



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

LATE

**Testimony in OPPOSITION to H.B. 2459, H.D. 1
RELATING TO MEDICAL AUTONOMY**

REPRESENTATIVE CHRIS LEE, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: 02/13/2020

Room Number: 325

1 **Fiscal Implications:** The H.D. 1 version of this bill would require diverting staff from required
2 duties or hiring new staff to prevent critical responsibilities from being unmet.

3 **Department Testimony:** DOH appreciates the H.D. 1 removal of bill text related to
4 “conscientious objector” (philosophical) exemption as well as the removal of language that
5 would alter the Department of Health’s authority to discontinue the recognition of exemptions to
6 immunizations during an epidemic. Both would have the effect of placing our community at
7 higher risk of disease transmission and infection, occurrence of vaccine preventable diseases, and
8 increased healthcare costs. DOH remains strongly opposed to the H.D. 1 version of H.B. 2459.
9 A study would duplicate work DOH has already completed, would require diverting staff from
10 work on existing public health mandates, and fosters the misperception that vaccines are not safe
11 and effective.

12 Vaccination is the most effective protection against life-threatening diseases. Recent outbreaks
13 of diseases such as measles in the United States and other countries as in Samoa highlight the
14 importance of protecting our keiki from dangerous and *preventable* illnesses. Vaccines undergo
15 years of rigorous study by medical and scientific experts before they are recommended to the
16 public, and they continue to be monitored regularly. They protect individuals, families, and
17 communities from the devastating effects of illnesses such as measles to the agony of cancer
18 diagnosis and treatment. Hawaii’s school vaccination requirements protect the health of our
19 students as well as our families and communities, including those too young to be vaccinated and
20 those with medical conditions, such as cancer, who cannot be immunized.

1 As mandated by state statute (HRS §302A-1162), immunizations required for school attendance,
2 and the manner and frequency of their administration must conform with **recognized standard**
3 **medical practices**, defined in the Hawaii Administrative Rules, Title 11, Chapter 157
4 “Examination and Immunization” as “in accordance with the United States Department of Health
5 and Human Services’ Advisory Committee on Immunization Practices (ACIP) General Best
6 Practice Guidelines for Immunizations.” Furthermore, HRS §302A-1162(c) states, “the Director
7 of Health, in consultation with the state epidemiologist, may adopt, amend or repeal as rules, the
8 immunization recommendations of the United States Department of Health and Human Services,
9 ACIP.” The contraindications and precautions listed on the Medical Exemption form are taken
10 directly from the ACIP recommendations.

11 This measure would require DOH to complete a study of processes and procedures to obtain a
12 Medical Exemption, including the review and identification of “best practice guidelines.” Before
13 developing the current Hawaii Medical Exemption form, DOH completed a review of other
14 states’ Medical Exemption processes and procedures and determined that implementation of a
15 standardized Medical Exemption form rather than the previous HAR 11-157 general requirement
16 of “certification by a physician on the physician’s professional stationery that an immunization is
17 medically contraindicated” would be a more effective and consistent means of ensuring
18 conformance with **recognized standard medical practices**. DOH identified “best practice”
19 components of Medical Exemption forms utilized in Washington, Arizona, North Carolina, and
20 Rhode Island and used them as models in the development of the Hawaii Medical Exemption
21 form. After review and DOH approval, the Hawaii Medical Exemption form also underwent
22 review by the Department of the Attorney General to ensure conformance with State law and
23 HAR 11-157.

24 This measure would also require DOH to analyze requirements in other states for human
25 papillomavirus (HPV) vaccination. HPV vaccination is a school entry requirement in Virginia,
26 Washington D.C., Rhode Island, and Puerto Rico. Requiring HPV vaccination at 7th grade
27 **conforms with current national recommendations and standard medical practice**. The
28 Centers for Disease Control and Prevention (CDC) recommends HPV vaccination for all

1 preteens at age 11 or 12 years. Studies indicate that younger adolescents have better immune
2 response to the vaccine than older adolescents and young adults. Internationally, based on a
3 meta-analysis of studies conducted in nine countries (U.S.A., Australia, England, Scotland, New
4 Zealand, Sweden, Denmark, Canada, and Germany the sharpest declines in HPV-related health
5 outcomes in both males and females were noted in countries with school-associated vaccine
6 delivery (United Kingdom, Australia and New Zealand). It is estimated that Australia, the global
7 front-runner in cervical cancer prevention, will virtually eliminate the occurrence of cervical
8 cancer in their country within the next 20 years.

9 School requirements increase vaccine uptake overall and distribute it more equitably. They help
10 ensure vaccination of vulnerable populations by providing long-term, widespread, and more
11 equitable vaccine coverage and disease prevention among adolescents. School requirements
12 were initially introduced to prevent transmission of communicable diseases in schools, but the
13 rationale for school requirements has evolved over time. School requirements now serve as
14 “safety nets,” with broad reach ensuring vaccination occurs in vulnerable populations.

15 Thank you for the opportunity to testify.

Hawai'i Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

February 11, 2020

Hawai'i Chapter
PO Box 25817
Honolulu, HI 96825
aaphawaii.org

Re: HB 2459 HD1: Relating to Medical Autonomy

Position: Comments

Dear Chair Lee, Vice Chair San Buenaventura, and Honorable Members of the Committee on Judiciary:

Board

President

Michael Ching, MD, MPH, FAAP

Vice President

Jeff Okamoto, MD, FAAP

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Galen Chock, MD, FAAP

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Josephine Quensell, MD, FAAP

Jenny Welham, MD, FAAP

The American Academy of Pediatrics, Hawai'i Chapter offers the following comments on HB 2459 HD 1. This bill would require the Department of Health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the Department of Health's current procedure for vaccination exemptions and best practices throughout the country.

The proposed study will likely demonstrate that, as intended, the Department of Health's current medical exemption procedure aligns with accepted and standard medical practice.

In addition, a table of USA jurisdictions requiring human papillomavirus vaccine is readily viewable at <https://www.immunize.org/laws/hpv.asp> (updated in December 2019). This table demonstrates that Hawai'i is a national trailblazer in protecting its population against the leading cause of cervical cancer, along with the District of Columbia, Rhode Island, and Virginia.

Our chapter represents over 300 pediatricians and pediatric health professionals. Vaccines have been demonstrated to be safe and effective against disease. For more information on vaccine safety and efficacy, we refer you to the excellent resources at the Children's Hospital of Philadelphia Vaccine Education Center (<https://www.chop.edu/centers-programs/vaccine-education-center>).

We appreciate your careful consideration of HB 2459 HD1.

 **PEARL HARBOR CHRISTIAN ACADEMY**
94-1044 WAIPIO UKA STREET, WAIPAHU, HAWAII 96797 (808) 678-3997

February 11, 2020

Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

ATTN: HAWAII STATE LEGISLATURE in regards to HB2459 HD1

We support a study on this important issue that impacts the health of our Keiki. We specifically would like to see a diverse group of people and organizations involved in the study, including Hawaii Christian schools impacted by this issue. We appreciate your attention to this matter.

Sincerely,



PHEBE SUMIDA, M.Ed.
Head Administrator



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

HOUSE COMMITTEE ON JUDICIARY

Rep. Chris Lee, Chair

Rep. Joy San Buenaventura, Vice Chair

Date: February 13, 2020

Time: 2:05 p.m.

Place: Conference Room 325

From: Hawaii Medical Association

Elizabeth A. Ignacio, MD, Chair, HMA Legislative Committee

Christopher Flanders, DO, Executive Director

Re: HB2459 HD1 – Related to Medical Autonomy

Position: SUPPORT

The Hawaii Medical Association supports informed decision making and study on controversial issues as offered by HB2459 HD1.

The HMA believes that nonmedical (religious, philosophic, or personal belief) exemptions from immunizations endanger the health of the unvaccinated individual and the health of those in his or her group and the community at large.

Therefore, the HMA:

- (1) supports the immunization recommendations of the Advisory Committee on Immunization Practices (ACIP) for all individuals without medical contraindications;
- (2) supports eliminating nonmedical exemptions from immunization;
- (3) encourages removal of nonmedical exemptions in rules and statutes mandatory immunizations, including for childcare and school attendance;
- (4) encourages physicians to grant vaccine exemption requests only when medical contraindications are present;
- (5) encourages the HMA work with public health officials to develop contingency plans for controlling outbreaks in medically exempt populations and to intensify efforts to achieve high immunization rates in communities where nonmedical exemptions are common; and
- (6) recommends that: (a) an established mechanism, which includes the involvement of qualified public health physicians, of determining which vaccines will be mandatory for admission to school and other identified public venues (based upon the recommendations of the ACIP); and (b) policies that permit immunization exemptions for medical reasons only.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD Secretary – Thomas Kosasa, MD
Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO



Kauai Christian Academy

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mail@kcaschool.org · Ph 808-828-0047 · Fx 808-828-1850 · www.kcaschool.org

“Academically excellent, Christ-centered education”



February 12, 2020

To whom it may concern:

Faculty, administration, school board, and parents at Kauai Christian Academy are very concerned about the new vaccination rules going into effect this year. In particular we are dismayed at the inclusion of a vaccine against the human papillomavirus (HPV), which is a sexually transmitted disease. This disease is not spread by incidental contact as other diseases we immunize against but rather is spread through sexual means, and many parents do not feel that it is appropriate for moral reasons to vaccinate against sexually transmitted diseases, as sexual activity is a moral choice. Vaccinating gives tacit approval to the moral choice that can lead to transmission of the disease. Rather, the appropriate way to avoid this disease is to abstain from sexual activity until marriage. Furthermore, many parents have concerns about the safety of this and other vaccines and there should be straightforward means for parents to opt out of vaccinations (and still attend school!) for this reason as well.

