five years seeking compensation for their vaccine injuries. [20] In contrast, vaccine market will be worth $61

billion dollars by 2020[21] and vaccine manufacturers will not be liable for a single vaccine injury or death.

Conclusion:

Patients have the right to refuse any medical procedure including vaccination. The risks from a vaccination may outweigh the benefits of protection from disease especially since many adverse events are not disclosed on the VIS or the package insert. Vaccine-induced adverse events that would normally be collected during a Phase 4 clinical trial are instead collected through VAERS, a passive-surveillance system where the majority of healthcare providers are not compelled to report vaccine related adverse events. If individuals considering a vaccination cannot rely on the VIS or their healthcare provider to provide relevant and necessary information to make an informed decision and if healthcare providers fail to report vaccine-induced adverse events to VAERS designed for this purpose, then how would any individual receive the necessary information required for true Informed Consent?

The argument should not be that providing additional information would confuse the patient, make the experience difficult, inconvenient, time-consuming or dissuade the patient from vaccination. The argument should be that any additional information about vaccine safety, adverse events, side effects and other risks should be provided to all patients prior to vaccination to allow patients to participate in their own medical decisions.

If vaccines had 0 risk, Congress would not have enacted the National Childhood Vaccine Injury Act of 1986. Congress would also not have created the VAERS system to collect adverse event reports and most of all, the Vaccine Injury Compensation Program would not have been created 32 years ago to compensate the vaccine-injured. To its credit, Congress recognized that CDC recommended vaccines can and do cause vaccine injuries, of which $3.8 billion dollars to date, has been paid as compensation.

We urge you to adopt HR 107/HCR 157 to review the adverse events in Hawaii that occur from vaccines so that there is transparency in the Hawaii immunization program where our children and families are truly protected.

Mahalo,

Sincerely,

T. Ocampo

Hawaii For Informed Consent

[1]https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf. (See Appendix I).
[2]https://www.fda.gov/BiologicsBloodVaccines/DevelopmentApprovalProcess/BiologicsLicenseApplicationsBLAProcess/ucm133096.htm.
[3] https://www.fda.gov/ForPatients/Approvals/Drugs/ucm405622.htm.
[4]https://www.fda.gov/BiologicsBloodVaccines/DevelopmentApprovalProcess/BiologicsLicenseApplicationsBLAProcess/ucm133096.htm.
[5] 42 USCS § 300aa-25 (b) (2017).
[6] David A. Kessler, "Introducing MED Watch. A New Approach to Reporting Medication and Device Adverse Effects and Product Problems." JAMA. 269 (21) 2765-2768, 2765, (1993) doi:10.1001/jama.269.21.2765.
[7] 42 USCS § 300aa-25 (b) (2017)
[8]"Surveillance Manual | Vaccine Adverse Event Reporting System | VPDS | CDC." Cdc.Gov, https://www.cdc.gov/vaccines/pubs/surv-manual/chpt21-surv-adverse-events.html.
[9] Miles M. Braun, "Institute for Vaccine Safety - Vaccine Adverse Event Reporting System (VAERS), Usefulness and Limitations."Vaccinesafety.Edu, http://www.vaccinesafety.edu/VAERS-Braun.htm.
[10] United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - last month, CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/vaers.html at 10:00:52 PM (accessed 22 October 2017).
[11]"Surveillance Manual | Vaccine Adverse Event Reporting System | VPDS | CDC." Cdc.Gov, https://www.cdc.gov/vaccines/pubs/surv-manual/chpt21-surv-adverse-events.html.
[12] R. Lazarus- Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP: VAERS) - Final Report. (Prepared by Harvard Pilgrim Health Care, Inc. under Grant No. R18 HS017045). Rockville, MD: Agency for Healthcare Research and Quality, 1-7, 6 (2010). (PDF, 96.19 KB).
[13] https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/monthly-website-stats-2-01-18.pdf.
[14] https://www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html.
[15] https://www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html
[16] 42 USCS § 300aa-12 (d) (2) (2017).
[17] Id. § 300aa-10(a).
[18] Id. § 300aa-11(a) (3).
[19] Id.
[20] *GAO Report 15-142: Vaccine Injury Compensation - Most Claims Took Multiple Years And Many Were Settled Through Negotiation*. 30 (2014), http://www.gao.gov/assets/670/667136.pdf (accessed 1 October 2017).
[21] "Big Pharma And Big Profits: The Multibillion Dollar Vaccine Market | Global Research - Centre for Research on Globalization." Globalresearch.Ca, 2016, https://www.globalresearch.ca/big-pharma-and-big-profits-the-multibillion-dollar-vaccine-market/5503945. (14 October 2017).

HR-107
Submitted on: 3/20/2018 12:41:14 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mitsuko Hayakawa	Individual	Support	Yes

Comments:

Aloha,

Please support House Resolution 107 in support of of a study on vaccine injuries. I have had an adverse reaction to a vaccine and never reported it. I suspect there are many people in Hawai`i who have had adverse reactions as well. We should take into account these reactions when considering mandates on vaccines. I would appreciate your support of acquiring more information so that we can make informed decisions on what is best for our keiki.

Mahalo for your consideration.

Date: March 20, 2018

To: Chair Representative John Mizuno, Vice-Chair Bertrand Kobayashi and the Members of the House Health and Human Services Committee
From: Cheryl Toyofuku,

Re: **Support for HCR 157 / HR 107** REQUESTING THE DEPARTMENT OF HEALTH AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO CONDUCT A STUDY ON THE INCIDENCES OF ADVERSE EFFECTS TO VACCINES IN HAWAII.

Scheduled Hearing: Thursday, March 22, 2019 at 9:00 a.m., Hawaii State Capitol Room 329

As a mother, grandmother, registered nurse and health advocate, I am appalled at the numbers of escalating vaccine injuries and death. This has convinced many in Hawaii that **increased awareness, education and informed consents should be foundational and paramount in health care decisions.** Serious concerns are arising about the vaccine ingredients, the safety and effectiveness of each vaccine and the numerous adverse effects that we are seeing in many who receive these toxic inoculations. Please view the following:

CDC's Vaccine Excipient & Media Summary
This table lists all components, other than antigens, shown in the manufacturers' package insert (PI) for each vaccine.
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

Do You Know What Is In a Vaccine? (aluminum, antibiotics, formaldehyde, human & animal cells, mercury, poysorbate 80, genetically modified yeast, animal, bacterial and viral DNA, etc)
https://www.learntherisk.org/wp-content/uploads/2016/02/LTR_VaccineIngredients_White1.pdf

Vaccine Doses for U.S. Children (more than 72 dpses of 16 different vaccines are given by age 18)
https://www.learntherisk.org/wp-content/uploads/2016/03/Doses_v2.pdf

The actual reporting of adverse vaccine reactions to our federal health agencies is less than 10 percent. Since there is a law to report vaccine injury to a national reporting system, recommendations should require local health professionals to comply with this law. Doctors, nurses, pharmacists, other health care providers, parents and the general public should be educated on recognizing vaccine adverse reactions and consequently knowing the process of accurately reporting these events.

Below is information taken from the federal VAERS website, followed by MedAlerts searchable database to view the reports from VAERS.

> The **VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)** https://vaers.hhs.gov/
>
> Established in 1990, the Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. https://vaers.hhs.gov/about.html
>
> Although this law requires doctors and other vaccine providers to *report* hospitalizations, injuries, deaths and serious health problems following vaccination to *VAERS*, it is *estimated* that less than 10 percent, of all vaccine-related health problems are ever *reported to VAERS*. https://www.nvic.org/reportreaction.aspx

MedAlerts (http://www.medalerts.org/) is a searchable database that makes it easy to view tens of thousand of reports of vaccine reactions, injuries and deaths made to the federal Vaccine Adverse Events Reporting System (VAERS) by doctors, nurses, patients and parents.

The following are examples of searches done on adverse reactions of 3 different vaccines:

- Using the MedAlerts search engine, as of October 31, 2017, there have been more than 148,088 reports of **influenza vaccine reactions**, hospitalizations, injuries and deaths following influenza vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 1,399 related deaths, 11,008 hospitalizations, and 2, 802 related disabilities. Moderate reactions reported include fever, local reactions (pain, redness, swelling at the site of the injection), headache, fatigue, sore throat, nasal congestion, cough, joint and muscle pain, and nausea. Serious vaccine complications include brain inflammation and neurological damage, convulsions, Bell's palsy, limb paralysis, neuropathy, shock, wheezing/asthma and other breathing problems, and death. Influenza vaccinations can cause Guillain Barre Syndrome (GBS), a painful and disabling immune and neurological disorder of the peripheral nervous system that can cause temporary or permanent paralysis and death.

- Using the MedAlerts search engine, as of October 31, 2017, there have been more than 55,239 reports of **HPV vaccine reactions**, hospitalizations, injuries and deaths following HPV vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 397 related deaths, 4,949hospitalizations, and 2,397 related disabilities. Over 35% of those serious HPV vaccine-related adverse events occurred in children and teens 12-17 years of age.

- Using the MedAlerts search engine, as of October 31, 2017, there have been more than 85,549 reports of **hepatitis b containing vaccine reactions**, hospitalizations, injuries and deaths following hepatitis b containing vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 1,920related deaths, 11,541 hospitalizations, and 3,142 related disabilities. 63,030 of the adverse events were associated with hepatitis B vaccine alone (not combined with other vaccines). Approximately 5% of those serious Hepatitis B vaccine-related adverse events occurred in children under 3 years old, with approximately 1,562 deaths occurring in children under three years of age. Mild side effects such as redness, warmth, or swelling at the injection site where the shot was given have been reported in connection with administration of hepatitis B vaccines. Fever over 99.9 degrees F may occur, and can last one to two days. Systemic reactions include irritability, diarrhea, fatigue, weakness, diminished appetite and rhinitis. However, more severe reactions have also been reported in both clinical trials with all of the vaccines as well as to the Vaccine Adverse Events Reporting System (VAERS).

Please recall that the above statistics represent less than 10 percent of the actual numbers of adverse effects to vaccines. This should not be acceptable.

Improved education, informed consent and accurate reporting of adverse vaccine events will assist in decreasing vaccine injuries and death. Our keiki and ohana deserve this needed service from our local and national health agencies. Mahalo for supporting HCR 157 and HR 107.

HR-107
Submitted on: 3/21/2018 1:32:01 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lois J Young	Individual	Support	Yes

Comments:

Aloha Chairman Mizuno and Committee Members,

I'm in SUPPORT of HR 107

REQUESTING THE DEPARTMENT OF HEALTH AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO CONDUCT A STUDY ON THE INCIDENCES OF ADVERSE EFFECTS TO VACCINES IN HAWAII.

In 1986 the pharmacies were freed of all liability resulting from vaccine injuries. Since that implementation, the vaccine schedule has increased (for profit) from 24 shots to 72 shots from in the womb fetus to 18yrs of age.

The US gives 2-3xs more vaccines than any other developed country and yet we have the sickest children. There has been a rise in autism, ADD, ADHD, food allergies, childhood cancers, obesity, brain damage, muscular damage, asthma, all known issues from vaccines. We NEED to conduct due diligence study for our keiki in Hawaii.

https://www.learntherisk.org/about/

https://www.learntherisk.org/autism/

Injecting toxic chemicals like mercury, formaldehyde, aluminum can lead to brain damage. The current vaccine schedule may have a major effect on our keiki and now even our seniors have seen a rise in dementia and Alzheimer's.

I believe HR 107 is a step in the right direction to protect our ohana from any adverse effects to vaccines.

We need solid answers, we can no longer rely on the pharmacies to tell us their vaccines are safe or rely on their own under reporting. Let's conduct an independent, unbiased study to protect our Hawaii families.

I urge you to vote YES on HR 107.

Thank you,

Lois Young

From: Lois <loisjyoung@gmail.com>
Sent: Wednesday, March 21, 2018 1:46 AM
To: Rep. John Mizuno <repmizuno@capitol.hawaii.gov>; Rep. Bertrand Kobayashi <repkobayashi@capitol.hawaii.gov>; Rep. Della Belatti <repbelatti@capitol.hawaii.gov>; Rep. Lei Learmont <replearmont@capitol.hawaii.gov>; Rep. Andria Tupola <reptupola@capitol.hawaii.gov>
Subject: IN SUPPORT OF HR 107/ HCR 157

Aloha Chairman Mizuno and Committee Members,

I'm in SUPPORT of HR 107 / HCR 157

REQUESTING THE DEPARTMENT OF HEALTH AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO CONDUCT A STUDY ON THE INCIDENCES OF ADVERSE EFFECTS TO VACCINES IN HAWAII. Scheduled hearing for March 22, 9a.

In 1986 the pharmacies were freed of all liability resulting from vaccine injuries. Since that implementation, the vaccine schedule has increased (for profit) from 24 shots to 72 from in the womb fetus to 18yrs of age.

The US gives 2-3xs more vaccines than any other developed country and yet we have the sickest children. There has been a rise in autism, ADD, ADHD, food allergies, childhood cancers, obesity, brain damage, muscular damage, asthma, all known issues from vaccines as reported. We need conduct due diligence study for our keiki in Hawaii.