The new rules going into effect do not allow any exemptions to individual vaccines. This is a puzzling change as it seems designed to target parents who may be fine with immunizations in general but who object to the HPV vaccine on religious grounds or due to safety concerns about this particular vaccine. We would support efforts of the state to educate parents about vaccines, but it is a step too far to require vaccinations for school attendance without allowing parents the right to opt out of individual vaccines for religious or health concerns. Lawmakers may not agree with the reasons a parent may cite for opting out of a vaccine, but parents should still retain the right to make these decisions for their children and still send them to school.

Sincerely,

Daniel Plunkett
Headmaster
Kauai Christian Academy

HB-2459-HD-1

Submitted on: 2/12/2020 12:15:19 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Lusk	Hawaii Health and Harm Reduction Center	Oppose	No

Comments:



TO: The Honorable Chris Lee, Chair
The Honorable Joy A. San Buenaventura, Vice Chair
House Committee on Judiciary

FROM: Philip J. Bossert, Executive Director
Hawaii Association of Independent Schools

RE: HB 2459 HD1 - RELATING TO MEDICAL AUTONOMY
In Support

DATE: Thursday, February 13, 2020
2:05 PM, Conference Room 325

Aloha Chair Lee, Vice Chair San Buenaventura and Members of the Committee:

The Hawaii Association of Independent Schools (HAIS) strongly supports HB 2459 HD1.

HAIS is a membership organization that currently represents 102 of Hawaii's independent K-12 schools; and, through its subsidiary, the Hawaii Council of Private Schools (HCPS), licenses all 119 private K-12 schools in the State. Just under 35,000 children attend these 119 private schools.

Approximately half of these schools enroll 300 or fewer students, and 60% of these schools are religiously affiliated.

HAIS supports this legislation for four reasons. First, the Department of Health's current regulations allow parents who object to certain types of immunization on religious grounds to exempt their children from a particular vaccination. We believe that this interpretation of the religious exemption was the legislative intent of the original legislation (HAR 11-157). However, the Department's new regulations which take effect July 1, 2020, remove this original religious exemption and replace it with one that is an "all or nothing" religious exemption; they must state that they are against all forms of vaccination in order to exempt their children from any one particular vaccination. Thus, parents who object to perhaps just one type of vaccination on religious grounds have no choice but to withdraw their children from public or private schools and choose a home-schooling option. This may result in students receiving a less than satisfactory education, and it may also result in a parent or caregiver withdrawing from the

workforce to supervise the education of their children perhaps causing a financial hardship on many families.

The second reason that we support this legislation is that many of HAIS's religiously-affiliated schools themselves oppose certain types of immunizations on religious grounds, and yet will be required by the Department of Health to monitor and enforce immunization requirements that are contrary to the schools' religious and/or philosophical beliefs. **And the proposed new regulations threaten significant fines of up to \$1,000/day on schools that do not comply with the new regulations.**

The third reason that HAIS supports this legislation is that many of our small private schools will lose enrollment and may even have to close as a result of parents withdrawing their children in order to avoid certain vaccinations. Our small, religiously-affiliated schools report that as many as several thousand students may pursue this course of action. In many cases, the children who are withdrawn from a private or public school will be registered as home-schooled but then dropped off daily at home-school support centers that are not covered by the immunization regulations. And these same now home-schooled children can join their friends back at their regular school at the end of the day in after-school programs that are also not covered by these regulations.

Lastly, the Department of Health assumes that Hawaii's mostly understaffed and underfunded public and private schools have the additional staff time to take on the significantly increased monitoring and enforcement activities that will be required by these new regulations.

Offering parents the option of an exemption based upon conscientious beliefs and/or restoring the original interpretation of the religious exemption will avoid these issues stated above, and I urge you to support this legislation.

And, if the committee's recommendation is to have the Department of Health to study this issue and report back to the legislature next session; then implementation of the new regulations should be postponed until after this report has been submitted.

Thank you for the opportunity to submit testimony and we look forward to working with you as this important measure moves through the legislative process.



Testimony of the Hawai'i Immunization Coalition (HIC)

Before:
Committee on Judiciary
Representative Chris Lee, Chair
Representative Joy A. San Buenaventura, Vice Chair

February 13, 2020 at 2:05 pm
Conference Room 325

Re: HB 2459 HD1 Relating to Medical Autonomy

Chair, Vice Chair and committee members, thank you for this opportunity to provide testimony on the amended HB 2459 HD1, relating to Medical Autonomy. The amended bill requires the Department of Health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the Department of Health's current procedure for vaccination exemptions and best practices throughout the country. Such studies were conducted by the Department of Health prior to adoption of Administrative Rules (HAR) 11-157, and with their passing, Hawai'i is now in alignment with national immunization policies, as well as the policies regarding medical exemptions in other states.

The Hawai'i Immunization Coalition (HIC) **strongly opposes this bill** for the following reasons:

1. HIC opposes the language/intention of the original version of HB2459.
 - Expanding the criteria for allowable exemptions to include "conscientious objector"/philosophical exemption risks lower vaccination coverage rates in schools, post-secondary schools, and communities within the state and increases the risk of community outbreaks.
 - Maintaining high immunization rates is important to provide individual and community protection against dangerous vaccine-preventable diseases.
 - Evidence from the Centers for Disease Control and Prevention (CDC) demonstrates the correlation between state vaccination rates and immunization laws. States with the strictest immunization laws tend to have the highest rates of immunization.
 - Personal belief exemptions put people at risk for diseases. Several recent outbreaks of measles, pertussis (whooping cough), and varicella (chickenpox) have been traced to pockets of unvaccinated children in states that allow personal belief exemptions. <https://www.immunize.org/catg.d/p2069.pdf>.
 - Language regarding the Department of Health's authority to discontinue the recognition of exemptions to immunization during an epidemic can potentially place communities in Hawaii at risk for higher rates of infection.
2. HIC opposes HB2459 HD1 as currently written because studies have already been completed that support a strong immunization coverage for all of Hawai'i's students
 - All states and the District of Columbia allow medical exemptions. The language of the Hawai'i State Department of Health in HAR 11-157 regarding medical exemptions is specific and in alignment with standard medical practices of other states. <https://www.cdc.gov/php/publications/topic/vaccinations.html> and <https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>
 - Recognizing the benefits and safety of vaccines for children and the risk of disease outbreaks when vaccine exemption rates increase, leading medical organizations oppose states' policies allowing exemptions that are non-medical. See: <https://www.immunize.org/catg.d/p2071.pdf> It is for these reasons that the coalition **opposes this bill**. The HIC supports a high level of immunization in all communities in Hawaii in order to keep all persons safe from vaccine-preventable diseases. Further, Hawai'i medical exemption policies are already in alignment with practices throughout the country, additional studies would be an unnecessary use of taxpayer resources.

The Hawai'i Immunization Coalition (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 Hawai'i's families are appropriately vaccinated against vaccine-preventable diseases. Focus: Immunizations across the lifespan.

Thank you for your consideration.

HB-2459-HD-1

Submitted on: 2/12/2020 1:58:30 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kim Haine	Hawaii For Informed Consent	Support	Yes

Comments:

February 12th, 2020

Dear Chair Lee and Honorable Members of the Judiciary Committee,

I write in strong **SUPPORT** of SB2459 HD1

I urge you to pass this bill as amended and *require the DOH to establish a working group, which includes stakeholders on both sides of this issue*, to re-evaluate their recent changes to HAR 11-157.

It's vitally important and within the best interest of our children and the State, for the *new Rules be suspended until the study concludes*.

Hawai'i school children are currently not at risk of serious outbreaks from *any* of the illnesses targeted by the five newly mandated vaccines.

It's important that the DOH abide by existing HRS 325-32 and prove that *"a need exists within the state"* for each and every vaccine added as a requirement to attend school...especially the controversial HPV vaccine.

Recent studies are revealing an actual (never before seen) increase of cervical cancers in the exact age group of young women who were first targeted with this vaccine in 2006. Merck, the manufacturer of the HPV vaccine "Gardasil", is currently in federal court accused of fraud during their safety trials. Another prudent reason to wait, watch and discuss.

The medical exemption should be returned to the prior ethical and efficacious standards *intended within the existing exemption statutes*. Medical exemptions should be written

purely at a doctor's discretion, with the ability to consider family medical history, as well as any of the known adverse events listed on each vaccine manufacturers' package insert.

The other issue that should be evaluated is the rule language used in the religious exemption that disallows religious objections to just one vaccine or specific vaccine ingredients. This is blatant religious discrimination seeing as many people object to only specific vaccines, not all, due to such ingredients as cow serum, pork, or human DNA from aborted fetal cell lines used during the manufacturing process.

Shortly after the 1986 National Childhood Vaccine Injury Act (NCVIA) gave legal immunity to vaccine manufacturers and providers for all injuries and deaths caused by their products, we witnessed an explosion in the childhood vaccine schedule. In lockstep with this increase in the numbers and doses of recommended vaccines we now have an epidemic of chronic childhood illness across our nation.

There are huge gaps in the safety science although we only hear that they are "safe & effective". The World Health Organization (WHO) in 2019, and the Institutes of Medicine (IOM) after four separate DHHS commissioned studies, both concluded that the cumulative and long term safety of the childhood vaccine schedule as administered has never been established.

Please honor the soul of medical ethics' "precautionary principle of medicine", press PAUSE in Hawaii, and study this further.

Thank you for hearing this very important bill.

Kimberly Haine

HB-2459-HD-1

Submitted on: 2/12/2020 2:00:37 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Ayala	Waolani Judd Nazarene School	Comments	No

Comments:

As a school affiliated with the Church, many of the families at WJNS have a background of faith or religion (whether or not it is the same denomination as WJNS's). There are certain religious views that have led families to seeking vaccine exemptions, and being respectful of this, this has not been a variable that would deny admission at WJNS so far.

However, WJNS has an open mind to review medical research that would affirm or deny the need to require these vaccinations. Should the results prove that these vaccinations can create a safer health environment for WJNS, our school will take steps to updating our admissions process -- particularly in regards to the medical requirements prior to WJNS acceptance.

HB-2459-HD-1

Submitted on: 2/12/2020 2:00:57 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie West	Hawaii For Informed Consent	Support	Yes

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 3:00:56 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn Richardson	National Vaccine Information Center	Oppose	No

Comments:

Legislative Request for HB 2459 – Amend to Revoke [Department of Health amended HAR 11-157](#)

Presented to the House Judicial Committee Public Hearing on 2/13/2020 at 2:05 pm

By Dawn Richardson, Director of Advocacy
The National Vaccine Information Center (NVIC.org)

The National Vaccine Information Center (NVIC) is a nonprofit charity founded in 1982 to prevent vaccine injuries and deaths through public education. NVIC advocates for protection of the human right to informed consent to medical risk taking and inclusion of flexible medical, religious and conscientious belief vaccine exemptions in U.S. public health policies and laws.

We strongly supported HB 2459 before the Health Department gutted it by amendment in the Health Committee. We cannot support it in its current form, but are hopeful this committee will fix it.

HB 2459 was initially filed to repair limited vaccine exemptions for children to give parents actionable exemption options to protect their families from the overzealous passage of [Department of Health amended HAR 11-157](#).

The health department abused its rule writing privileges to pass rules that go outside of the scope of current statute to restrict religious and medical exemptions even further while simultaneously forcing 11 doses of 5 new vaccine mandates on Hawaii children.

HB 2459 now rewards the very same agency with the ability to avoid accountability for their rule by commissioning the department to conduct an unproductive study looking at medical exemptions and the HPV vaccine. This does absolutely nothing in time to help families opposed to these vaccine mandates whose children will be barred from school after July 1st. This is the fox guarding the henhouse and the families in this state need their elected representatives and senators to give them real help.

We urge that this committee amend this bill to strike the current language and instead insert language to rescind [Department of Health amended HAR 11-157](#) so healthy children who have had their vaccine exemptions unjustly limited by this rule can stay in school this fall. This also allows the legislature, not the department, to study these important issues in the interim without bias injected by the very department that caused this problem to begin with.



Date: February 12, 2020

To: House Committee on Judiciary - Rep. Chris Lee, Chair, Rep. Joy A San Buenaventura, Vice-Chair and Committee Members

From: Derald Skinner, Senior Pastor, Calvary Chapel Pearl Harbor

RE: Support of HB2459, HD1 Relating to Medical Autonomy

Thank you for the opportunity to submit testimony in SUPPORT of HB2459, HD1 which would allow a study relating to authorized exemptions from mandatory vaccinations.

Calvary Chapel Pearl Harbor is a christian church on Oahu that teaches the Bible and directs our congregation to live out their faith. One of our many ministries is a christian private school, Pearl Harbor Christian Academy (PHCA). PHCA has provided families on Oahu a Christ centered education that is academically strong for 20 years. We currently serve ages preschool through 8th grade. PHCA, as a ministry of Calvary Chapel Pearl Harbor, strives to promote academic excellence, spiritual growth and a sense of community through all they teach and do.

Though we support the bills intent to study exemptions, we feel that the study would not be complete with out representation from christian schools in Hawaii. The christian schools and the parents that enroll in their programs will be directly impacted by this study.

Also, we ask that this committee halt the new immunization requirements which go into effect on July 1, 2020 until after this study has been completed and reported back with its findings.

Please vote to SUPPORT HB 2459, HD1 with the modification to halt the July 1, 2020 immunizations requirements until the study can report its findings.

Thursday, February 13, 2020 at 2:05 PM
Conference Room 325

LATE

House Committee on Judiciary

To: Representative Chris Lee, Chair
Representative Joy San Buenaventura, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **Testimony in Opposition to HB 2459, HD1
Relating to Medical Autonomy**

My name is Michael Robinson, Vice President, Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write in opposition to HB 2459, HD1 that requires the Department of Health (DOH) to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department's current procedure for vaccination exemptions and best practices throughout the country.

HPH recognizes the importance of vaccinations and believes that vaccinations have proven to be effective in reducing health risks in children and adults. Current medical exemption requirements align with accepted and standard medical practice, and Hawaii, like Australia and other countries, is leading the nation in HPV and therefore cancer prevention. Requiring the DOH to conduct a study relating to medical authorized exemptions would not only be unnecessary, but a waste of resources that could be utilized on other issues, such as containing the Corona virus.

Thank you for the opportunity to testify.

HB-2459-HD-1

Submitted on: 2/13/2020 7:38:38 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Block	Peace of Mind Therapy HI LLC	Support	No

Comments:

In regards to Review of Health Effects of Vaccinations: Reviewing this is the responsible thing to do. Please pay attention to this otherwise there are sure to be consequences to our society as a whole down the line. This needs consideration.



February 12, 2020

The Honorable Chris Lee, Chair
The Honorable Joy A. San Buenaventura, Vice Chair
House Committee on Judiciary

LATE

Re: HB 2459, HD1 – Relating to Medical Autonomy

Dear Chair Lee, Vice Chair San Buenaventura, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2459, HD1, which requires the department of health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health's current procedure for vaccination exemptions and best practices throughout the country. It also requires a report to the legislature. Effective 7/1/2050.

HMSA believes that it is important public health policy that individuals stay current with their immunizations. We have continuously made efforts to remove any potential barriers for our members to get immunized. We would be opposed to any effort to create additional barriers to accessing much needed vaccinations.

Thank you for allowing us the opportunity to provide these comments.

Sincerely,

Pono Chong
Vice-President, Government Relations

HB-2459-HD-1

Submitted on: 2/13/2020 12:55:41 PM

Testimony for JUD on 2/13/2020 2:05:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
Melissa L Yee	Seeds of Truth	Support	No

Comments:

To the Honorable Representatives of the Health Committee,

Parents of children have a difficult task of raising a child today because of the number of requirements put upon them by schools, government and society to be in compliance, not only to be able to financially support the family and lead a harmonious and joyful life. Most parents, after the initial thrill of giving birth to a healthy child, are overwhelmed by the number of vaccinations now required by law and either relinquish their authority or face an uphill battle to find a pediatrician who is sympathetic to their concern about overdosing and side effects of allergic reaction or possible autism.

When I grew up, we had few vaccinations imposed upon us, and we eagerly visited a neighbor's child who had come down with measles or chickenpox in order to become smitten and develop a natural immunity. There was only polio vaccinations until we grew older.

Today we live in fear, of neighbors, kidnapers, predators, dirt, bacteria, disease, our food, water, much of it fueled by media and peer pressure. Although we have access to more information, we are bewildered by the conflicting opinions and usually resort to trusting the authorities-our doctors, dentists, teachers, etc. until the crisis hits, the disaster throws us into panic, the epidemic is played up in the media, and we become even more fearful. When the child goes into spasm after a vaccination because he may have been ill beforehand and the doctor encouraged the parent to go ahead, it is too late.

Therefore this bill to create a conscientious exemption allows greater latitude for a parent who cannot claim religious or medical exemption. Parents and their children have a right to choice, and with the questionable background testing for safety and contents of the plethora of injections being forced on children today, this bill would ease the anxiety of any parent when allowing the child to be vaccinated. Pharmaceutical companies are reaping millions of dollars in profits on untested vaccinations and exempt from liability under the Vaccine Safety Act, which protects them and not families. Pediatricians should not be criminalized for supporting their patients' decision to not vaccinate or delay vaccinations until a later age when the child's immunity is stronger.

Lawmakers need to hear the parents. Please pass this bill and protect the parents and children from risk of adverse reaction and an even greater burden on society to care for vaccine injured children. We already have far too many children with special needs as a result of the parents' exposure to poor nutrition and chemicals the residue of pesticides and chemicals in the soil and water from plantation days. I strongly support HB 2459.

Sincerely,

Dr. Melissa Yee

Seeds of Truth

HB-2459-HD-1

Submitted on: 2/11/2020 1:58:58 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rodrigo Romo	Individual	Oppose	No

Comments:

With the recent outbreak of the Measles that took place in Guam, to which Hawaii sent a dedicated medical team led by Lt. Gvr Green to deal with it, how is it possible that we are considering providing this option for parents to opt out based on "conscientious beliefs" this is completely absurd.