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I believe HR 107/ HRC 157 is a step in the right direction to protect our ohana from any adverse effects to vaccines.

We need solid answers, we can no longer rely on the pharmacies to tell us their vaccines are safe or rely on our medical professionals under reporting. Let's conduct an independent, unbiased study to protect our Hawaii families.

I urge you to vote YES on HR 107/HRC157.

Thank you,

Lois Young, private citizen

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HR-107
Submitted on: 3/21/2018 12:59:34 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kim Haine	Individual	Support	Yes

Comments:

Dear Honorable Chair Mizuno, Vice Chair Kobayashi, and Health Committtee Members:

I write in SUPPORT of Resolution HR107

Vaccine Injury is real and it is not rare. **Vaccine Injury** is simply:

NOT being recognized by parents and providers (because the VIS, unlike the manufacturers package insert, is incomplete)

NOT being acknowledged by providers

AND is therefore **NOT being reported or captured by any surveillance system with accuracy.**

It has been acknowledged by our own HHS that only 1-10% of vaccine injuries are being reported to VAERS.

Since all vaccine manufacturers and providers were shielded from product liability by the 1986 National Childhood Vaccine Injury Act, the childhood vaccination scheduled has tripled, and childhood health epidemics have exploded.

54% of American children have been diagnosed with a chronic illness such as allergies, athsma, autoimmune disorders, and cancer

1 in 6 have been diagnosed with a neurodevelopmental disorder

1in 37 children are now on the autistic spectrum

The USA has the HIGHEST INFANT MORTALITY RATE of any developed nation

THESE ARE EPIDEMICS LIKE NO OTHER, yet all we hear about is the fear of childhood infectious disease.

It is time for a **paradigm shift.**

Just as the **overuse of antibiotics** has played a role in the **creation of superbugs and antibiotic resistance**

Just as the **tobacco industry's dangers** were finally revealed

The current vaccine ingredients, childhood schedule, and the entire vaccination program is NOT ONLY "safe and effective" for all people. There are many many many studies that prove otherwise, as well as millions of parents who have witnessed vaccine injury before their own eyes....only to be labeled as "crazy anti-vaxxers".

I hope and pray that Hawaii will be on the right side of history. This Resolution is a step in the right direction. But even if not, I know that the light and truth will prevail. Please see link below, filled with truths and facts, being shared with Congress and many federal health agencies by Robert F Kennedy Jr., and some very brave healthcare providers and parents.

https://worldmercuryproject.org/news/congress-gets-vaccine-safety-project-details-including-actions-needed-for-sound-science-and-transparency/

Mahalo for your time and consideration,

Kim

HR-107
Submitted on: 3/21/2018 8:57:53 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maly Nakoa	Individual	Support	Yes

Comments:

Dear Representatives of the HHS committee, As a mother and a registered nurse of 21 years I write this testimony in full support of HR 107.

My support of HR 107 is based on both personal and professional experience. As I think back to my personal experiences as a patient and parent I cannot remember ever being given true informed consent on any vaccine that I or my daughter received. I would receive a Vaccine Information Sheet (VIS) that contained minimal information and nothing else. I was never given an ingredient list or package insert. I was not told that there was potential for severe adverse reactions let alone that I needed to report a reaction should one occur.

Then my professional career began with nursing school. In nursing school I was taught very little about vaccinations. I was taught that it saved humanity from such diseases as small pox and polio and that everyone needed to be vaccinated. We learned the vaccine schedule and that vaccines were safe and effective. I do not recall being taught that there was any downside or risk to vaccines. This minimal knowledge was carried into my practice.

About 3 years ago I began to actually do my own research. I began reading vaccine package inserts and could not believe how little I knew about vaccine ingredients, side effects, and ultimately vaccine injury. As a parent I felt negligent that I had not done my due diligence and as a nurse I felt short changed by my education. I even went back to my textbooks to see what I was taught and it reinforced what I recalled, I learned very little about vaccinations.

I began to think back to incidents in my career. I recalled seeing a few newborns having seizure like activity while in the hospital. I remember the deep concern by all involved but not once was there ever a connection made to it possibly being caused by the hepatitis B vaccine even though it is right on the package insert! I never thought that it may be caused by a vaccine & neither did my peers, not even the doctors. I knew nothing about VAERS and in 21 years have never heard of anyone ever filling out a VAERS report. This is why this resolution is so important! This will hopefully begin to wake up the health care professionals, force them to begin reading package inserts, begin educating themselves first so they can in turn educate their patients. Anyone opposed to this resolution in my opinion is not looking out for the best interest of the

patient. Those who worry about possible decreases in vaccination rates are completely missing the point. Informed consent is part of our practice, and it is the right of every patient to be adequately informed so they can make an educated decision as to whether or not they want to be vaccinated or want their child to be vaccinated.

We live in a different time. Up to 10 percent of people report being allergic to penicillin. We can no longer send our kids to school with a peanut butter and jelly sandwich because it may cause a life threatening reaction for another student. If we can understand this very simple truth why is it that we will not accept that some have had an adverse reaction to a vaccine? This too is truth and our government has paid out over $3.7 Billion to validate this truth. By taking the time to properly inform patients and gather individual and family medical history injury can be prevented.

There is great trust placed in health care professionals, a blind faith that first and foremost we would "do no harm". It is time that we stop making excuses for not doing the right thing and actually do the right thing.

Pleas vote in support of HR 107.
Thank you.

March 22, 2018 at 9:00 AM
Conference Room 329

House Committee on Health and Human Services

To: Chair John M. Mizuno
Vice Chair Bertrand Kobayashi

From: Paige Heckathorn
Senior Manager, Legislative Affairs
Healthcare Association of Hawaii

Re: Testimony in Opposition
HCR 157 and HR 107, Requesting the Department of Health and the Centers for Disease Control and Prevention to Conduct a Study on the Incidences of Adverse Effects to Vaccines in Hawaii

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide testimony **opposing** HCR 157 and HR 107. Patients should be informed decision-makers when it comes to their healthcare choices—however, the report requested by this resolution would not achieve that aim. We have three main concerns. First, we believe that following "adverse events" can be confusing for consumers since it would include any incident post-vaccination. For example, a broken arm could be listed as an adverse event even if that injury was sustained riding a bike, rather than from the vaccination.

Second, we would note that there are currently a number of surveillance systems in place to help monitor the safety of vaccines, including the Vaccine Adverse Event Reporting System. We believe those systems provide accurate statistics on this matter. Lastly, we would oppose the use of informed consent for vaccines. Under federal law, all providers are required to give patients a Vaccine Information Statement (VIS). The VIS is produced by the Centers for Disease Control and Prevention and serves to inform all recipients of vaccines about the benefits and risks of a vaccine they will receive. The VIS must be given prior to the vaccination, and prior to each dose of a multi-series dose. According to the CDC, because VIS forms "cover both benefits and risks associated with vaccinations, they provide enough information that anyone reading them should be adequately informed." This practice meets the spirit of the proposed resolution on making information prior to making a decision on a vaccination.

Thank you for the opportunity to testify on this matter.

THE QUEEN'S HEALTH SYSTEMS

LATE

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health and Human Services

From: Paula Yoshioka, Vice President of Government Relations and External Affairs, The Queen's Health Systems

Date: March 21, 2018

Hrg: House Committee on Health and Human Services; Thursday, March 22, 2018 at 9AM in Room 329

Re: **Oppose HCR 157 and HR 107, Requesting the Department of Health and the Centers for Disease Control and Prevention to Conduct a Study on the Incidents of Adverse Effects to Vaccines in Hawaii**

My name is Paula Yoshioka and I am the Vice President of Government Relations and External Affairs at The Queen's Health Systems (Queen's). We appreciate the opportunity to provide testimony in opposition of HCR 157 and HR 107, which requests that the Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC) conduct a study on the incidents of adverse effects to vaccines and immunizations in the State of Hawaii.

Queen's believes that these resolutions are not necessary and duplicative because there are a number of surveillance systems in place to assist in monitoring the safety of vaccines. Healthcare providers are already required by federal regulations to provide CDC-developed Vaccine Information Statements (VISs) to individuals or in the case of a minor, their parent/legal guardian prior to vaccination. VISs provide individuals with current, relevant information regarding vaccinations and include information on potential side effects of vaccinations and how parents and providers may report adverse effects to the Vaccine Adverse Event Reporting System (VAERS), should they occur.

Thank you for the opportunity to testify on this measure.

HR-107
Submitted on: 3/20/2018 4:45:28 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Lusk	The CHOW Project	Support	No

Comments:

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HCR157 and HR107.

As a concerned resident of Hawaii and parent, I oppose these resolutions as unnecessary, costly, and dangerous. These resolutions would required the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health. Please consider the following points:

- An "adverse event" is any health problem that happens after vaccination. It may or may not have been caused by the vaccine.
- The Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) closely monitor vaccine safety using a collection of passive and active surveillance systems:
  - Vaccine Adverse Event Reporting System (VAERS)
  - Vaccine Safety Datalink (VSD)
  - Post-Licensure Rapid Immunization Safety Monitoring (PRISM)
  - Clinical Immunization Safety Assessment Project (CISA)
- These systems have the funding, resources, and expertise to monitor vaccines currently in use. Requesting the Department of Health and CDC to conduct additional studies is duplicative and unnecessary.
- The National Childhood Vaccine Injury Act (NCVIA) requires providers to report adverse events to VAERS. In addition, recommendations for healthcare professionals to report to VAERS are a part of the Standards for Pediatric Immunization Practices, which are endorsed by multiple professional organizations, including the American Academy of Pediatrics.
- "Informed consent" is a legal term under the purview of the Hawaii Medical Board (HRS §671-3) and applies to a "proposed medical or surgical treatment or a diagnostic or therapeutic procedure" – none of which accurately describe immunizations (or other medications such as antibiotics).
- Currently, healthcare providers are required by federal mandate to provide CDC-developed Vaccine Information Statements (VISs) to individuals or in the case of a minor, their parent/legal guardian prior to vaccination. VISs provide individuals with current, relevant information regarding vaccinations in an accessible format,

and include information regarding possible side effects of vaccination and how parents and providers may report adverse effects to VAERS, should they occur.

- The wording of each VIS is carefully written to ensure that it adheres to the health literacy criteria set forth in the health literacy standards of The Patient Protection and Affordable Care Act of 2010.
- The VIS are then reviewed and approved by the Advisory Committee on Childhood Vaccines (ACCV) which includes:
- Three members of the general public, including at least two who are the parents or guardians of children who have suffered a vaccine-related injury; and
- Three members who are attorneys, including at least one who represents individuals who have been vaccine-injured.
- The VIS have been translated into over 40 languages, ensuring important information related to vaccination is available to and accessible by most persons.
- Requesting healthcare providers to obtain informed consent prior to vaccination is unnecessary and discourages vaccination, placing individuals and communities at-risk for outbreaks of vaccine-preventable diseases.

I urge you to stop these unnecessary and harmful resolutions from passing, so that we can focus on keeping our families healthy in Hawaii.

Mahalo for your consideration.

HR-107
Submitted on: 3/20/2018 9:44:08 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
carla favata	Hawaii for Informed Consent	Support	No

Comments:

Hawaii for Informed Consent set out to survey individuals and parents who have ever received a vaccine and the information they received prior to vaccination here in Hawaii.

This brief survey was conducted over one week period using social media and an anonymous survey report.

The results should be concerning as the current requirements set forth by The National Childhood Injury Act of 1986 are not only failing but are absent in practice. The law set up a federal vaccine injury compensation program (VICP) as well as included legal requirements for vaccine providers to:
*give parents vaccine benefit and risk information before their children are vaccinated;
*keep written records of vaccine manufacturer names and lot numbers for each vaccination given;
*enter serious health problems following vaccination into a child's permanent medical record; and
*report serious health problems following vaccination to the federal Vaccine Adverse Events Reporting System (VAERS).

Although this survey is merely a glimpse into the vaccine experience, we hope you will agree that there is a problem that needs to be addressed expeditiously.

We set up the survey using 2 questions. We had 201 responses and here are the results:

1. BEFORE your provider administered any vaccines, were you informed about VAERS (vaccine adverse event reporting system) and VICP (vaccine injury compensation program)?

11 people (5.47%) said YES

191 people (94.53%) said NO

2. If you presented a concern of a vaccine injury to your provider, were you directed to or informed about VAERS and VICP?

2 people (1%) said YES

124 people (61.69%) said NO

75 people (37.31%) said DOES NOT APPLY

Please, support HR107 REQUESTING THE DEPARTMENT OF HEALTH AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO CONDUCT A STUDY ON THE INCIDENCES OF ADVERSE EFFECTS TO VACCINES IN HAWAII.

A main problem is the current system is not working as it was originally designed to. Medical professional are not held responsible for reporting to VAERS, and many do not know how to recognize an adverse reactions, or they choose to rely on the old saying "correlation does not mean causation". Our goal is to protect our citizens by enforcing the current system and provide families and individuals with the information they need to make an educated decision in regards to vaccination.