I strongly oppose this bill.

HB-2459-HD-1

Submitted on: 2/11/2020 3:44:00 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
April Woolley	Individual	Support	No

Comments:

Aloha

As a concerned parent, I am humbly asking you to support HB2459—Conscientious exception as a third choice to Hawaii’s vaccine exemption choices.

Bodily autonomy I believe is strictly one’s personal choices. As a parent, I see the choices I make for my child to be to the best of my abilities. As a parent, I can say I am always putting my children’s health, happiness and needs at the forefront. Personally, I am thankful for the choice to have a religious exemption, but would support the “Conscientious Exemption” as a third option.

This Bill is not a vaccination vs. non-vaccination issue. It’s broader than that—it’s an issue of human rights, and the rights of what we—of sound mind and body people—should be.

I urge you to vote to protect this freedom to protect ourselves. As heartbreaking as it is, I urge you to listen to the stories of the TENS of THOUSANDS of vaccine injured children, adults and their families. A third choice can give us the freedom to do what is best for our children.

I completely understand how busy you are and I sincerely appreciate you reading this. If you would like I can send you some information (CDC, WHO etc) as well as testimonials from myself and other concerned parents and caregivers. You will have many, many grateful families thanking you speaking up for us.

Feel free to reach out with any questions or concerns. Thank you again for your time.

Mahalo,

April Woolley

woolleyape@gmail.com

HB-2459-HD-1

Submitted on: 2/11/2020 3:59:29 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

I STRONGLY urge the house to REQUIRE the DOH to do further inquiry and study on the HPV mandate and to REMOVE the restrictions on medical exemptions. Where there is a risk there MUST BE A CHOICE.

HB-2459-HD-1

Submitted on: 2/11/2020 4:00:34 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
elena kersting	Individual	Support	Yes

Comments:

I strongly support House Bill HB2459, Mahalo.

HB-2459-HD-1

Submitted on: 2/11/2020 4:10:31 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kerri Yeakey	Individual	Support	Yes

Comments:

Support bill for our rights to our OWN bodies and for the future health of all our keiki!!! Chronic illness is now at 54% which directly correlates with the increase in vaccine schedule since the 1986 when Pharmaceutical companies became untouchable and not liable for safety!! This trend has got to stop. My son vaccine injured with ASD, PANs and immune deficient. When there is a RISK there must be a CHOICE!!

HB-2459-HD-1

Submitted on: 2/11/2020 4:44:17 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
roxanne Baughn	Individual	Support	Yes

Comments:

My kids are first American born my husband has been in the military serving for 27 years . My daughter is also serving now . How is it that they fight for people's freedoms while our body are now not our own . We can't decide what gets injected into our kids body's . If one child dies from a vaccine that's to much . We traded in childhood disease for the epidemic of sick kids . Now you approved HPV for every child going to school who will take care of these children when they have an injury? The vaccines manufacturers ,doctors , and nurses have free liability no one can sue them but the parents are stuck taking care of these kids when they are injured by vaccines you are mandating. Why can't you guys look at the vaccine insert for all the side affects? If there is a Risk there must be a choice..

HB-2459-HD-1

Submitted on: 2/11/2020 5:15:40 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Darrell Gella	Individual	Support	No

Comments:

Every medical procedure, intervention, treatment, or medication holds risk. Because of this fact we must always have a choice to opt out for whatever reason. I strongly support HB 2459 and ask that you pass this bill.

HB-2459-HD-1

Submitted on: 2/11/2020 5:25:27 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Dewey	Individual	Support	No

Comments:

I strongly support HB 2459. Please remove restrictions on medical exemptions. Every child is different and his/her doctor and parents know the child's medical history best and the child's ability to handle vaccines including multiple vaccines at once. Long term studies HAVE NOT been done on the result of multiple vaccinations at once. Delay the start of the July mandates until the DOH has done further inquiry and study on the HPV Vaccine. There are many questions about this particular vaccine's safety and efficacy.

HB-2459-HD-1

Submitted on: 2/11/2020 6:34:30 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

Dear legislators.

I strongly support this bill HB 2459. Please restore the language in the original bill text. I oppose the amendment made at the earlier hearing.

I think everyone should support medical freedom. It is a common sense bill. Our bodies are sovereign and we

have basic human and parental rights to make the best choice for ours and our

children's medical decisions. Any liability free product that has death as side effect

should never be mandated. I think most people would want to be able to say no to any

medical interventions they don't want. Imagine if you would have to inject CDC's adult

schedule of 196 doses liability free vaccines to be able to go to work? Yes you. Would

you gladly roll up your sleeve to get up to date? This is what they are doing. When that

day comes, would you want the option to opt out to choose? Think about it. I am here to

warn all of you. I almost died from a vaccine. I did my research. Where there is a risk

there must be a choice, for everyone.

Court hearings started jan 9 this year. Pharmaceutical giant, Merck, is facing charges of fraud in lawsuits filed in U.S. courts regarding their vaccine products.

This is important information for the public to know, given the fact that the ever-growing

vaccine market is expected to exceed \$70 billion within the next few years, and that many states are trying to pass legislation to mandate vaccines without informed consent, all in the name of “the greater good” for public health.

Federal government agencies tasked with protecting public health, along with the corporate “mainstream” media, which reportedly receives up to 70% of its advertising revenue from pharmaceutical companies, continue to censor any negative information regarding vaccines that could affect sales.

"Whether you're pro-vaccine, anti-vaccine, or fall somewhere in the middle, the questions you need to ask yourselves are as follows: Do you want to live in a world, where you cannot freely refuse a medical procedure that carries risk of injury or death? I'm not questioning your comfort level with today's vaccine schedule, because today's vaccine schedule will change. New vaccines and additional doses are added all the time. children today receive as many as 49 doses of 14 vaccines before they reach age six, which is roughly 12 times higher than the number of vaccines administered to children back in 1940. With more than 220 new vaccines in the developmental pipeline for children and adults...and no end in sight..the question you must ask yourself is ARE YOU CERTAIN you will be 100% comfortable with vaccines that are added to the mandated list in the future? If you say that yes, you're comfortable, then you're either a) not expecting to be a parent or grandparent, b) don't have to worry about it because your kids are grown and out of the house, or c) lying to prove a point. No critical thinker, no honest person, would ever sign off on the sight-unseen vaccine schedule of the future. And yet that's what you're doing when you condemn the people who are fighting for your right to refuse. YOU have the right to refuse, should you ever choose to use it,

because the very "anti-vaccine" people you demonize have been fighting for us all. Right now, the burden of "herd immunity" falls on small children, but that is changing. Vaccine manufacturers see an untapped market in adult vaccines and are coming for you next. What will you do if your state, your employer, or your insurance company forces you to get a vaccine that you simply don't want? It hasn't happened to you yet, but if the right to refuse is eroded, it will happen to you sooner than you might think. Who then will you turn to? The CDC, who owns several vaccine patents, and has former pharma executives sitting on the board? Who will you turn to if you ever want to say no? There will be no one. Once we enter the slippery slope of removing and individual's right to refuse medical procedures that carry a risk of injury or death, once we remove an individual's right to speak for him/herself and his/her children, we open ourselves up to an insidious new era, where other drugs and other procedures can be mandated. Forced vaccination is a human rights violation, and to support it when you know that the government's own Vaccine Adverse Events Reporting System exists and lists people who have died as a result of vaccines is unethical at best, sociopathic at worst. The ethical thing to do is to allow people their right to refuse and leave it up to doctors and big pharma (who have marketing budgets larger than the GDP of some countries) to do a better job of convincing parents that vaccines are safe. We can start by reversing the law that grants vaccine manufacturers total immunity from vaccine injury lawsuits. Because as it stands, you can't sue a vaccine manufacturer if your child is injured or killed by a vaccine, even in cases where they could've made a safer vaccine and chose not to or when they failed to recall a contaminated lot# in a timely manner. Think about that. You can't sue the manufacturer. That immunity from liability

does more to shake parents' confidence in vaccines than anything else out there.”

Wanting truth, transparency and real science doesn't make you anti anything. It makes you pro freedom and pro honesty.

I encourage people to make vaccine manufacturers liable again.

Mahalo.

Martina, Maui

TWENTY PROBLEMS WITH VACCINE SCIENCE

Alvin H. Moss, MD, FACP, FAAHPM*

• No inert placebo-controlled studies with saline injection

• Short duration of follow-up (as little as days to weeks)

• No human or animal studies involving SC or IM injections of aluminum to establish the safety of injecting infants & children with aluminum hydroxide, aluminum phosphate or amorphous aluminum hydroxyphosphate sulfate

• One-size-fits-all. Newborns have 20% of the kidney function of a 2 year old (excretion of aluminum through the kidneys is the main route to remove systemic aluminum) yet both receive the same dose of aluminum-containing vaccines; the one-size-fits-all approach is in stark contrast to precision medicine, an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person.

• No safety studies on entire vaccine schedule, especially as vaccines are added
Predominant monitoring only for pre-specified adverse events in clinical trials leading to vaccine approval

• No active post-marketing surveillance (VAERS is passive and voluntary)

• No vaccinated versus unvaccinated studies by CDC to learn true adverse events of vaccines

• No research to identify those with preexisting susceptibilities to vaccine injury

• Small sample sizes in clinical trials that do not allow detection of less frequent severe adverse events.

• No incentive to improve vaccine safety because vaccine makers cannot be sued (and consequently no changes to improve safety in a particular vaccine during the 17-year life of the patent)

• Underreporting of vaccine injuries—less than 1% (Harvard 2010 study)—so no good way to assess balance of benefits versus harms

• No studies for carcinogenicity, mutagenicity and infertility

• No adequate research base to evaluate vaccine safety—Institute of Medicine concluded there was insufficient science to accept or reject a causal relationship for 135 adverse events reported with vaccines—“The absence of evidence is not the same as evidence of absence.” IOM 2012 report, Adverse Effects of Vaccines: Evidence and

Causality.

• Excessive reliance on observational retrospective studies in which confounding variables cannot be examined (weak science).

• No accounting for healthy user bias in observational retrospective and prospective studies.

• Scientific misconduct in which there is selective reporting of results or omission of conflicting data to arrive at a desired conclusion

• Scientific misconduct in which there is deceptive reporting of results to omit important limitations to generalizability of results (e.g., vaccination status of groups are not comparable) or in which groups are deceptively misrepresented as “unvaccinated” when they had received a number of vaccines

• Conflicts of interest of those conducting the studies (“investigator determined that deaths associated with vaccine were not vaccine-related”; no Data Safety Monitoring Boards) and those approving the vaccines (Advisory Committee on Immunization Practices) See OIG 2009 report.

• No safety testing of vaccines and vaccine ingredients in pregnant women even though CDC recommends vaccines to pregnant women

*Dr. Moss has more than 40 years of medical practice, research, and teaching experience. His interest in vaccine safety and vaccine injury was first prompted by ethical concerns regarding conflicts of interest in vaccine research and in public policy. The opinions expressed here are his own and do not represent those of his employer.

HB-2459-HD-1

Submitted on: 2/11/2020 7:13:52 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Natasha Noble	Individual	Support	No

Comments:

As a Hawaii Resident and Parent, I STRONGLY SUPPORT this bill. I implore you to pass this bill. Please require the DOH to do further inquiry and study on the HPV mandate and remove the restrictions on the medical exemptions. Please require amendments made to HAR 11-157 , suspend the start date on new mandates until the working group study is completed on HB2459.
mahalo, Natasha

HB-2459-HD-1

Submitted on: 2/11/2020 7:17:52 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

HB-2459-HD-1

Submitted on: 2/11/2020 7:31:29 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jessika Friedrichs	Individual	Support	No

Comments:

I strongly support HB2459

HB-2459-HD-1

Submitted on: 2/11/2020 8:09:33 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas	Individual	Support	Yes

Comments:

Where will this Vaccine Madness end? I am 70 and when I was a child I got two at the most. In 1986, they took ALL LIABILITY Away from Vaccine makers for injurng or killing people, children, with Vaccines. At that point the number was 24 in doses. NOW in 2020 the CDC recommends around 70 doses for our children. Remember there is NOLIABILITY if the child is killed or injured. NONE. Over 4 Billion dollars has been paid for deaths and injuries since the Vaccine Injury Compensation act was put in place around the same time as liability was taken away. Harvard university did a study showing only 1%, that is ONE PERCENT of vaccine injuries are reported. THINK ABOUT THAT? WATCH THIS!!!

https://www.youtube.com/watch?v=D3x0rQT_eSw

There are over 200 vaccines in the pipleine. So what is next 350 dose for our school children? You see many vaccines require more than one dose. 350 doses coming? Think. PLEASE THINK. The companies who make vaccines have been fined over 35 Billion dollars for deaths and injuries of their products. So you are REALLY going to force vaccinate all our schoolchildren with products from THESE SAME COMPANIES, WHO REMEMBER HAVE NO LIABILITY IF THEY KILL OR INJURE A CHILD. Do ANY of you really look at these laws, REALLY LOOK AT THE ISSUE, before you condemn our children to CERTAIN Dealths and Injuries. Pass this bill and stopp ALL VACCINATION Until the science is really looked at. Anythin less is the destruction of our future generation and our very future.

HB-2459-HD-1

Submitted on: 2/11/2020 8:43:23 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Mosk	Individual	Support	No

Comments:

I strongly support this bill HB 2459. Department of Health we need to do further inquiry and studies on the HPV mandate and remove the restrictions on the medical exemptions.

Please support this Bill..

Aloha,

Nicole Mosk

HB-2459-HD-1

Submitted on: 2/11/2020 8:43:42 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sonni Bersamina	Individual	Support	Yes

Comments:

I strongly support this bill. Research without conflicting interests needs to be done before mandates are put in place. Vaccines are not safe.

HB-2459-HD-1

Submitted on: 2/11/2020 9:24:36 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara DiGrazia	Individual	Support	Yes

Comments:

Regarding Conscientious Exemption Bill Hearing HB2459-Support

Thursday, 2/13/20 2:05

Conference Room 325

Hawai'i State Capitol

Dear Representatives,

My name is Sara DiGrazia and I am a Kama'aina to O'ahu, registered voter, licensed psychologist and mother. Thank you for hearing our testimony and considering such well-formulated and fair legislation. I am writing you in strong support of HB2459.

It is of utmost importance to maintain our medical freedom and choice no matter what the medical intervention. In the case of vaccines, our objections to mandated vaccines are personal. Our daughter has been recovering since March of 2019 from a severe adverse reaction to her first adult shot, the Tdap. I stood and laid next to her on and off for months as she struggled with dangerous fevers and day long vomiting spells. During this period, she looked like someone who had been starved. She lost some of her language skills and fought back fainting spells and general exhaustion until recently. Looking back at her medical record we can see that she had a reaction when she was given the childhood Dtaps, as well that lasted 6 months. With the current mandate, she would not be excepted from this vaccine, despite the fact that the doctor who administered the vaccine assumed she would be, given what happened to her.

If experts at the World Health Organization (<https://youtu.be/s2lujhTdCLE>) are unsure of the overall safety of vaccines; if 1000s of children are damaged every year from vaccines; if none of the routine vaccines have been tested against an inert placebo; if the companies that make them are repeat felons responsible for such tragedies as the deaths caused from Vioxx and the opioid epidemic; when the companies themselves admit that the vaccines have “not been evaluated for its carcinogenic or mutagenic potential or impairment or infertility;” when the combination of vaccines at the ages given to our children have never been researched or evaluated; when chronic illness among children is up to 54% and the confluence of factors that is contributing to that has not been thoroughly evaluated, how can I feel comfortable giving my child (or myself) these vaccines?

I strongly support our continued right to choose for our family what medical interventions we will accept. I also support our ability to quarantine our children in our home where we can best care for them.

Thank you,

Sara DiGrazia, Psy.D.

HB-2459-HD-1

Submitted on: 2/11/2020 9:25:00 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Gilbert baughn	Individual	Support	Yes

Comments:

Parents should have the right to make informed dicisoin about the health of their children. Especially when it comes to medical proceedures such as vaccines. Vaccines are not a "one size fits all" solution. There are real risks when recieving vaccines. Where there is risk, there much be choice.

HB-2459-HD-1

Submitted on: 2/11/2020 9:26:23 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

HB-2459-HD-1

Submitted on: 2/11/2020 9:28:49 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Taylor Roberts	Individual	Support	Yes

Comments:

Dear Representatives,

I strongly support my family's ability to maintain its body sovereignty and conscientious object to one or more of the over 69 vaccines suggested currently by the CDC (with 100s awaiting patent). Many of these do not even pose a public health risk (e.g., Hepatitis B and HPV). We should be allowed to maintain our freedoms, especially when it comes to our bodies and the bodies of those we are gifted to care for.

Thank you,

Taylor Roberts

(Kailua Resident)

HB-2459-HD-1

Submitted on: 2/11/2020 9:32:53 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Kitahara	Individual	Support	Yes

Comments:

I strongly support bill HB2459!

HB-2459-HD-1

Submitted on: 2/11/2020 9:52:43 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Meghan Leialoha Au	Individual	Support	Yes

Comments:

Aloha,

As an educated kanaka Maoli, mother and community supporter, it is in ALL of our best interest to **support** HB2459 to REQUIRE the DOH to do due diligence in backing up very dangerous mandates to forcefully vaccinate all children with a one size fits all schedule, especially with childhood disease, chronic illness, autoimmune and cancer at an all time high. This should allow for very flexible medical exemptions for any and all parents like myself who have children healing cancer and neurodegenerative diseases and disorders. Our children are our responsibility to protect and if we fail at this, they are the ones who suffer.

I also strongly support the revert to SB2270 that allows for CONSCIENTIOUS exemptions as a significant basis for choosing a sovereign path for a child's best health interest according to the parents, as well as the home as the first, safest place for quarantine if the need arises.

Mahalo, in pono and prayer,

Meghan Leialoha Au, mother to River Iwilani Au-Bishop

HB-2459-HD-1

Submitted on: 2/11/2020 10:10:10 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mei Shikiya	Individual	Support	No

Comments:

Please require the Hawaii State Department of Health to do further study on the safety and efficacy of the HPV vaccine before mandating it for Hawaii students. For instance, a recent article in the European Pharmaceutical Review says the HPV vaccine's effectiveness against cervical cancer is overstated: <https://www.europeanpharmaceuticalreview.com/news/111334/effectiveness-of-hpv-vaccines-cervarix-and-gardasil-under-question/>

Please suspend the start date of HAR-11-157 amendments until the working group study is completed, as specified in HB2459.