Thank you,

Carla Favata, CPN

For additional research, please visit:

http://www.nvic.org/injury-compensation/origihanlaw.aspx

https://vaers.hhs.gov/

https://www.hrsa.gov/vaccine-compensation/index.html

Fax

Fax:+1 808-586-6311 **From:** Hawaii for Informed Consent

To: House HHS Committee Phone: 8083430120

Subject: Group Testimony E-Mail: lwest402@hotmail.com

Date: Mar 21, 2018 Pages: 7

Comments:

- [ ] Urgent
- [x] For Review
- [ ] Please Reply
- [ ] Please Recycle
- [ ] Please Comment

House Committee on Health and Human Services
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Conference Room 329

Thursday, March 22, 2018 at 9:00am

Testimony IN SUPPORT of House Resolution No. 107/House Concurrent Resolution No. 157.

"Any possible doubts, whether or not well founded, about the safety of the [polio] vaccine, cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent....."

-Federal Register, Friday, June 1, 1984
Vol. 49, No. 107, Page 23007
Rules and Regulation

Hawaii for Informed Consent, an organization with over 1,200 members, STRONGLY SUPPORTS HR 107/HCR 157.

We believe informed consent allows a healthy individual make an informed decision prior to receiving a VOLUNTARY medical procedure such as a vaccine, which carries inherent risks. Vaccines have been documented to cause an array of medical conditions, including paralysis, chronic autoimmune conditions, neurological conditions and death despite claims that vaccines are safe and effective.

Hawaii's healthcare providers do not seem to support discussing vaccine risks and this should be concerning to all current and potential patients. Testimonies from HB2622 that led to HR 107/HCR 157 showed that healthcare providers and organizations including the Hawaii Public Health Association, Healthcare Association of Hawaii, Hawaii Pacific Health Hospitals, the American Academy of Pediatrics, Hawaii Immunization Coalition, and Hawaii Medical Association who fervently believe in the benefits of vaccines, were not willing to provide additional information to their patients, answer questions and have meaningful discussions about the concerns patients may have. Instead, efforts to inform patients would be too costly, time-consuming, redundant, and unnecessary even to the point where some members have been kicked out of medical practices.

The intent of HR 107/HCR 157 is to encourage open, honest, dialogues between Hawaii's providers and their patients, not to discourage individuals from vaccinating as these organizations have argued. All individuals should be able to preserve their individual autonomy by taking an active role in managing their own health and wellness based on individual circumstances. We do not and will not, fit into the same cookie cutter.

Vaccines contain specific antigens as well as vaccine excipients[1] including aborted fetal tissue (live-virus vaccines), retroviruses, stray strands of DNA, MSG(many vaccines), antibiotics (Vaqta, Havrix), acetone, heavy metals including thimerosal (multi-dose Afluria, Fluvirin), aluminum compounds (Gardasil 9 with the highest content), formaldehyde(flu vaccines), VERO monkey cells (polio), bovine cells (many vaccines), calf serum (many vaccines), borax (Vaqta), and squalene (Fluad), just to name a few. Anyone can sustain an adverse event from any vaccine, including death. If an individual feels that there are risks to his health based on the information presented on a package insert, then that individual should be allowed to make a decision most suited for his own well-being.

Adverse reactions can occur with any drug including prescriptions, over-the-counter products, vaccines, intravenous admixtures, vitamins and supplements. Any individual can experience a vaccine-induced adverse reaction. The problem is that neither the physician nor the patient has the tools to identify who is susceptible or vulnerable. Every individual has a different level of susceptibility due to differences in prescribed medications, genetic make-up, toxic-load, and different health issues, diagnosed or not. Nothing, FDA approved or not, is 100 percent safe with 0 percent risk. This is why patients should be allowed to discuss any potential vaccine injuries and risks PRIOR to receiving any vaccine.

Consider the following:

1. The FDA admits that "until a vaccine is given to the general population, all potential adverse events cannot be anticipated."[2] Therefore, safety and efficacy are not necessarily known as a general rule.

   Vaccines undergo fewer clinical trials compared to drugs. The FDA will approve a drug only after clinical data and studies collected from Phase 1, Phase 2, Phase 3 and Phase 4 clinical trials have been conducted and completed. This can take several years, involve up to tens of thousands of volunteers, be extremely costly, and very complex.[3] However, the majority of drugs are approved through this common FDA process.

   In contrast, vaccines only undergo Phase 1, Phase 2, and Phase 3 clinical trials and then they can become FDA licensed. According to the FDA, "many vaccines undergo Phase 4 studies ONCE on the market"[4] meaning that the public may be unwilling participants in a grand experiment for identifying the adverse effects of a particular vaccine.

2. The FDA and CDC collect data on vaccine injuries and deaths through the Vaccine Adverse Event Reporting System (VAERS). VAERS is a passive surveillance system that relies primarily on healthcare providers to VOLUNTARILY submit the mandatory information to this system after a suspected vaccine injury. The National Childhood Vaccine Injury Act of 1986 (NCVIA) requires healthcare providers to submit a report to the Secretary of the Department of Health and Human Services on every vaccine-induced adverse event to VAERS within seven days.[5]

   Although reporting to VAERS is mandated by federal law, the majority of healthcare providers do not report adverse reactions. Most providers do not believe vaccines have any risks, are unaware of the VAERS system, and do not have the time.[6] Providers who do not report to VAERS do not suffer consequences for non-reporting since enforcement of this law does not exist.[7]

   Whether the information gathered in VAERS is useful to the public ultimately depends on the reports submitted by doctors, nurses, family members or vaccine manufacturers and the quality of information provided.[8] Many times information is inaccurate, incomplete or delayed.[9]

3. Since 1990, VAERS has logged over 607,202 documented adverse event reports observed in the marketplace[10] with an average of 40,588 VAERS reports filed every year.[11] However, due to under-reporting by healthcare providers, 40,588 may actually represent less than one percent of vaccine adverse events reported to the FDA.[12] Further, as the majority of healthcare providers continually fail to report vaccine injuries to VAERS, vaccines are more than likely to carry a much higher risk of adverse events and death than reported by any surveillance system.

4. The Vaccine Injury Compensation Program (VICP) established by NCVIA, has paid approximately $3.8 billion dollars since 1987 to compensate vaccine-injured individuals, including deaths.[13] Despite the existence of the CDC/FDA's vaccine safety surveillance systems such as the Vaccine Safety Datalink (VSD), Post-Licensure Rapid Immunization Safety Monitoring (PRISM), and Clinical Immunization Safety Assessment Project (CISA), vaccine injuries DO occur and they are not as rare as healthcare providers represent them to be.

5. Vaccine Information Statements (VIS) are documents produced by the CDC offering a selective summary of information for vaccine recipients to review just prior to a vaccination. The VIS offers information about the vaccine and the disease it is intended to prevent, some common side effects, risks and benefits and information about the Vaccine Injury Compensation program.

   Even though a VIS is supposed to be provided to a patient before vaccine administration, the CDC acknowledges the following:[14]

   1) VIS' provided by the healthcare provider may be outdated.
   2) The information on a VIS is based on recommendations from the Advisory Committee on Immunization Practices (ACIP) which only includes adverse events that the ACIP believes are causally linked to the vaccine. Therefore, a VIS does not fully present the adverse events as identified by the manufacturer during clinical trials.
   3) Not all combination vaccines administered have an associated VIS thus pediatricians who use various vaccine combinations all of the time may not providing the appropriate VIS as required by NCVIA under 42 USCS § 300aa-26.
   4) If a VIS is unavailable from the CDC, the FDA suggests the use of a Manufacturer's Package Insert as a substitute for a VIS or other print materials.

   Further, the CDC states that NCVIA requires providers to do the following:[15]

   1) Make a notation in the patient's medical record or permanent office log regarding the provision of a VIS or the parent must acknowledge receipt in writing,

   2) Make a notation of the edition date of the VIS provided, and date provided,

   3) Provide patients with a current VIS PRIOR to vaccination, not afterwards.

   Given that Hawaii's healthcare providers are admittedly extremely busy, how can there be any assurances that these steps take place on any regular basis?

6. According to the CDC, vaccinations are considered medical procedures. Yet, there are claims that HRS § 671-3 regarding informed consent does not apply to vaccinations. There are two problems to this claim.

First, under HR§ 671-1, the terms "medical or surgical treatment" or "diagnostic or therapeutic procedure" are not defined. Thus, to claim that the act of vaccinations do require informed consent under HRS § 671-3, is inaccurate and unsubstantiated and may need to be challenged in a court of law.

Second, the information on a VIS contains all of the elements of Informed Consent as required in HRS § 671-3 (b):

(b) The following information shall be supplied to the patient or the patient's guardian or legal surrogate prior to obtaining consent to a proposed medical or surgical treatment or a diagnostic or therapeutic procedure:

- **(1)** The condition to be treated;
- **(2)** A description of the proposed treatment or procedure;
- **(3)** The intended and anticipated results of the proposed treatment or procedure;
- **(4)** The recognized alternative treatments or procedures, including the option of not providing these treatments or procedures;
- **(5)** The recognized material risks of serious complications or mortality associated with:
  - **(A)** The proposed treatment or procedure;
  - **(B)** The recognized alternative treatments or procedures; and
  - **(C)** Not undergoing any treatment or procedure; and
- **(6)** The recognized benefits of the recognized alternative treatments or procedures.

One of the major reasons why the VIS does not constitute informed consent is that the information on the VIS does not accurately reflect the adverse events the manufacturer reported in clinical trials. As noted earlier, the ACIP makes recommendations on the information included on the VIS and clearly, this selectivity of information is not the same as informed consent. Lastly, many severe or unobserved vaccine events will not be observed until the vaccine is in the market and reported to VAERS and thus is not part of the VIS.

If HRS § 671-3, does not apply to vaccines where protections from informed consent would reduce vaccine injuries in Hawaii, then supporting HR 107/HCR 157 must be seriously considered since a great number of physicians and other recognized healthcare providers regularly recommend vaccinations as a medical intervention for health purposes.

7. NCVIA of 1986 was enacted as an administrative process intended to quickly address and facilitate the vaccine-injured[16] while preserving the U.S. immunization program. The NCVIA created a National Vaccine Injury Compensation Program (VICP) to compensate individuals for vaccine-related injuries or death[17] resulting from CDC recommended vaccines.[18] In exchange, vaccine manufacturers and medical professionals are exempted from all civil liability associated with vaccine injury claims.[19]

As a result of NCVIA, vaccine injured families can languish in the "Vaccine Court" up to five years seeking compensation for their vaccine injuries. [20] In contrast, vaccine market will be worth $61 billion dollars by 2020[21] and vaccine manufacturers will not be liable for a single vaccine injury or death.

Conclusion:

Patients have the right to refuse any medical procedure including vaccination. The risks from a vaccination may outweigh the benefits of protection from disease especially since many adverse events are not disclosed on the VIS or the package insert. Vaccine-induced adverse events that would normally be collected during a Phase 4 clinical trial are instead collected through VAERS, a passive-surveillance system where the majority of healthcare providers are not compelled to report vaccine related adverse events. If individuals considering a vaccination cannot rely on the VIS or their healthcare provider to provide relevant and necessary information to make an informed decision and if healthcare providers fail to report vaccine-induced adverse events to VAERS designed for this purpose, then how would any individual receive the necessary information required for true Informed Consent?

The argument should not be that providing additional information would confuse the patient, make the experience difficult, inconvenient, time-consuming or dissuade the patient from vaccination. The argument should be that any additional information about vaccine safety, adverse events, side effects and other risks should be provided to all patients prior to vaccination to allow patients to participate in their own medical decisions.

If vaccines had 0 risk, Congress would not have enacted the National Childhood Vaccine Injury Act of 1986. Congress would also not have created the VAERS system to collect adverse event reports and most of all, the Vaccine Injury Compensation Program would not have been created 32 years ago to compensate the vaccine-injured. To its credit, Congress recognized that CDC recommended vaccines can and do cause vaccine injuries, of which $3.8 billion dollars to date, has been paid as compensation.

We urge you to adopt HR 107/HCR 157 to review the adverse events in Hawaii that occur from vaccines so that there is transparency in the Hawaii immunization program where our children and families are truly protected.

Mahalo,

Sincerely,

T. Ocampo

Hawaii For Informed Consent

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[1]https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf. (See Appendix I).
[2]https://www.fda.gov/BiologicsBloodVaccines/DevelopmentApprovalProcess/BiologicsLicenseApplicationsBLAProcess/ucm133096.htm.

[3] https://www.fda.gov/ForPatients/Approvals/Drugs/ucm405622.htm.
[4]https://www.fda.gov/BiologicsBloodVaccines/DevelopmentApprovalProcess/BiologicsLicenseApplicationsBLAProcess/ucm133096.htm.
[5] 42 USCS § 300aa-25 (b) (2017).
[6] David A. Kessler, "Introducing MED Watch. A New Approach to Reporting Medication and Device Adverse Effects and Product Problems." JAMA. 269 (21) 2765-2768, 2765, (1993) doi:10.1001/jama.269.21.2765.
[7] 42 USCS § 300aa-25 (b) (2017)
[8]"Surveillance Manual | Vaccine Adverse Event Reporting System | VPDS | CDC." Cdc.Gov, https://www.cdc.gov/vaccines/pubs/surv-manual/chpt21-surv-adverse-events.html.
[9] Miles M. Braun, "Institute for Vaccine Safety - Vaccine Adverse Event Reporting System (VAERS), Usefulness and Limitations."Vaccinesafety.Edu, http://www.vaccinesafety.edu/VAERS-Braun.htm.
[10] United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - last month, CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/vaers.html at 10:00:52 PM (accessed 22 October 2017).
[11]"Surveillance Manual | Vaccine Adverse Event Reporting System | VPDS | CDC." Cdc.Gov, https://www.cdc.gov/vaccines/pubs/surv-manual/chpt21-surv-adverse-events.html.
[12] R. Lazarus- Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP: VAERS) - Final Report. (Prepared by Harvard Pilgrim Health Care, Inc. under Grant No. R18 HS017045). Rockville, MD: Agency for Healthcare Research and Quality, 1-7, 6 (2010). (PDF, 96.19 KB).
[13] https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/monthly-website-stats-2-01-18.pdf.
[14] https://www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html.
[15] https://www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html
[16] 42 USCS § 300aa-12 (d) (2) (2017).
[17] Id. § 300aa-10(a).
[18] Id. § 300aa-11(a) (3).
[19] Id.
[20] *GAO Report 15-142: Vaccine Injury Compensation - Most Claims Took Multiple Years And Many Were Settled Through Negotiation.* 30 (2014), http://www.gao.gov/assets/670/667136.pdf (accessed 1 October 2017).
[21] "Big Pharma And Big Profits: The Multibillion Dollar Vaccine Market | Global Research - Centre for Research on Globalization." Globalresearch.Ca, 2016, https://www.globalresearch.ca/big-pharma-and-big-profits-the-multibillion-dollar-vaccine-market/5503945. (14 October 2017).

HR-107
Submitted on: 3/21/2018 5:09:57 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments:

HR-107
Submitted on: 3/20/2018 2:10:18 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Perry	Individual	Support	No

Comments:

Common sense to have information like this.... I support it.

HR-107
Submitted on: 3/20/2018 8:40:09 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Bazan	Individual	Support	No

Comments:

I have experienced being in doctors offices with my young children where they have wanted to give my children vaccinations. There has never been an explanation of the dangers. Never explaination of adverse reaction or even an explaination of what was in the vaccine. It was my own motherly instinct that questioned vaccines and therefore I began digging into the research myself. There are no studies that use the scientific methods proving that vaccinations are safe or effective. Our population is told they are safe and that we should just blindly administer these toxins to our babies and children. Then, when there is a bad reaction to the vaccine, we are told it is “normal” or that it definitely wasn’t caused by the vaccination. How absurd! Proper safety studies NEED to be done. Proper informed consent NEEDS to be happening in every pediatricians office accross our state and beyond. It needs to be understood that there are many people in our population that are more susceptible to Vaccine Injury because of there genes. For example, my family carries a gene mutation called MTHFR. This gene mutation makes in almost impossible for the neurotoxins and heavy metals to be detoxed out of a persons body. So all the aluminum, Mercury, etc. just accumulates in the body and you find early onset of chronic illness or extreme vaccine injury. Proper safety studies need to be done.

Thank you for your time.

Danielle Bazan

Kapolei, HI

HR-107
Submitted on: 3/20/2018 9:33:32 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments:

Support.

HR-107
Submitted on: 3/20/2018 9:52:53 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
julie dahl	Individual	Support	No

Comments:

HR-107
Submitted on: 3/20/2018 10:17:16 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Terez Amato Lindsey	Individual	Support	No

Comments:

There is no harm in studying this issue, presser vote yes and let the studies be done. if anything it will alleviate fears in parents minds. Thank you! Terez Amato Lindsey, Kihei

HR-107
Submitted on: 3/20/2018 3:06:51 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
martina dodson	Individual	Support	No

Comments:

Dear Honorable Mizuno and committee.

I STRONGLY SUPPORT this bill and it's companion.

I urge you to read this to the end.

Mandatory vaccine laws are unethical and unjust. It is criminal that the parents do not get fully disclosure and FULL informed consent to vaccines when it is obvious the DANGER is real. The insert states clear it can cause adverse reactions that can lead to brain damage and death.

I am going to focus on the HPV vaccine here. To show proof of the danger!

"Colton was a happy healthy very active boy until he became paralyzed from the neck down and ventilator dependent for 4 yrs due to the gardasil vaccine that was administered to him Feb 2014.
He worked hard and strived to get full rehabilitation. He regained function in his legs however He never was able to use his right arm or neck again. His diaphragm remained paralyzed Making him need a ventilator to Breathe and many cares that go along with being trached and paralyzed. He Only regained a portion of his left arm and hand.
He passed away Jan 5 2018 due to subsequent consequences of his vaccine injury. The damages caused by gardasil are horrific and incomprehensible for many to understand when they looked at my sweet son's smiling face. I will never get to see him smile at me anymore. (Sarcasm alert:
I'm so grateful that he didn't get cervical cancer though, nor have the opportunity to spread it to his wife... that he also got cheated from having)
Gardasil kills, it maimes and damages innocent children so wealthy men can make a huge profit.
It's disgusting!
Thanks for sharing his storyðŸ’""

Story submitted and approved by Colton Berretts mom Kathleen.

He died a couple of months ago after being injured from the HPV vaccine, He was perfectly healthy before the vaccine. The danger is real, and it is supposed to prevent cancer witch means it in not a communical disease that can spread in school. It is a sexual transmission.

Paragraph 13.1 in every vaccine insert states it has not been tested for carcinogenic, mutagenic or for infertile impairment.
The U.S children are the most vaccinated in the world, also American children are sicker then ever recorded in history with auto immune disorder, cancers and neurological problems.

Now let's take a look at some real scientific studies about the HPV vaccine.

Gardasil . . . Here are just a few studies and facts about this vaccine. Like all vaccines one size does not fit all.
You can read the package inserts- there were no true controlled studies. The actual vaccine was tested against amorphous aluminium hydroxyphosphate sulfate, which can't be considered a true placebo as it is not just saline, but an adjuvant used in vaccines. How can you measure side effects with any accuracy when you're injecting vaccine ingredients in both the control and the test groups?

PEER-REVIEWED LINKS
Primary ovarian failure
http://www.ncbi.nlm.nih.gov/m/pubmed/23902317/
Ovarian insufficiency
http://www.ncbi.nlm.nih.gov/m/pubmed/26125978/
Autoimmune adverse events
https://www.ncbi.nlm.nih.gov/m/pubmed/24468416/
Quadrivalent human papillomavirus vaccine and autoimmune adverse events: a case-control assessment of the vaccine adverse event reporting system (VAERS) database.
https://www.ncbi.nlm.nih.gov/pubmed/27406735
Severe somatoform and dysautonomic syndromes after HPV vaccination: case series and review of literature
https://www.ncbi.nlm.nih.gov/pubmed/27503625
Human papillomavirus vaccine and primary ovarian failure: another facet of the autoimmune/inflammatory syndrome induced by adjuvants.
https://www.ncbi.nlm.nih.gov/pubmed/23902317

Vaccine Injury Court Cases of Death caused by HPV vaccine
https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc...
https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc...
https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc...

150+ deaths reported to VAERS as of June 2017
https://wonder.cdc.gov/controller/saved/D8/D17F338

PACKAGE INSERTS and TRIALS
Here's the broad FDA Package insert
https://www.fda.gov/.../ApprovedProducts/ucm172678.htm
Here's Merck's Gardasil 9
https://www.fda.gov/.../%20ApprovedProducts/UCM426457.pdf

Trial endpoints
"The outcome of most interest, prevention of cervical or other anogenital cancers, was not a reasonable endpoint for these trials. Trial size and duration would be unmanageable, since cancer is a rare outcome of persistent oncogenic HPV infection, and it usually takes more than a decade for cancers to develop from incident infection [18]." http://www.sciencedirect.com/.../pii/S0264410X12009516

From the Gardasil 9 package insert (linked above):
"There is no post-marketing experience following administration of GARDASIL 9. However, the post- marketing safety experience with GARDASIL is relevant to GARDASIL9 since the vaccines are manufactured similarly and contain the same antigens from HPV types 6, 11, 16, and 18. Because these events were reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or to establish a causal relationship to vaccine exposure. The following adverse experiences have been spontaneously reported during post-approval use of GARDASIL and may also be seen in post-marketing experience with GARDASIL 9:
Blood and lymphatic system disorders: Autoimmune hemolytic anemia, idiopathic thrombocytopenic purpura, lymphadenopathy.
Respiratory, thoracic and mediastinal disorders: Pulmonary embolus.
Gastrointestinal disorders: Nausea, pancreatitis, vomiting.
General disorders and administration site conditions: Asthenia, chills, death, fatigue, malaise.
Immune system disorders: Autoimmune diseases, hypersensitivity reactions including anaphylactic/anaphylactoid reactions, bronchospasm, and urticaria.
Musculoskeletal and connective tissue disorders: Arthralgia, myalgia.
Nervous system disorders: Acute disseminated encephalomyelitis, dizziness, Guillain-Barré syndrome, headache, motor neuron disease, paralysis, seizures, syncope (including syncope associated with tonic-clonic movements and other seizure-like activity) sometimes resulting in falling with injury, transverse myelitis.
Infections and infestations: Cellulitis. Vascular disorders: Deep venous thrombosis."

HPV Fast Tracked through clinical trials and approved by FDA

The FDA approved Gardasil before the 3rd phase of clinical trials had been completed. It was not tested against a saline placebo, instead using an aluminum-adjuvant as the placebo against the Gardasil injection.

"2002: CBER granted fast track designation to Merck's development program for the HPV quadrivalent vaccine for prevention of cervical cancer. Merck initiated phase 3 clinical trials of the HPV quadrivalent vaccine.

2005 May: Pre-BLA meeting. CBER agreed that the efficacy data limited to the first 24 weeks of the phase 3 studies could be submitted to the BLA in order to support efficacy. CBER encouraged early (rolling) submission of CMC, pre-clinical and phase 1 and 2 clinical data." https://www.fda.gov/.../ac/06/briefing/2006-4222B3.pdf

Deaths during Gardasil Trials
1 in 733 participants in the vaccine trials died. (Bottom of page 7 of insert, https://www.fda.gov/.../ApprovedProducts/UCM111263.pdf)
There were 29,323 subjects in the clinical trials. One trial of 594 used a true saline placebo. The others used the aluminum adjuvant as the control - there was no true placebo in those trials because aluminum is in the vaccine to ramp up the immune response, so therefore it cannot be a placebo.
There were 40 deaths - 21 in the vaccine group and 19 in the aluminum adjuvant group. 29,323/40=733
There were no deaths in the saline group. If you subtract them, the death rate goes to 1 in 718.

Merck says it's coincidence and the deaths were no higher than what would be expected in the general population. They say that because there was no statistical difference between the vaccine (experimental) group and the aluminum (control) group. The most frequent cause of death was motor vehicle accident, with 9 deaths total.
"So now you're going to blame Gardasil for causing car accidents!"
Yes. Here's why… The most frequent non-fatal adverse events were neurological events, including seizures and syncope (sudden alteration of consciousness), which obviously increases the risk of dying in car accidents.