Mahalo for your consideration.

HB-2459-HD-1

Submitted on: 2/11/2020 10:37:49 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
sarah zion	Individual	Support	No

Comments:

My name is Sarah, a mother, and I am writing in SUPPORT of this bill.

It is not conspiracy, it is FACT, that people can have adverse reactions to vaccinations. Gene mutations, that would otherwise go undetected, can cause devastating injury when combined with vaccination. A visible illness is not the only factor in the need for medical exemptions, and it should be the family's right to discern if they are healthy and fit for receiving vaccinations.

If vaccines aren't safe for EVERYONE, then it is not appropriate to mandate them for the greater population. It is not appropriate to consider the vaccine injured "collateral damage" for a "greater cause".

Medical exemptions are not enough, because not enough is known about the vast amount of pre-existing conditions that could potentially lead to vaccine injury. Medical exemptions are normally reduced to the visibly ill, but many injuries are due to previously unknown conditions.

Please, allow families to make decisions about their health. Healthy, happy families makes for a stronger community.

Instead of spending money mandating vaccines, put more funding into research and/or advertising.

Help families make informed decisions by offering more information, but ultimately leave the decision in the hands of families.

HB-2459-HD-1

Submitted on: 2/11/2020 10:47:35 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
C. Vierra	Individual	Support	No

Comments:

Aloha Legislators,

I am writing in strong support of HB2459. As HAR 11-157 takes effect [on July 1st, 2020](#), mandating immunization requirements for all students entering childcare or preschool, kindergarten, and seventh grade, etc and restricting the qualification for a medical exemption, the need for a conscientious exemption has never been more important. While I think further review is necessary, especially when it comes to definitions (how does the DOH define epidemic? How long would quarantine last? And determined by whom?), attention to this bill is necessary.

The 2020 mandates restrict our body autonomy, medical freedom, religious freedom, parental rights and our children's right to an education. We should be able to decide what is injected into our bodies and that of our children, without villainizing and punishing that choice with the inability to receive an education, ESPECIALLY when certain required vaccines are for diseases that DO NOT pose public health risks and rather involve KNOWN LIFE THREATENING RISKS. A conscientious exemption would give us the freedom to make an informed choice.

I believe mandating vaccines with known life threatening risks and a lack of scientific consensus and data for specific links to chronic illness, is an overreach of government power. As with all drugs/medicines, vaccines come with risks of adverse and allergic reactions. The known risks which include fainting, seizures and death should be something, I as a human and parent should have a conscientious choice over, and ones which my children should not be forced to take.

HB 2459 will allow our children to remain in school. It will also help to restore our parental rights, rights to body sovereignty, and our medical freedom. I urge you to support this bill.

Mahalo nui,

C. Vierra

HB-2459-HD-1

Submitted on: 2/11/2020 10:53:38 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mitsuko Hayakawa	Individual	Support	No

Comments:

Aloha Members of the Judiciary Committee,

Thank you for taking the time to hear this Bill HB 2459 relating to medical autonomy. I am in **STRONG SUPPORT** for medical autonomy. It is a human right for us to make medical decisions for ourselves.

The recently new mandate for school children HAR 11-157 restricts medical exemptions and does not take into consideration family values or history. If families do not qualify for medical exemption, they would be forced to either fully vaccinate or not vaccinate at all using the religious exemption.

Nobody has tested the long term safety of all the vaccinations. What are the cumulative and synergistic effects of the ingredients? Will YOU take personal responsibility if many of our keiki have adverse reactions due to this new mandate? We should suspend implementation of the new mandates until a proper safety test has been done. It is unconscionable and irresponsible to force our children to take so many vaccines without clear evidence of safety. Families should be able to weigh the risks of each vaccine and decide for themselves.

Most concerning to me is the HPV vaccine, which is not even a vaccine to prevent infectious diseases and cannot be spread in a school environment. Personally, I believe the HPV vaccine should be completely removed from the mandate. It is not even recommended in other developed countries such as Japan. Currently, manufacturers are in litigation regarding the safety of this vaccine. Our family (as well as many Hawaiian families) have conservative values regarding sexuality, and I feel that the State has unnecessarily infringed on our rights with this mandate.

The State needs to re-evaluate this new mandate and suspend HAR 11-157 until adequate safety studies have proven long-term safety and efficacy for our keiki. Please support medical freedom.

Mahalo,

Mitsuko Hayakawa

Mother

HB-2459-HD-1

Submitted on: 2/11/2020 11:09:03 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Terry Hans	Individual	Support	No

Comments:

Where there is risk, there must be choice! Please don't let pharma buy our rights away.

My Name is Maly Gella. I am a registered nurse of 23 years. I am in strong support of HB 2459 HD1. As a parent and nurse I was like most for many years, I blindly followed what the doctors recommended when it came to vaccinations. I learned almost nothing about vaccines in nursing school and it was only within the last six years that I began educating myself on this issue. The reason I am in strong support of this bill both in its original form and as a study is because the rule changes that occurred with HAR 11-157 will negatively impact the students of Hawaii for the following reasons:

1. The HPV vaccine is currently in Federal court for fraud committed during its clinical trials. There have been countless debilitating injuries caused by the HPV vaccine. Monetary settlements have been paid out through the Vaccine Injury Compensation Program for both injuries and death caused by this vaccine. HPV is not a communicable disease and therefore there is NO Compelling reason to have it mandated for 7th grade attendance! If there was a compelling reason to have a vaccine for a sexually transmitted virus mandated for middle school there are Clearly Serious Problems that Need to be addressed in our Schools and it has Nothing To Do with Vaccine Mandates!
2. The other 4 vaccines added by HAR 11-157 also have no compelling evidence that I am aware of. If there is we need the Department of Health to demonstrate it in this study.
3. The Supreme Court has deemed vaccines "unavoidably unsafe". Based on this known fact adding 5 new vaccines to the school schedule will increase the potential for vaccine injury.
4. Children who do not comply to the new rule changes will no longer be eligible for school attendance unless they apply for a religious (RE) or medical exemption (ME). The changes made to the medical exemption have made it near impossible to obtain. Doctors no longer are allowed to exercise their right to write a ME based on a child's family history or a vaccine reaction listed on the package insert. Only a select few vaccine reactions qualify for an exemption and only for the vaccine that caused the severe reaction. This is egregious as many vaccines contain the same adjuvants and ingredients and to determine specifically what caused the reaction is impossible.
5. The new DOH religious exemption form violates our constitutional rights. No one has the right to tell another individual what constitutes their religious beliefs. As a parent if I teach my child abstinence and therefore object to giving the HPV vaccine that is my religious conviction. Or if I am opposed to any vaccine containing DNA from aborted fetal tissue that too is my protected religious right.

Without any proven need by the DOH at this time to add these 5 new vaccines I implore this committee to please halt the implementation of HAR 11-157 until a full study is completed showing the *compelling need* for each of these 5 vaccines. I also ask that the committee conducting this study be comprised not only the DOH but stakeholders from outside of the DOH. This committee needs to include parent(s) of vaccine injured children/child and parents directly impacted by the rule change. It should also include health care providers, nurses, and teachers, who do not have ties to the Department of Health but instead are from the community who work directly with the vaccine injured and their families. This study needs to be objectively conducted with all parties affected and vested being a part of the process.

I thank you for your time and once again ask that you would please pass HB 2459 HD1.

HB-2459-HD-1

Submitted on: 2/12/2020 12:14:10 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn Poiani	Individual	Support	Yes

Comments:

SUPPORT HB2459 HD1 Relating to Medical Autonomy

Judiciary Committee

2/12/2020

I support the original wording of HB2459 in its original text as well as the idea of a working group.

I hope if this bill moves forward that HAR 11-157 Department of Health rule changes are suspended until the working group effectively evaluates the safety of HPV vaccine and how their is compelling state interest of placing other vaccines that are not meant to prevent the spread in a community environment like school on the vaccine schedule.

I hope the study group will evaluate how the ACIP medical exemption guidelines are possible good medical practice? The medical guidelines for vaccine exemptions as followed by the ACIP completely interferes with doctor and patients relationship and limits that reasons a doctor may find as compelling reason to give a medical exemption from vaccinations, additionally children with current medical exemptions will loose their medical exemptions with HAR 11-157 rule changes.

I also hope the study group includes all stake holders which would include parents of vaccine injured children, heads of schools, religious community members, nurses, doctors, pharmacists, specialists on vaccines, and any other stake holder.

Current vaccine requirements and laws are a Utilitarian Rationale Turned Into Law

It is important to note that the Supreme Court ruling in Jacobson v Massachusetts at the turn of the 20th century was clearly based on a utilitarian rationale that a minority of citizens opposing vaccination should be forced to get vaccinated in service to the majority.

Utilitarianism was a popular ethical theory in the late 19th and early 20th century in Britain and the U.S. and was used by government officials as a mathematical guide to making public policy that ensured “the greatest happiness for the greatest number of people.” Today, utilitarianism has a much more benign and lofty name attached to it: “the greater good.”