NEWSPAPER AND WEBSITE ARTICLES
Concerns from American of College of Pediatricians https://www.acpeds.org/.../new-concerns-about-the-human...
Japan pulled it from the schedule http://www.tokyotimes.com/side-effects-in-young-girls.../
2009 Spain halts batch of Merck's Gardasil
http://mobile.reuters.com/article/idUSLA56308620090210
213 Women who took Gardasil Suffered Permanent Disability 2012
http://articles.mercola.com/.../hpv-vaccine-victim-sues...
“The only thing different about that day was that shot:” Did a trip to the doctor kill a healthy 12-year-old girl?” http://fox6now.com/.../the-only-thing-different-about.../
Lead Developer Of HPV Vaccines Comes Clean, Warns Parents & Young Girls It’s All A Giant Deadly Scam (Dr Diane Harper) http://www.australiannationalreview.com/lead-developer.../
Gardasil Researcher Speaks Out (Dr Diane Harper) by Sharyl Attkisson
http://www.cbsnews.com/news/gardasil-researcher-speaks-out/
US court pays $6 million to Gardasil victims http://www.washingtontimes.com/.../us-court-pays-6.../
Gardasil and cervarix vaccine adverse reports: http://sanevax.org/vaers-report/

Original research

By Pompilio Martinez, MD
Alumnus, School of Medicine, National University of Colombia
Ex-investigator, Colombian National Institute of Health, Bogota, Colombia

Abstract

Here I describe neurological symptoms of 62 girls who were immunized against the human papilloma virus (HPV). Most participants (61) are Colombian and received the quadrivalent HPV vaccine Gardasil and a girl from Mexico received the bivalent Cervarix vaccine. The average age was 14.5 years (SD 2.1). This survey reveals an overall pattern of peripheral nervous system damage as demonstrated by complaints of inflammatory and neuropathic pain syndromes in the head, back, chest, arms and legs. There were also sensory and motor syndromes with upper and lower limb numbness and tingling (paraesthesia), muscle weakness and difficulty walking (paresis) accompanied by tremors, muscle spasms and twitches (abnormal movements). Most symptoms appeared after the second vaccine dose, which agrees with greater antibody titers seen in booster dose immunizations. A severely ill 13-year old girl with similar complaints and history of immunization, had high serum auto-antibody titers against nerve tissue as well as marked clinical improvement after anti-inflammatory and antibody removal therapy (plasmapheresis and IVIg). This evidence prompts me to propose an autoimmune hypersensitivity type II reaction triggered by Gardasil whose batch-specific antigens await further research. The general disease pattern described here is consistent with a demyelinating disorder that might not apply to every girl therefore we must acknowledge the role played by Health Minister Alejandro Gaviria whose indiscriminate massive immunization campaign as well as absolute neglect and outward mishandling of the epidemic of Serious Adverse Events makes him worthy of consideration for the Nobel Prize in the category of Crimes against Humanity. We hope the International Criminal Court takes action on this issue, today a global matter. We invite scientists worldwide to investigate HPV vaccine lots to understand this disease.

https://pompiliomartinez.wordpress.com/2016/03/04/motor-and-sensory-clinical-findings-in-girls-vaccinated-against-the-human-papillomavirus-from-carmen-de-bolivar-c
>

Watch this newly awarded documentary. Sacrificing virgins. It was recently awarded for best investigating journalism award in Australia. Where the HPV vaccine was developed. The trials for this vaccine that was conducted in India, and are currently under investigation by the Indian government since it was tested on 30.000 Indian girls in 2006. Where many died and got injured without any informed consent.
>
> There is a link in this article to see the documentary for free below. Our children deserves better. The truth must be told. CDC has committed fraud and so has Merck. Why trust them over people that risk their lives telling the truth?
>

> https://pressdispensary.co.uk/releases/c994294/Vaccine-documentary-series-Sacrificial-Virgins-wins-Australian-Best-of-Festival-.html
>
>
> Merck and its lackeys have made all sorts of wild claims about how Gardasil prevents HPV, as well as cervical cancer, despite the fact that neither of these claims have ever been proven to be true.
>
> "It has never been shown that [Gardasil] prevents cervical cancer," explains Dr. Blaylock , nothing that Merck's widely-aired "One Less" television and internet campaign, which insinuates that Gardasil prevents cervical cancer in young girls, is a complete fraud. "They don't even have scientific evidence of any kind to back up the assertion that this vaccine prevents cervical cancer."
>
> Gardasil has injured, killed far more children than ever would have developed cervical cancer without the vaccine
> And yet young girls, young boys, and all young children for that matter, including those that do not even engage in sexual behavior of any kind, are being told that they need Gardasil to protect against a cancer that kills fewer people every year than the vaccine itself. According to the available data, which is under-reported by up to 98 percent, Gardasil has permanently injured and killed far more girls than ever would have developed cervical cancer apart from the vaccine.
>
> Since full side effects are almost never disclosed, Gardasil and many other vaccines are being illegally administered to millions without informed consent
> Perhaps most disturbing about Gardasil is the fact that the vaccine was fast-tracked in its development and approval, and is now being administered to millions of people without informed consent. Because the full list of side effects, including the lack of science proving Gardasil's efficacy, is not being disclosed to parents, doctors, pharmacists, and vaccine-administers at grocery store booths are breaking the law by failing to provide informed consent.
>
> Young children and their parents are also not being told that yearly pap smears alone can prevent 80 percent or more of all cervical cancers, or that a young girl's risk of developing cervical cancer apart from the Gardasil vaccine is less than .00002 percent, or less than two-thousandths of a percent, if she gets pap smears.
>
> In essence, parents are being told that Gardasil does all sorts of things that it has never been proven to do, when in reality it has no medical benefits whatsoever, but plenty of serious risk. Meanwhile, the general public is woefully unaware of the fact that vitamin B12, folic acid, vitamin C, curcumin (turmeric), quercetin, and many other nutrients and vitamins naturally prevent HPV and cervical cancer without a vaccine.
>

Also read stories of all the parent who lost their children to gardasil on the page gardasilkills2.

FACT ðŸ‘‰ðŸ• » The current CDC vaccination schedule has never been tested collectively for safety.
FACT ðŸ‘‰ðŸ• » There are 13 CDC scientists who have come forward saying that the CDC is committing scientific fraud.
FACT ðŸ‘‰ðŸ• » William Thompson, Senior CDC Scientist, turned over 10,000 documents to Congressman Bill Posey, which showed that the CDC lied, destroyed, and manipulated data which suggested the MMR vaccine can and has caused Autism.
FACT ðŸ‘‰ðŸ• » The VICP has paid out over $3.8 Billion in vaccine injury cases (which is a small fraction of the cases that are submitted and an even smaller fraction of the cases of injury that are not submitted, much less reported.)
FACT ðŸ‘‰ðŸ• » Vaccines contain numerous carcinogenic and neurotoxic substances.
FACT ðŸ‘‰ðŸ• » Recent studies showed that many of the common childhood vaccines tested positive for high levels of glyphosate. (Monsanto's cancer causing pesticide.)
FACT ðŸ‘‰ðŸ• » There are aborted human cell lines in vaccines as well as several different types of animal DNA.
FACT ðŸ‘‰ðŸ• » There has never been any study done showing injecting other DNA into the body is safe.
FACT ðŸ‘‰ðŸ• » The adjuvant - the most commonly used is aluminum - binds the antigens and additional components, to travel and settle, to artificially and indiscriminately tamper with and hyper-stimulate the immune system, creating a systemic (that’s the entire body) immune response.
FACT ðŸ‘‰ðŸ• » An injection bypasses our mucous membrane, GI tract, liver and filtering system. So that everything remains, it does not expel from the body. By default.
FACT ðŸ‘‰ðŸ• » Aluminum and mercury deplete magnesium and zinc. Zinc is essential to maintain the integrity of BOTH the blood-brain-barrier AND the lining of the gastrointestinal tract.
FACT ðŸ‘‰ðŸ• » The National Library of Medicine lists over 2,000 references about aluminum’s toxicity to human biochemistry, including chronic cognitive dysfunction. A.K.A., autism, neurological and autoimmune disorders.
FACT ðŸ‘‰ðŸ• » Vaccines are one of the top grossing products for the pharmaceutical industry.
FACT ðŸ‘‰ðŸ• » All major vaccine companies have been convicted of fraud and the pharmaceutical industry is the biggest defrauder of the Federal Government under the False Claims Act.
FACT ðŸ‘‰ðŸ• » Your doctor is supposed to go through the vaccine insert and documented side effects with you before administering a vaccine. (This is rarely, if ever done, which means you did not receive informed consent for a medical procedure.)
FACT ðŸ‘‰ðŸ• » The average doctor receives about 2 hours of vaccine education in their 4 years in medical school.
FACT ðŸ‘‰ðŸ• » SB277 was passed in California last year which stripped your parental rights for declining any of the recommended childhood Immunizations on the CDC schedule for your children to enter school.

FACT ðŸ‘‰ðŸ• » The Senators that wrote the bill SB277, Richard Pan and Ben Allen, were aware of the CDC fraud, but pushed the bill through anyway.
FACT ðŸ‘‰ðŸ• » There are hundreds of brilliant doctors and scientists all over the world who are speaking out against vaccines and the lack of safety surrounding them.
FACT ðŸ‘‰ðŸ• » Robert Kennedy and Robert De Niro offered a $100,000 reward to anyone who could provide a study showing the thimerosal containing flu shots given to pregnant women and babies are safe. A year later. Still waiting.
I could go on, but I think you get the point.

Sincerely,
Martina D. Maui

HR-107
Submitted on: 3/20/2018 3:10:02 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica Mitchell	Individual	Support	No

Comments:

I would even go a step further and have a private entity do it not the state funded by the pharmaceutical companies.

Testimony of
Hawaii Immunization Coalition (HIC)

Before:
Committee on Health and Human Services
Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

March 22, 2018
9:00 am
Conference Room 329

Re: HCR 157/HR107 REQUESTING THE DEPARTMENT OF HEALTH AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO CONDUCT A STUDY ON THE INCIDENCES OF ADVERSE EFFECTS TO VACCINES IN HAWAII

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HCR157 and HR107.

The Hawaii Immunization Coalition (HIC) **strongly opposes these resolutions** and urges the Committee to stop both resolutions from passing. These resolutions would require the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health. As such, they will lead to avoidable costs for the state as well as increased harm for families in Hawaii. There are some reasons why these resolutions are unnecessary:

- An "adverse event" is any health problem that happens after vaccination. It may or may not have been caused by the vaccine.
- The Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) closely monitor vaccine safety using a collection of passive and active surveillance systems:
  - Vaccine Adverse Event Reporting System (VAERS)
  - Vaccine Safety Datalink (VSD)
  - Post-Licensure Rapid Immunization Safety Monitoring (PRISM)
  - Clinical Immunization Safety Assessment Project (CISA)
- These systems have the funding, resources, and expertise to monitor vaccines currently in use. Requesting the Department of Health and CDC to conduct additional studies is duplicative and unnecessary.
- The National Childhood Vaccine Injury Act (NCVIA) requires providers to report adverse events to VAERS. In addition, recommendations for healthcare professionals to report to VAERS are a part of the Standards for Pediatric Immunization Practices, which are endorsed by multiple professional organizations, including the American Academy of Pediatrics.
- "Informed consent" is a legal term under the purview of the Hawaii Medical Board (HRS §671-3) and applies to a "proposed medical or surgical treatment or a diagnostic or therapeutic procedure" – none of which accurately describe immunizations (or other medications such as antibiotics).
- Currently, healthcare providers are required by federal mandate to provide CDC-developed Vaccine Information Statements (VISs) to individuals or in the case of a minor, their parent/legal guardian prior to vaccination. VISs provide individuals with current, relevant information regarding vaccinations in an accessible format, and include information regarding possible side effects of vaccination and how parents and providers may report adverse effects to VAERS, should they occur.
- The wording of each VIS is carefully written to ensure that it adheres to the health literacy criteria set forth in the health literacy standards of The Patient Protection and Affordable Care Act of 2010.
- The VIS are then reviewed and approved by the Advisory Committee on Childhood Vaccines (ACCV) which includes:

    - Three members of the general public, including at least two who are the parents or guardians of children who have suffered a vaccine-related injury; and
    - Three members who are attorneys, including at least one who represents individuals who have been vaccine-injured.
- The VIS have been translated into over 40 languages, ensuring important information related to vaccination is available to and accessible by most persons.

Barriers to proven health interventions like vaccines will result in sicker families and communities. We implore you to oppose these unnecessary and harmful resolutions to not only save valuable state time and resources but also to keep our families healthy.

HIC is a statewide, community-based non-profit 501(c)3 coalition of public and private organizations and concerned individuals whose mission is to promote effective strategies to ensure that all Hawaii's families are appropriately vaccinated against vaccine-preventable diseases. Focus: Immunizations across the lifespan. The coalition has been active in Hawaii since the early 1980's and has more than four hundred immunization supporters.

Thank you for your consideration.

HR-107
Submitted on: 3/20/2018 7:01:43 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brijit Reis	Reis Pediatrics	Oppose	No

Comments:

I am a pediatrician and strongly oppose this bill.

As vaccine-preventable diseases have become less common, the vaccines that prevent them have come under scrutiny. While life expectancy has increased and countries like the United States have stopped hearing about deaths caused by diseases like measles and rubella, other parts of the world still struggle to control them. Indeed, in parts of Africa, some families wait to name their children until the threat of measles has passed.

Unfortunately, rather than celebrating the successes of vaccines, some have started to wonder whether vaccines could be causing other conditions, such as asthma, autism, arthritis, diabetes, multiple sclerosis. In addition, conditions such as shaken baby syndrome, mad-cow disease, and SIDS have also been blamed on vaccines. However, every time questions have been asked, studies have been completed and have not found vaccines to be causally associated with these conditions.

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Thursday, March 22, 2018 at 8:30 am
Conference Room 329

House Committee on Health & Human Services

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

From: Melinda Ashton, MD.
Executive Vice President, Chief Quality Officer

Re: Testimony In Opposition for HCR 157/HR 107

Requesting the Department of Health and the Centers for Disease Control and Prevention to conduct a study on the incidences of adverse effects to vaccines in Hawaii.

My name is Melinda Ashton, MD and I am the Executive Vice President and Chief Quality Officer at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health is a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawaiʻi and the Pacific Region with high quality, compassionate care. Its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox.

I write in opposition to HCR 157/HR 107 which requests that the Department of Health and Centers for Disease Control and Prevention conduct a study on the incidences of adverse effects to vaccines in the state. While we appreciate the intent of the measures and understand the concerns some may have about the safety of vaccines, there are already safety systems in place to monitor vaccine administration as well as reactions.

Under federal law, all providers are required to give patients a Vaccine Information Statement (VIS). The VIS is produced by the Centers for Disease Control and Prevention and serves to inform all recipients of vaccines about the benefits and risks of a vaccine they will receive. The VIS must be given prior to the vaccination, and prior to each dose of a multi-series dose. According to the CDC, because VIS forms "cover both benefits and risks associated with vaccinations, they provide enough information that anyone reading them should be adequately informed." This practice meets the spirit of the proposed resolution on making information prior to making a decision on a vaccination.

"Informed consent" is a legal term under the purview of the Hawaii Medical Board (HRS §671-3) and applies to a "proposed medical or surgical treatment or a diagnostic or therapeutic procedure" – none of which accurately describe immunizations (or other medications such as antibiotics). Thus, the purposes of the resolutions are already met.

Thank you for the opportunity to provide testimony on this bill.

Date: March 20, 2018

To: The Honorable John Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health & Human Services

Re: **Strong Opposition of HCR157 and HR107**

Hrg: March 22, 2018 at 9:00am at Capitol Room 329

Respected Members of the House Committee on Health & Human Services,

As a concerned resident of Hawai'i and parent, **I strongly oppose HCR157 and HR107** as unnecessary, costly, and dangerous. These resolutions would required the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health. Please consider the following points:

An "adverse event" is any health problem that happens after vaccination. It may or may not have been caused by the vaccine.

The Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) closely monitor vaccine safety using a collection of passive and active surveillance systems, including:

- Vaccine Adverse Event Reporting System (VAERS)
- Vaccine Safety Datalink (VSD)
- Post-Licensure Rapid Immunization Safety Monitoring (PRISM)
- Clinical Immunization Safety Assessment Project (CISA)

These surveillance systems have the funding, resources, and expertise to monitor vaccines currently in use. Requesting the Department of Health and CDC to conduct additional studies is duplicative and unnecessary.

The National Childhood Vaccine Injury Act (NCVIA) requires providers to report adverse events to VAERS. In addition, recommendations for healthcare professionals to report to VAERS are a part of the Standards for Pediatric Immunization Practices, which are endorsed by multiple professional organizations, including the American Academy of Pediatrics.

"Informed consent" is a legal term under the purview of the Hawaii Medical Board (HRS §671-3) and applies to a "proposed medical or surgical treatment or a diagnostic or therapeutic procedure" – none of which accurately describe immunizations (or other medications such as antibiotics).

Currently, healthcare providers are required by federal mandate to provide CDC-developed Vaccine Information Statements (VISs) to individuals or in the case of a minor, their parent/legal guardian prior to vaccination. VISs provide individuals

with current, relevant information regarding vaccinations in an accessible format, and include information regarding possible side effects of vaccination and how parents and providers may report adverse effects to VAERS, should they occur.

The wording of each VIS is carefully written to ensure that it adheres to the health literacy criteria set forth in the health literacy standards, which includes:

- Three members of the general public, including at least two who are the parents or guardians of children who have suffered a vaccine-related injury; and
- Three members who are attorneys, including at least one who represents individuals who have been vaccine-injured.
- The VIS have been translated into over 40 languages, ensuring important information related to vaccination is available to and accessible by most persons.
- Requesting healthcare providers to obtain informed consent prior to vaccination is unnecessary and discourages vaccination, placing individuals and communities at-risk for outbreaks of vaccine-preventable diseases.

I urge you to stop these unnecessary and harmful resolutions from passing, so that we can use our resources to focus on keeping our families healthy in Hawai‘i.

Many thanks for your consideration,

Forrest Batz, PharmD
Keaau, HI

HR-107
Submitted on: 3/20/2018 12:14:38 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerry Fujii	Individual	Oppose	No

Comments:

Big waste of resourses as abundant scientific evidence of vaccine effectiveness. Better spend on vaccinating more individuals who can not afford.

HR-107
Submitted on: 3/20/2018 1:21:48 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ron Okamura	Individual	Oppose	No

Comments:

Available vaccines have demonstrated effectiveness and safety for our health benefit.

HR107 is discouraging, unnecessary and costly,

I strongly oppose HR107.

HR-107
Submitted on: 3/20/2018 1:48:06 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gwen Navarrete Klapperich	Individual	Oppose	No

Comments:

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HCR157 and HR107.

As a concerned resident of Hawaii and parent, I oppose these resolutions as unnecessary, costly, and dangerous. These resolutions would required the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health. Please consider the following points:

- An "adverse event" is any health problem that happens after vaccination. It may or may not have been caused by the vaccine.
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- "Informed consent" is a legal term under the purview of the Hawaii Medical Board (HRS §671-3) and applies to a "proposed medical or surgical treatment or a diagnostic or therapeutic procedure" – none of which accurately describe immunizations (or other medications such as antibiotics).
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minor, their parent/legal guardian prior to vaccination. VISs provide individuals with current, relevant information regarding vaccinations in an accessible format, and include information regarding possible side effects of vaccination and how parents and providers may report adverse effects to VAERS, should they occur.

- The wording of each VIS is carefully written to ensure that it adheres to the health literacy criteria set forth in the health literacy standards of The Patient Protection and Affordable Care Act of 2010.
- The VIS are then reviewed and approved by the Advisory Committee on Childhood Vaccines (ACCV) which includes:
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- The VIS have been translated into over 40 languages, ensuring important information related to vaccination is available to and accessible by most persons.
- Requesting healthcare providers to obtain informed consent prior to vaccination is unnecessary and discourages vaccination, placing individuals and communities at-risk for outbreaks of vaccine-preventable diseases.

I urge you to stop these unnecessary and harmful resolutions from passing, so that we can focus on keeping our families healthy in Hawaii.

Mahalo for your consideration.

HR-107
Submitted on: 3/20/2018 1:57:18 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ron Klapperich	Individual	Oppose	No

Comments:

As a concerned resident of Hawaii and parent, I oppose these resolutions as unnecessary, costly, and dangerous. These resolutions would required the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health.

HR-107
Submitted on: 3/20/2018 2:11:48 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Weinstein	Individual	Oppose	No

Comments:

HR-107
Submitted on: 3/21/2018 8:40:50 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Uyemoto	Individual	Oppose	No

Comments:

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HCR157 and HR107.

As a concerned resident of Hawaii and parent, I oppose these resolutions as unnecessary, costly, and dangerous. These resolutions would required the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health. Please consider the following points:

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and include information regarding possible side effects of vaccination and how parents and providers may report adverse effects to VAERS, should they occur.

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- The VIS are then reviewed and approved by the Advisory Committee on Childhood Vaccines (ACCV) which includes:
- Three members of the general public, including at least two who are the parents or guardians of children who have suffered a vaccine-related injury; and
- Three members who are attorneys, including at least one who represents individuals who have been vaccine-injured.
- The VIS have been translated into over 40 languages, ensuring important information related to vaccination is available to and accessible by most persons.
- Requesting healthcare providers to obtain informed consent prior to vaccination is unnecessary and discourages vaccination, placing individuals and communities at-risk for outbreaks of vaccine-preventable diseases.

I urge you to stop these unnecessary and harmful resolutions from passing, so that we can focus on keeping our families healthy in Hawaii.

Mahalo for your consideration.

HR-107
Submitted on: 3/20/2018 2:58:53 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michele Nakata	Individual	Oppose	No

Comments:

This work is already done on a national level by the Vaccine Adverse Event Reporting System (VAERS). Commissioning such a study would be a waste of state resources.

HR-107
Submitted on: 3/20/2018 4:13:32 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lorene Ng	Individual	Oppose	No

Comments:

As a concerned resident of Hawaii and parent, I oppose these resolutions as unnecessary, costly, and dangerous. These resolutions would required the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health. Please consider the following points:

- An "adverse event" is any health problem that happens after vaccination. It may or may not have been caused by the vaccine.
- The Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) closely monitor vaccine safety using a collection of passive and active surveillance systems:
  - Vaccine Adverse Event Reporting System (VAERS)
  - Vaccine Safety Datalink (VSD)
  - Post-Licensure Rapid Immunization Safety Monitoring (PRISM)
  - Clinical Immunization Safety Assessment Project (CISA)
- These systems have the funding, resources, and expertise to monitor vaccines currently in use. Requesting the Department of Health and CDC to conduct additional studies is duplicative and unnecessary.
- The National Childhood Vaccine Injury Act (NCVIA) requires providers to report adverse events to VAERS. In addition, recommendations for healthcare professionals to report to VAERS are a part of the Standards for Pediatric Immunization Practices, which are endorsed by multiple professional organizations, including the American Academy of Pediatrics.
- "Informed consent" is a legal term under the purview of the Hawaii Medical Board (HRS §671-3) and applies to a "proposed medical or surgical treatment or a diagnostic or therapeutic procedure" – none of which accurately describe immunizations (or other medications such as antibiotics).
- Currently, healthcare providers are required by federal mandate to provide CDC-developedVaccine Information Statements (VISs) to individuals or in the case of a minor, their parent/legal guardian prior to vaccination. VISs provide individuals with current, relevant information regarding vaccinations in an accessible format, and include information regarding possible side effects of vaccination and how parents and providers may report adverse effects to VAERS, should they occur.

- The wording of each VIS is carefully written to ensure that it adheres to the health literacy criteria set forth in the health literacy standards of The Patient Protection and Affordable Care Act of 2010.
- The VIS are then reviewed and approved by the Advisory Committee on Childhood Vaccines (ACCV) which includes:
- Three members of the general public, including at least two who are the parents or guardians of children who have suffered a vaccine-related injury; and
- Three members who are attorneys, including at least one who represents individuals who have been vaccine-injured.
- The VIS have been translated into over 40 languages, ensuring important information related to vaccination is available to and accessible by most persons.
- Requesting healthcare providers to obtain informed consent prior to vaccination is unnecessary and discourages vaccination, placing individuals and communities at-risk for outbreaks of vaccine-preventable diseases.

I urge you to stop these unnecessary and harmful resolutions from passing, so that we can focus on keeping our families healthy in Hawaii.

Mahalo for your consideration.

HR-107
Submitted on: 3/20/2018 4:17:51 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristyn Nishimoto	Individual	Oppose	No

Comments:

To Chair, Vice Chair, and committee members,

As a concerned resident of Hawaii, parent, and pediatrician, I **strongly oppose** HCR 157 and HR 107. These resolutions are unnecessary, costly, and dangerous. They would require the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health.

An “adverse event” is any healthy problem that happens after vaccination, regardless of if it was caused by the vaccine or not. The Federal Drug Administration and the Centers for Disease Control closely monitor vaccine safety using a collection of passive and active surveillance systems, such as the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink (VSD), Post-Licensure Rapid Immunization Safety Monitoring (PRISM), and the Clinical Immunization Safety Assessment Project (CISA). These systems have the funding, resources, and expertise to monitor vaccines currently in use and covers a much larger segment of the population. Requesting the Hawaii Department of Health and CDC to conduct additional studies is duplicative and unnecessary.

The National Childhood Vaccine Injury Act (NCVIA) requires providers to report adverse events to VAERS. In addition, recommendations for healthcare professionals to report to VAERS are a part of the Standards for Pediatric Immunization Practices, which are endorsed by multiple professional organizations, including the American Academy of Pediatrics.

Currently, health care providers are required by federal mandate to provide CDC-developed Vaccine Information Statements (VISs) to individuals or in the case of a minor, their parent/legal guardian prior to vaccination. VISs provide individuals with

current, relevant information regarding vaccinations in an accessible format and include information regarding possible side effects of vaccination and how parents and providers may report adverse effects to VAERS, should they occur. The wording of each VIS is carefully written to ensure that it adheres to the health literacy criteria set forth in the health literacy standards of The Patient Protection and Affordable Care Act of 2010.

Requesting health care providers to obtain informed consent prior to vaccination is unnecessary and discourages vaccination, placing individuals and communities at risk for outbreaks of vaccine-preventable diseases. This includes our most vulnerable populations, such as infants, those with chronic medical conditions that prevent vaccination, and the elderly.

I urge you to prevent these unnecessary and harmful resolutions from passing, so that we can focus on keeping our families healthy in Hawaii.

Thank you for your consideration.

Kristyn Nishimoto, MD

VINCE YAMASHIROYA, M.D., FAAP
GENERAL PEDIATRICS

March 20, 2018

RE: House Concurrent Resolution 157 (HCR 157) and House Resolution (HR 107)

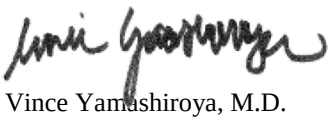
Dear Rep. Mizuno and members of the Health and Human Services Committee:

Thank you for the opportunity to provide testimony on HCR 175 and HR 107. I am in strong OPPOSITION to these resolutions.