Minorities At Risk When State Employs Militant Utilitarianism

Perhaps that is because utilitarianism went out of fashion in the mid-20th century after, beginning in 1933, the Third Reich employed the utilitarian rationale as an excuse to demonize minorities judged to be a threat to the health and well being of the State. Enlisting the assistance of government health officials, the first minority to be considered expendable for the good of the State were severely handicapped children, the chronically sick and mentally ill, the “useless eaters” they were called.

And when the reasons for why a person was identified as a threat to the health, economic stability, or security of the State grew longer to include minorities who were too old or too Jewish or too Catholic or too opinionated or simply unwilling to believe what those in control of the State said was true....as the list of those the State branded as persons of interest to be demonized, feared, tracked, isolated and eliminated grew, so did the collective denial of those who had yet to be put on that list.

Utilitarianism Is A Discredited Pseudo-Ethic

Utilitarianism is a discredited pseudo-ethic that has been used to justify horrific human rights abuses not only in the Third Reich but in human scientific experimentation and the inhumane treatment of prisoners and political dissidents here and in many countries, which is why it should never be used as a guide to public policy and law by any government.

Although we may disagree about the quality and quantity of the scientific evidence used by doctors and governments to declare vaccines are safe at the population level, at our peril do we fail to agree that, while the State may have the power, it does not have the moral authority to dictate that a minority of individuals born with certain genes and biological susceptibilities give up their lives without their consent for what the ruling majority has judged to be the greater good.

Our Lives Are Defined by the Choices We Make

The journey we take in this life is defined by the choices we make. And if we are not free to make those choices, the journey is not our own. And the choices we make that involve risk of harm to our physical body, which houses our mind and spirit, those choices are among the most profound choices we make in this life, which is why we must be free to make them. Medical Autonomy allows an individual to make free and informed medical decisions preventing the risk of the abuse of human rights. Vaccines

come with risks and benefits and no one should feel forced, coerced or cornered into making any medical decisions in the false ideology of the "Greater Good".

I do not advocate for or against use of vaccines. I support our human and legal right to make informed, voluntary health care decisions for myself and my children and choose to use every government recommended vaccine, a few vaccines or no vaccines at all.

We are seeing an increasingly hostile environment created by an industry-government-medical trade alliance that is lobbying for laws to compel all Americans to use every government recommended without deviation from the official schedule or face a growing number of societal sanctions. Although historically, children have been the target for vaccine mandates, authoritarian implementation of federal vaccine policy is not just for children anymore, it is rapidly expanding to include all adults.

HB-2459-HD-1

Submitted on: 2/12/2020 12:37:39 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Victoria Ng	Individual	Support	Yes

Comments:

Aloha,

While I do support this bill, I prefer much of the language of the original bill.

Also, please:

-Require the Department of Health to do more inquiry and study on the HPV vaccine and proposed mandate

-Remove restrictions on Medical exemptions

-Require amendments made to HAR 11-157 to suspend the start date on the new mandates until the working group study is completed on HB 2459

A few questions:

-Why do students “need” an std vaccine to attend school?

-Why are the new Religious Exemption rules violating our first amendment rights?

-Why are we violating FERPA rights by requiring specific types of reporting?

-Why are we cutting out our doctors opinions, with the new Medical Exemptions? Shouldn't this be between parents/children and their doctors?

Please keep Hawaii's liberty—we should have the freedom to choose our medical procedures in a free society.

Thank you.

HB-2459-HD-1

Submitted on: 2/12/2020 12:59:40 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Bartlett	Individual	Support	Yes

Comments:

Three points

1. Considering the difference in the views and positions between the proponents and opponents of HB2459, it is significant that **both sides** actually agree on the effective use of isolation and quarantine as a viable and safe measure to control epidemics.

Furthermore, the CDC and the WHO also agree on the effectiveness on the use of quarantine/isolation. Therefore, under the current circumstances whereby other measures proposed in this bill cannot be easily or immediately resolved to the agreement of both sides it appears that the adoption of **quarantine/isolation is the most effective measure to control contagion** and should be adopted in a manner that is agreeable

Vaccines are an irreversible act. Just as past health research about the safety of Teflon cookware were reversed after decades and scientists now say it is not safe, there is no way to undo a vaccine injection that caused injury.

2. Extreme example of double standard: You cannot be pro-choice on abortion and make new laws that are anti pro-choice on vaccination by forcing vaccinations

This is the same double standard that we see every day in politics and it should not be applied to science and health.

This can all be resolved by the standard WHO and CDC universal precaution used in all health care institutions of **quarantine and isolation that can be implemented by the Department of Health when needed in times of contagion.**

3. HPV virus just as HIV virus are sexually transmitted, we do not have a precedent of medical mandates with pre-teens and teenagers for sexually transmitted diseases and there is no reason to mandate this vaccine for something so rare as cervical cancer or oropharyngeal cancer. **Cervical cancer is best prevented by screening. There is no logical reason that the Contagious Disease Committee has to add this vaccine to the list of mandated vaccines for contagious diseases** except that the pharmaceutical manufacturing entity actively recommends this to each state. It is

understandable that any state university would align with that state's Department of Health but that doesn't mean they are aligned consistently with other bodies of equally respected medical research. Thank you.

HB-2459-HD-1

Submitted on: 2/12/2020 1:07:14 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Angela M Mabini	Individual	Support	Yes

Comments:

I support this bill. Please require DOH to do further inquiry if the HPV mandate and remove restrictions on the medical exemptions.

Require amendments made to HAR 11-157 suspend the new start dates until the working group study is completed on HB2459.

Thank you very much for protecting us and the children who are harmed by vaccines as best you can.

HB-2459-HD-1

Submitted on: 2/12/2020 7:01:54 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael S McLean, DC	International Chiropractors Association	Support	No

Comments:

Please allow the study group to do it's important work

HB-2459-HD-1

Submitted on: 2/12/2020 7:07:43 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Doscher	Individual	Support	No

Comments:

Hello,

Thank you for hearing our testimony. While I do support this bill, I would request the the previous wording of the original bill be used! Also please require admendments to HAR 11-157 to suspend the start date on the new mandates until the working group study is complete on HB2459. Please also remove restrictions on medical exemptions! Thank you for your time.

Concerned Mom

Ashley Doscher

HB-2459-HD-1

Submitted on: 2/12/2020 7:10:06 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brandon Jamile	Individual	Support	Yes

Comments:

We strongly support HB2459. If there is risk of serious injury or death, there should be choice.

HB-2459-HD-1

Submitted on: 2/12/2020 7:14:55 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
jenny hudson	Individual	Support	No

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 7:26:29 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

Chair, Vice Chair and committee members, thank you for this opportunity to provide testimony on HB 2459 HD1. As a concerned citizen, mother, and pediatrician, **I strongly oppose HB 2459 HD1.**

The amended bill states the following: “Requires the department of health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health's current procedure for vaccination exemptions and best practices throughout the country. Requires a report to the legislature.”

I am in **strong opposition** to this bill as all current mandated vaccines have already been studied extensively and Hawaii is already in line with the current and best practices regarding vaccine exemptions throughout the country (see <https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>). The safety and efficacy of current vaccine recommendations have been established in several studies prior to the design of the current CDC recommendations. A localized study by the Hawaii DOH would be costly, time consuming and unnecessary. It would take away resources from the DOH that are needed for more pressing concerns, such as monitoring for coronavirus.

It is for these reasons that I am writing to encourage you to **refute HB 2459 HD1.**

Thank you for your time and consideration.

Kristyn Nishimoto, MD

HB-2459-HD-1

Submitted on: 2/12/2020 7:56:13 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Thaddeus Pham	Individual	Oppose	No

Comments:

Chair, Vice Chair and committee members,

As a concerned citizen and public health professional, I **strongly oppose HB 2459 HD1**. This is an amended bill which demonstrates a change from bill HB2459.

The amended bill states the following: “Requires the department of health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health’s current procedure for vaccination exemptions and best practices throughout the country. Requires a report to the legislature.”

I am in strong opposition to this bill as all current mandated vaccines have already been studied extensively and Hawaii is already in line with the current and best practices regarding vaccine exemptions throughout the country, which may be referenced here: <https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>. The safety and efficacy of current vaccine recommendations have been established in several studies prior to the design of the current CDC recommendations.

A localized study by the Hawaii department of health would be **costly, time consuming and unnecessary**. DOH resources would be better served addressing the increasing number of vaccine preventable outbreaks that have appeared in the Pacific in recent years, including measles in Hawaii and Samoa.

It is for these reasons that I am writing to encourage you to **oppose HB 2459 HD1**.

Thank you for your time and consideration.

Thaddeus Pham

HB-2459-HD-1

Submitted on: 2/12/2020 7:57:54 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra P Chang	Individual	Oppose	No

Comments:

HB2459 HD1 reverses the progress made recently in ensuring the health and safety of Hawaii's children by requiring immunization for diseases that threaten their well-being. These immunizations have been shown to be safe and effective and current practices follow federal guidelines that are based on sound medical evidence for their importance in public health. Allowing exemptions based on personal preferences would reduce the impact of vaccination in protecting our community. I strongly oppose this bill.