Let me be blunt. These are **anti-vaccine** resolutions. It has nothing to do with vaccine safety. If you have done your research, there are hundreds if not thousands of vaccine safety studies globally and the verdict is that vaccines are safe and is one of the greatest achievements of public health since the twentieth century. EVERY medical professional organization promotes vaccines as being safe and necessary to ensure that diseases that cause CANCER AND DEATH are eradicated. We have already eliminated smallpox in the world and are trying to do the same with polio. We know the benefits of vaccines. However, if you, as a committee, agree to what is in these resolutions and order our Department of Health to provide yet ANOTHER safety study, you are wasting their valuable time and resources that should be better spent on our current mumps outbreak, and other future outbreaks, whether it be influenza, measles, or rat lungworm disease. And their efforts will be for naught because besides the ad nauseum amount of safety data out there, these antivaccine folks who asked Representative Tupola to introduce the previous house bill 2622, will NEVER consider vaccines safe since they have already ignored the many safety studies done already. In fact, after many physicians and medical professionals testified against this bill, HB2622 was considered DEAD.

I ask that this committee find the courage to side with science rather than politics. I am a busy, full-time pediatrician in private practice. I know it is unfortunate that there are very few to no pediatricians or practicing physicians who can testify in person against these resolutions, but it is because we are busy in our offices, providing the best care possible to our patients, and vaccinating all of them against these life-threatening diseases. If you've ever been to a pediatrician's office, you know how busy we are. To ask us to emphasize the serious rare side effects from vaccines that is already in the Vaccine Information Statement and to obtain informed consent from each vaccine is a disservice to every child that should be protected. Let us, as your pediatricians, take charge in ensuring the best health possible of your child. Do not allow anti-vaxxers and politics get in the way of what we do.

Sincerely yours,



Vince Yamashiroya, M.D.

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HR-107
Submitted on: 3/20/2018 5:02:53 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jenny Welham	Individual	Oppose	No

Comments:

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HCR157 and HR107.

As a concerned resident of Hawaii and parent, I oppose these resolutions as unnecessary, costly, and dangerous. These resolutions would required the use of limited state time and resources to investigate vaccine adverse events, even though the evidence clearly demonstrates vaccine effectiveness, safety, and importance for health. Please consider the following points:

- An “adverse event” is any health problem that happens after vaccination. It may or may not have been caused by the vaccine.
- The Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) closely monitor vaccine safety using a collection of passive and active surveillance systems:
    - Vaccine Adverse Event Reporting System (VAERS)
    - Vaccine Safety Datalink (VSD)
    - Post-Licensure Rapid Immunization Safety Monitoring (PRISM)
    - Clinical Immunization Safety Assessment Project (CISA)
- These systems have the funding, resources, and expertise to monitor vaccines currently in use. Requesting the Department of Health and CDC to conduct additional studies is duplicative and unnecessary.
- The National Childhood Vaccine Injury Act (NCVIA) requires providers to report adverse events to VAERS. In addition, recommendations for healthcare professionals to report to VAERS are a part of theStandards for Pediatric Immunization Practices, which are endorsed by multiple professional organizations, including the American Academy of Pediatrics.
- “Informed consent” is a legal term under the purview of the Hawaii Medical Board (HRS §671-3) and applies to a “proposed medical or surgical treatment or a diagnostic or therapeutic procedure” – none of which accurately describe immunizations (or other medications such as antibiotics).
- Currently, healthcare providers are required by federal mandate to provide CDC-developed Vaccine Information Statements (VISs) to individuals or in the case of a minor, their parent/legal guardian prior to vaccination. VISs provide individuals with current, relevant information regarding vaccinations in an accessible format,

and include information regarding possible side effects of vaccination and how parents and providers may report adverse effects to VAERS, should they occur.

- The wording of each VIS is carefully written to ensure that it adheres to the health literacy criteria set forth in the health literacy standards of The Patient Protection and Affordable Care Act of 2010.
- The VIS are then reviewed and approved by the Advisory Committee on Childhood Vaccines (ACCV) which includes:
- Three members of the general public, including at least two who are the parents or guardians of children who have suffered a vaccine-related injury; and
- Three members who are attorneys, including at least one who represents individuals who have been vaccine-injured.
- The VIS have been translated into over 40 languages, ensuring important information related to vaccination is available to and accessible by most persons.
- Requesting healthcare providers to obtain informed consent prior to vaccination is unnecessary and discourages vaccination, placing individuals and communities at-risk for outbreaks of vaccine-preventable diseases.

I urge you to stop these unnecessary and harmful resolutions from passing, so that we can focus on keeping our families healthy in Hawaii.

Mahalo for your consideration.

Jenny Welham MD FAAP

HR-107
Submitted on: 3/20/2018 5:44:17 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elyse Warren	Individual	Support	No

Comments:

As a health care professional I witness physicians explaining procedures as well as ALL possible side effects(in plain language)This information is extremely important for the person to be able to make a choice whether or not they want that procedure. Health care providers should follow the same practice when administering any vaccines.

HR-107
Submitted on: 3/20/2018 9:06:38 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
cynthia pierson	Individual	Support	No

Comments:

We have a right to know what adverse reactions our children can have from these vaccines and the true efficacy of the vaccines.

HR-107
Submitted on: 3/20/2018 9:31:48 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Kisitu	Individual	Support	No

Comments:

This is important for public health - good studies on vaccines are incredibly limited

HR-107
Submitted on: 3/20/2018 10:06:40 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Barry	Individual	Support	No

Comments:

Aloha Chair and Committee Members,

Please take the lead on this important issue. We need to know how these vaccines are affecting our population.

Mahalo,

Ms. Barbara Barry

HR-107
Submitted on: 3/20/2018 10:15:55 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn Poiani	Individual	Support	No

Comments:

Support HR 107.

Dear Senators

The state of hawaii does not have true data or studies on the THE INCIDENCES OF ADVERSE EFFECTS FROM VACCINES. Additionally, doctors rarely report any of their patient adverse events to VAERS. Health care providers also are not required to share all of the potential adverse reactions that a person may experience from a vaccine and they often do not know how to identify an adverse event due to very little vaccine training. The opposition to HR107 argues that the studies of have been done and vaccines are safe and effective. This is untrue. There has never been a large study, over an adequet amount of time, that has followed a population regarding vaccine reaction rates or how they may affect certain populations (example Hawaiian heritage). Hawaii has a unique cross section of genetic heritage that may be affected differently than other populations. If the intent of vaccinations is to protect a population from disease as a whole than additionally knowing if vaccinations can cause other health issues is very important. There are no studies with WHO, CDC, FDA or the vaccine manufacturers that adequetly look at vaccine adverse affects on a population, especially, a population such as Hawaii. The rate of neurological issues, learning disabilities, auto immune, Asthma and other health related issues are especially high in certain populations of Hawaii. Why is that? It is possible that vaccines could be contributing to such issues. We simply do not know. Please support HR107 as this would be a step in the right direction to looking at vaccines as one of the environmental impacts on our population and how it may be affecting the health of our population.

Thank you,

Dawn Poiani - Honoluu, HI 96813

I am asking you to vote yes on HR 107, requesting a study on the incidences of adverse effects of vaccines. Many vaccines contain toxic materials such as formaldehyde, mercury, aluminum, and even aborted baby fetal cells. Each day there are more and more reports of vaccine injury in America. Many adverse reactions include encephalitis, vasculitis, meningitis, anaphylactic reaction, and even death. This is a serious issue that must be addressed before we continue to be poisoned by these vaccines. Thank you.

Tracey Whitehurst

I am asking you to vote yes on HR 107, requesting a study on the incidences of adverse effects of vaccines. Many vaccines contain toxic materials such as formaldehyde, mercury, aluminum, and even aborted baby fetal cells. Each day there are more and more reports of vaccine injury in America. Many adverse reactions include encephalitis, vasculitis, meningitis, anaphylactic reaction, and even death. This is a serious issue that must be addressed before we continue to be poisoned by these vaccines. Thank you.

Quentin Whitehurst

HR-107
Submitted on: 3/20/2018 10:37:42 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
natasha sky	Individual	Support	No

Comments:

Dear representatives of the HHS Comittee,
As a resident of Hawaii and parent I fully support HR107.

HR107 will allow transparency of issues in our vaccination program, making way for improvement to this system. Although the National Childhood Vaccine Injury Act (NCVIA) requires providers to report adverse events to VAERS, this reporting system is underused and most often unknown by patients. It's imperative that doctors inform patients not only of possible vaccine reactions, but most importantly what to look for so immediate medical care can be provided and proper reporting to VAERS made.

HR107 calls for a study on the incidences of adverse effects to vaccines in Hawaii, including recommendations to improve public education on this issue, improve VAERS reporting by medical staff and improve early recognition & treatment for possible vaccine adverse effects. To say no to this resolution is to say no to improving a faulty system. To say no to this resolution is to say no to progress. To say no to this resolution is to say yes to denial and the hiding of truth.

Where there is fault in a system, change must be cultivated through action. Please take action by supporting HR107, making Hawaii families health and safety priority.

Thank you for your time and consideration of your position.
Sincerely, Natasha Sky
Hawaii resident and voter

HR-107
Submitted on: 3/20/2018 11:28:36 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lori Glorioso	Individual	Support	No

Comments:

Being informed will always have positive results! An informed public is capable of making an educated choice. It would be a greater harm NOT to study & share all effects of vaccinations. This is the best way to protect Hawaii's citizens.

Vaccine Excipient & Media Summary

Excipients Included in U.S. Vaccines, by Vaccine

In addition to weakened or killed disease antigens (viruses or bacteria), vaccines contain very small amounts of other ingredients – excipients or media.

Some excipients are added to a vaccine for a specific purpose. These include:
Preservatives, to prevent contamination. For example, thimerosal.
Adjuvants, to help stimulate a stronger immune response. For example, aluminum salts.
Stabilizers, to keep the vaccine potent during transportation and storage. For example, sugars or gelatin.

Others are residual trace amounts of materials that were used during the manufacturing process and removed. These include:
Cell culture materials, used to grow the vaccine antigens. For example, egg protein, various culture media.
Inactivating ingredients, used to kill viruses or inactivate toxins. For example, formaldehyde.
Antibiotics, used to prevent contamination by bacteria. For example, neomycin.

The following table lists all components, other than antigens, shown in the manufacturers' package insert (PI) for each vaccine. Each of these PIs, which can be found on the FDA's website (see below) contains a description of that vaccine's manufacturing process, including the amount and purpose of each substance. In most PIs, this information is found in Section 11: "Description."

All information was extracted from manufacturers' package inserts, current as of January 6, 2017.
If in doubt about whether a PI has been updated since then, check the FDA's website at:
http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

Vaccine	Contains
Adenovirus	human-diploid fibroblast cell cultures (strain WI-38), Dulbecco's Modified Eagle's Medium, fetal bovine serum, sodium bicarbonate, monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, plasdone C, anhydrous lactose, microcrystalline cellulose, polacrilin potassium, magnesium stearate, microcrystalline cellulose, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye
Anthrax (Biothrax)	amino acids, vitamins, inorganic salts, sugars, aluminum hydroxide, sodium chloride, benzethonium chloride, formaldehyde
BCG (Tice)	glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, iron ammonium citrate, lactose
Cholera (Vaxchora)	casamino acids, yeast extract, mineral salts, anti-foaming agent, ascorbic acid, hydrolyzed casein, sodium chloride, sucrose, dried lactose, sodium bicarbonate, sodium carbonate
DT (Sanofi)	aluminum phosphate, isotonic sodium chloride, formaldehyde, casein, cystine, maltose, uracil, inorganic salts, vitamins, dextrose
DTaP (Daptacel)	aluminum phosphate, formaldehyde, glutaraldehyde, 2-phenoxyethanol, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, 2-phenoxyethanol
DTaP (Infanrix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80)
DTaP-IPV (Kinrix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, VERO cells, a continuous line of monkey kidney cells, Calf serum, lactalbumin hydrolysate, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B
DTaP-IPV (Quadracel)	modified Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, formaldehyde, ammonium sulfate aluminum phosphate, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, MRC-5 cells, normal human diploid cells, CMRL 1969 medium supplemented with calf serum, Medium 199 without calf serum, 2-phenoxyethanol, polysorbate 80, glutaraldehyde, neomycin, polymyxin B sulfate

Vaccine	Contains
DTaP-HepB-IPV (Pediarix)	Fenton medium containing a bovine extract, modified Latham medium derived from bovine casein, formaldehyde, modified Stainer-Scholte liquid medium, VERO cells, a continuous line of monkey kidney cells, calf serum and lactalbumin hydrolysate, aluminum hydroxide, aluminum phosphate, aluminum salts, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B, yeast protein.
DTaP-IPV/Hib (Pentacel)	aluminum phosphate, polysorbate 80, sucrose, formaldehyde, glutaraldehyde, bovine serum albumin, 2-phenoxyethanol, neomycin, polymyxin B sulfate, modified Mueller's growth medium, ammonium sulfate, modified Mueller-Miller casamino acid medium without beef heart infusion, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin. glutaraldehyde, MRC-5 cells (a line of normal human diploid cells), CMRL 1969 medium supplemented with calf serum, Medium 199 without calf serum, modified Mueller and Miller medium
Hib (ActHIB)	sodium chloride, modified Mueller and Miller medium (the culture medium contains milk-derived raw materials [casein derivatives]), formaldehyde, sucrose
Hib (Hiberix)	saline, synthetic medium, formaldehyde, sodium chloride, lactose
Hib (PedvaxHIB)	complex fermentation media, amorphous aluminum hydroxyphosphate sulfate, sodium chloride
Hib/Mening. CY (MenHibrix)	saline, semi-synthetic media, formaldehyde, sucrose, tris (trometamol)-HCl
Hep A (Havrix)	MRC-5 human diploid cells, formalin, aluminum hydroxide, amino acid supplement, phosphate-buffered saline solution, polysorbate 20, neomycin sulfate, aminoglycoside antibiotic
Hep A (Vaqta)	MRC-5 diploid fibroblasts, amorphous aluminum hydroxyphosphate sulfate, non-viral protein, DNA, bovine albumin, formaldehyde, neomycin, sodium borate, sodium chloride
Hep B (Engerix-B)	aluminum hydroxide, yeast protein, sodium chloride, disodium phosphate dihydrate, sodium dihydrogen phosphate dihydrate
Hep B (Recombivax)	soy peptone, dextrose, amino acids, mineral salts, phosphate buffer, formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, yeast protein
Hep A/Hep B (Twinrix)	MRC-5 human diploid cells, formalin, aluminum phosphate, aluminum hydroxide, amino acids, sodium chloride, phosphate buffer, polysorbate 20, neomycin sulfate, yeast protein
Human Papillomavirus (HPV) (Gardasil)	vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein
Human Papillomavirus (HPV) (Gardasil 9)	vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein
Influenza (Afluria) Trivalent & Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, sucrose, neomycin sulfate, polymyxin B, beta-propiolactone, thimerosal (multi-dose vials)
Influenza (Fluad)	squalene, polysorbate 80, sorbitan trioleate, sodium citrate dehydrate, citric acid monohydrate, neomycin, kanamycin, barium, egg proteins, CTAB (cetyltrimethylammonium bromide), formaldehyde
Influenza (Fluarix) Trivalent & Quadrivalent	octoxynol-10 (TRITON X-100), α-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sodium phosphate-buffered isotonic sodium chloride
Influenza (Flublok) Trivalent & Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20 (Tween 20), baculovirus and *Spodoptera frugiperda* cell proteins, baculovirus and cellular DNA, Triton X-100, lipids, vitamins, amino acids, mineral salts
Influenza (Flucelvax) Trivalent & Quadrivalent	Madin Darby Canine Kidney (MDCK) cell protein, protein other than HA, MDCK cell DNA, polysorbate 80, cetyltrimethlyammonium bromide, and β-propiolactone
Influenza (Flulaval) Trivalent & Quadrivalent	ovalbumin, formaldehyde, sodium deoxycholate, α-tocopheryl hydrogen succinate, polysorbate 80, thimerosal (multi-dose vials)
Influenza (Fluvirin)	ovalbumin, polymyxin, neomycin, betapropiolactone, nonylphenol ethoxylate, thimerosal
Influenza (Fluzone) Quadrivalent	formaldehyde, egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, thimerosal (multi-dose vials), sucrose

Vaccine	Contains
Influenza (Fluzone) High Dose	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, formaldehyde, sucrose
Influenza (Fluzone) Intradermal	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, sucrose
Influenza (FluMist) Quadrivalent	monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, ovalbumin, gentamicin sulfate, ethylenediaminetetraacetic acid (EDTA)
Japanese Encephalitis (Ixiaro)	aluminum hydroxide, protamine sulfate, formaldehyde, bovine serum albumin, host cell DNA, sodium metabisulphite, host cell protein
Meningococcal (MenACWY-Menactra)	Watson Scherp media containing casamino acid, modified culture medium containing hydrolyzed casein, ammonium sulfate, sodium phosphate, formaldehyde, sodium chloride
Meningococcal (MenACWY-Menveo)	formaldehyde, amino acids, yeast extract, Franz complete medium, CY medium
Meningococcal (MPSV4-Menomune)	Mueller Hinton casein agar, Watson Scherp casamino acid media, thimerosal (multi-dose vials), lactose
Meningococcal (MenB – Bexsero)	aluminum hydroxide, *E. coli*, histidine, sucrose, deoxycholate, kanamycin
Meningococcal (MenB – Trumenba)	defined fermentation growth media, polysorbate 80, histidine buffered saline.
MMR (MMR-II)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, vitamins, amino acids, fetal bovine serum, sucrose, glutamate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, sodium phosphate, sodium chloride
MMRV (ProQuad) (Frozen)	chick embryo cell culture, WI-38 human diploid lung fibroblasts MRC-5 cells, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Refrigerator Stable)	chick embryo cell culture, WI-38 human diploid lung fibroblasts, MRC-5 cells, sucrose, hydrolyzed gelatin, urea, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate, recombinant human albumin, sodium bicarbonate, potassium phosphate potassium chloride, neomycin, bovine serum albumin
Pneumococcal (PCV13 – Prevnar 13)	soy peptone broth, casamino acids and yeast extract-based medium, CRM197 carrier protein, polysorbate 80, succinate buffer, aluminum phosphate
Pneumococcal (PPSV-23 – Pneumovax)	phenol
Polio (IPV – Ipol)	Eagle MEM modified medium, calf bovine serum, M-199 without calf bovine serum, vero cells (a continuous line of monkey kidney cells), phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B
Rabies (Imovax)	human albumin, neomycin sulfate, phenol red indicator, MRC-5 human diploid cells, beta-propriolactone
Rabies (RabAvert)	chicken fibroblasts, β-propiolactone, polygeline (processed bovine gelatin), human serum albumin, bovine serum, potassium glutamate, sodium EDTA, ovalbumin neomycin, chlortetracycline, amphotericin B
Rotavirus (RotaTeq)	sucrose, sodium citrate, sodium phosphate monobasic monohydrate, sodium hydroxide, polysorbate 80, cell culture media, fetal bovine serum, vero cells *[DNA from porcine circoviruses (PCV) 1 and 2 has been detected in RotaTeq. PCV-1 and PCV-2 are not known to cause disease in humans.]*
Rotavirus (Rotarix)	amino acids, dextran, Dulbecco's Modified Eagle Medium (sodium chloride, potassium chloride, magnesium sulfate, ferric (III) nitrate, sodium phosphate, sodium pyruvate, D-glucose, concentrated vitamin solution, L-cystine, L-tyrosine, amino acids solution, L-250 glutamine, calcium chloride, sodium hydrogenocarbonate, and phenol red), sorbitol, sucrose, calcium carbonate, sterile water, xanthan *[Porcine circovirus type 1 (PCV-1) is present in Rotarix. PCV-1 is not known to cause disease in humans.]*
Smallpox (Vaccinia – ACAM2000)	African Green Monkey kidney (Vero) cells, HEPES, human serum albumin, sodium chloride, neomycin, polymyxin B, Glycerin, phenol

Vaccine	Contains
Td (Tenivac)	aluminum phosphate, formaldehyde, modified Mueller-Miller casamino acid medium without beef heart infusion, ammonium sulfate
Td (Mass Biologics)	aluminum phosphate, formaldehyde, thimerosal, modified Mueller's media which contains bovine extracts, ammonium sulfate
Tdap (Adacel)	aluminum phosphate, formaldehyde, 2-phenoxyethanol, Stainer-Scholte medium, casamino acids, dimethyl-beta-cyclodextrin, glutaraldehyde, modified Mueller-Miller casamino acid medium without beef heart infusion, ammonium sulfate, modified Mueller's growth medium
Tdap (Boostrix)	modified Latham medium derived from bovine casein, Fenton medium containing a bovine extract, formaldehyde, modified Stainer-Scholte liquid medium, glutaraldehyde, aluminum hydroxide, sodium chloride, polysorbate 80
Typhoid (inactivated – Typhim Vi)	hexadecyltrimethylammonium bromide, formaldehyde, phenol, polydimethylsiloxane, disodium phosphate, monosodium phosphate, semi-synthetic medium
Typhoid (Vivotif Ty21a)	yeast extract, casein, dextrose, galactose, sucrose, ascorbic acid, amino acids, lactose, magnesium stearate. gelatin
Varicella (Varivax) *Frozen*	human embryonic lung cell cultures, guinea pig cell cultures, human diploid cell cultures (WI-38), human diploid cell cultures (MRC-5), sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, EDTA (Ethylenediaminetetraacetic acid), neomycin, fetal bovine serum
Varicella (Varivax) *Refrigerator Stable*	human embryonic lung cell cultures, guinea pig cell cultures, human diploid cell cultures (WI-38), human diploid cell cultures (MRC-5), sucrose, hydrolyzed gelatin, urea, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Yellow Fever (YF-Vax)	sorbitol, gelatin, sodium chloride, egg protein
Zoster (Shingles – Zostavax) *Frozen*	sucrose, hydrolyzed porcine gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride; MRC-5 cells, neomycin, bovine calf serum
Zoster (Shingles – Zostavax) *Refrigerator Stable*	sucrose, hydrolyzed porcine gelatin, urea, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, MRC-5 cells, neomycin, bovine calf serum

A table listing vaccine excipients and media *by excipient* can be found in:

Grabenstein JD. *ImmunoFacts: Vaccines and Immunologic Drugs* – 2013 (38th revision). St Louis, MO: Wolters Kluwer Health, 2012.

HR-107
Submitted on: 3/21/2018 8:35:24 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kalma Wong	Individual	Support	No

Comments:

HR-107
Submitted on: 3/21/2018 8:36:49 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joyhanna Miller	Individual	Support	No

Comments:

Please pass HR107. The health and safety of our children, loved ones, and of all people, is very important. No one should be subject to undergo any medical procedure without informed consent, which currently is not truly and honestly given regarding vaccines. Wouldn't you like to be made aware of the side effects and risks involved with a medication your doctor is going to prescribe to your child or yourself, or the possible risks involved with a surgery? I would. Currently that informed consent is not truly given. Currently, if someone wants more information about a vaccine while sitting in the doctors office, they have to ask and in some cases are getting harassment for asking. Health and safety are of utmost priority, and ALL information needs to be given freely. When you go into surgery, and you sign that paper saying you understand the risks, that needs to happen with vaccines. Because people are dying and people are obtaining lifelong illnesses from the vaccines they are receiving. Which, most of the time, they had no idea was even possible, because their doctor, looking forward to the extra kickback he or she receives for every vaccine they sell, never mentioned it. Furthermore, there can never be too much information and we must never stop learning. It would benefit the population and hopefully the entire world to create and obtain more honest studies on vaccines and to intentionally track incidences and adverse effects of vaccines. Please pass HR107.

HR-107
Submitted on: 3/21/2018 8:43:30 AM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melinda Mello	Individual	Support	No

Comments:

I support both HR107 and HCR157. I am the mother of a vaccine injured daughter and became a RN in 2002. As a nurse, we were only taught to administer vaccines. There was never any education of any adverse reactions that may occur. I never heard of VAERS until a year or so after my daughter was injured. I think it's ridiculous that healthcare professionals are taught about reactions to meds such as antibiotics, but when a child has a reaction to a vaccine, it's passed off as normal. I have five children. The first two were vaccinated on schedule. When my now twelve year old (second child) was four months old, we brought him home from his well child visit where he received all the scheduled vaccines. He was perfectly healthy and on track. That night, he just screamed and screamed. As a nurse, I checked him over thoroughly, stripped him down and couldn't find anything wrong. Now, I know that it was brain inflammation causing him that pain. We started doing selective delayed vaccinations with my third, and were even more selective with my fourth child. When my fourth was 16 months old, she went in for her DTAP and that is the only vaccination she received. She regressed in speech, fine and gross motor skills. She had been saying three syllable words and regressed so that she was only speaking monosyllabic words (mama, dada) and had only twelve words at two and a half years old. She was walking at eleven months old. She then had to do physical and occupational therapy because she was tripping over her own feet all the time after the vaccine. We discovered that she has the gene mutation MTHFR, which causes problems with detoxing. This explains why some children are able to have vaccines without obvious complications, while other children regress, have seizures, or even die after vaccinations. It is not normal for a child to regress like this. It is not normal for an infant to scream for "no reason". The increasing incidence of childhood diseases, eczema and developmental delays is not a coincidence. Thank you for taking your time to read my testimony and consider this bill.

HR-107
Submitted on: 3/21/2018 10:04:27 PM
Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
pamela usack	Individual	Support	No

Comments:

Almost all my children had eczema as infants and some still have it. My 2nd child developed auto immune disease at 15 months old, a few months after vaccination. My 4th child regressed in speech after vaccines, which I know is not normal. I never knew autoimmune diseases like alopecia could be an effect, or that developmental delays were a possibility, and if I knew that, I would have definitely made a different decision. I think the public should be Made more aware of these.