HB-2459-HD-1

Submitted on: 2/12/2020 8:07:32 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Peter Locatelli	Individual	Oppose	No

Comments:

If HB 2459 becomes law as written, it will create a public health nightmare in Hawaii. The Bill essentially bans any immunization requirements for Hawaii schools, and extends this ban to all employers in Hawaii. No matter what immunizations are required,, the requirement can be easily circumvented by a "Conscientious Objection". In other words, if you don't want it, you don't have to have it. The Bill appears to replace immunization requirements with a scheme for mandatory quarantine in the "least restrictive environment possible, preferably the individuals home." The quarantine would apply to everyone, unless vaccinated by a vaccine that is "fully effective" in preventing the disease. No vaccine, immunizing agent, antibiotic, medical treatment, or surgery is ever "fully effective". This Bill will create a strong disincentive for vaccination, especially among parents ,who may very well reject vaccinations for their children as quarantine will be applied irregardless of vaccination status. I believe that this is the true intent of the proposed legislation by its authors and sponsors to force their anti vaccine views on the people of Hawaii. Quarantine is a miserable, and often ineffective, tool to apply as an attempt to control contagious diseases. The recent corona virus outbreak is a testament to that. The authors of this Bill are supporting medical anarchy. They, and the Bill's sponsors should be condemned for the harm they seek to cause.

Peter Locatelli MD

Date: February 12, 2020

To: The Honorable Chris Lee, Chair
The Honorable Joy A. San Buenaventura, Vice Chair
Members of the House Committee on Judiciary

Re: **Strong Opposition to HB2459 HD1**, Relating to Medical Autonomy

Hrg: February 13, 2020 at 2:05 PM in Capitol Room 325

Aloha House Committee on Judiciary,

As a parent, educator and healthcare professional, I am writing in **strong opposition to HB2459 HD1**, which requires the Department of Health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the Department of Health's current procedure for vaccination exemptions and best practices throughout the country; and, requires a report to the legislature.

Hawai'i is currently in alignment with immunization and medical authorized exemptions best practices throughout the country.

Several serious, recent outbreaks of measles, pertussis (whooping cough), and varicella (chickenpox) have been traced to regions of unvaccinated children in states that allow non-medical (personal belief) exemptions.

I support a high level of immunization in all communities in Hawai'i in order to protect all of our people from vaccine-preventable diseases.

With Hawai'i medical exemption policies currently in alignment with best practices throughout the country, additional studies are an unnecessary use of taxpayer funds and Department of Health resources.

I **strongly oppose HB2459 HD1** and respectfully ask you to hold this bill in committee.

Many thanks for your consideration,

Forrest Batz, PharmD
Kea'au, HI

HB-2459-HD-1

Submitted on: 2/12/2020 8:24:09 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Krista Anderson	Individual	Support	No

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 8:34:14 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

I support HB2459. I am urging you to require the DOH to do further inquiry and study on the HPV vaccine and remove restrictions on the medical exemption. Also, I urge you to suspend the start date of HAR 11-1157 mandates until the working group study on the amendments are completed.

I strongly OPPOSE HB2459 HD1. I request that all attempts to re-enter language into the bill that allow philosophical/conscientious vaccination exemptions be ignored.

This is why

- As a Mom - I was very happy when my young adult son told me that he got the HPV vaccine. It's about cancer, not sex. HPV viruses causes cancers
- As a volunteer in schools – I want to know that I won't contract a disease that can be circulating, that teachers, staff and students are vaccinated
- As a teacher – every teacher wants to know that they're protected from vaccine-preventable diseases
- As a community member – I want to know that anywhere I go in Hawaii – the market, the doctor's office, the movie theater, long term care facilities – people are protected from diseases that are circulating. It protects me and them. A no-brainer
- As a wife, auntie, sister – I want to know that I won't give flu or chickenpox to family members, that everyone in the family is protected with a flu shot to protect elders and babies from the flu.
- As a traveler – I want to feel that I'm protected by vaccinating myself before traveling

Take-aways:

1. Vaccines protect. Hawaii needs a high level of vaccine coverage in order to protect those who have immune-system challenges and cannot get a vaccine
2. Diseases – mumps, flu, measles – are still alive and around in Hawaii. Look at the outbreak data
3. HPV diseases are so common that almost every person who is sexually active will get HPV at some time in their life if they don't get the HPV vaccine

I ask that you OPPOSE HB2459 HD1 and that all attempts to re-enter language into the bill that allow philosophical/conscientious vaccination exemptions be stopped.

I politely request that HB2459 HD1 not move forward.

Judy Strait-Jones

HB-2459-HD-1

Submitted on: 2/12/2020 9:01:02 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rita Kama-Kimura	Individual	Support	No

Comments:

Please note that I strongly support the passage of this bill.

A legitimate comprehensive study should be done. It should have been done long ago, however as we all know, in 2017 CDC & FDA Lied About Vaccine Safety ... [see here](#).

Even scientist today with the World Health Organization are questioning the Safety of Vaccines ... [here](#).

So let's move this forward ... Mahalo

Plus the government has no business overriding the parental rights if they choose for the safety of their children to exempt them from receiving these vaccines.

Testimony in support of HB 2459

Aloha,

My name is Don King. I am the parent of a young man who was vaccine injured as a child. Unknown to us, he had a mitochondrial disorder, causing his cellular energy production to be below normal. When he regressed into autism after vaccinations we brought him to Johns Hopkins Kennedy Krieger center for a thorough medical evaluation and treatment. The doctor there, one of the top metabolic geneticists in the country, concluded that our son had an underlying mitochondrial disorder, that made him vulnerable to vaccine injury, and that the stress of vaccination on his system triggered his autism.

In a separate case in vaccine court, the case of Hannah Poling, the government's own expert witness changed his testimony to conclude that in the case of a mitochondrial disorder, vaccine injury could lead to autism. That case was settled by the government and sealed. The expert witness was fired, and his previous written opinion that vaccines could not cause autism was used in subsequent cases, contributing to their dismissal. An autism diagnosis now disqualifies an individual from seeking compensation for vaccine injury from the vaccine court.

In our son's case, we understand that vaccines carry additional risk of further injury for him. His doctor agrees with this, and recommends that he not be vaccinated, as the risks far outweigh the benefits for him.

However, under the new Department of Health rules HAR 11-57, signed August 13, 2019, no longer allows doctors to make the determination for their patients if they should be vaccinated according to the mandated schedule, or whether delaying or forgoing certain vaccines would be more beneficial for their patients.

More importantly for the need for this bill, the new rules do not allow for an individual or parent to make the decision about an important medical intervention for themselves. This is the most basic of human rights, to be able to decide what we allow in our bodies. The state should not have the authority to force a medical procedure with risks of serious and permanent injury upon an individual. Of course you can refuse, but you will have to sacrifice your legal right to a free and appropriate education, and also to a secondary education which is so important for success in our society.

Mandating vaccination or any other medical procedure without reasonable ability to decline is morally wrong and fundamentally un American.

Please pass HB 2459

Sincerely, Don King

HB-2459-HD-1

Submitted on: 2/12/2020 9:22:17 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
magda	Individual	Support	No

Comments:

To whom it may concern ,

I respectfully plead that you pass this bill. I am a mother that does everything for the health and well being of my family and should be supported in the right given to me by God, to make medical decisions for my family. I believe in my heart that my Son was injured/ affected by vaccines and was hospitalized due to complications. I have spent alot of money and many days of tearful prayers to heal him naturally with proper nutrition and hollistic living. Please do not force parents to give our children procedures that could cause more harm. I would be devastated if my child were to suffer more. We all will have to answer to a higher authority and he will hold us all responsible. Please, I implore you to support Family amd body autonomy. Our bodies are temples, sacred to each individual.

Mahalo

HB-2459-HD-1

Submitted on: 2/12/2020 9:35:13 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra L Terp M.D.	Individual	Support	No

Comments:

My name is Sandra Terp MD. I am a pediatrician in the state of Hawaii for over 35 years, practicing general pediatrics. I STRONGLY support HB 2459. I am against a one size fits all when it comes to the practice of medicine. Any medical procedure has its benefits as well as risks, that includes vaccines. Vaccine injury is real, I have seen it first hand and on multiple occasions. It is real and not rare and can be devastating to the child and family who has it as an outcome. The recent change to HAR 11-157 has made it impossible for a physician in the state of Hawaii to write a medical exemption for a child who is deserving of one, based on family history, current medical conditions, and previous reactions to vaccines. Parents need a right to choose what is right for their own child after receiving informed consent as far as potential risks and benefits. If this bill does not pass, then I encourage you to repeal the most recent change to the HAR11-157.

HB-2459-HD-1

Submitted on: 2/12/2020 9:39:16 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Ramirez	Individual	Support	No

Comments:

To Rep. Chris Lee, Chair, Rep. Joy A. San Buenaventura, Vice Chair and the members of the Committee on Judiciary:

I strongly support HB 2459. I implore you to vote in favor of this bill with the following recommendations:

- Delay the effective date of HAR 11-157 until after the proposed DOH study is completed and
- Allow stakeholders who will be affected by HAR to participate in the task force along with the DOH.

HB 2459 will protect the civilians of Hawaii from the violation of privacy of HAR 11-157. HAR 11-157 states "Reports of such exemptions in a format specified by the department shall be submitted to the department by each school, post-secondary school and childcare facility". The new DOH religious exemption form requires names and home addresses. This is in clear violation of privacy and also a violation of FERPA of children in public school.

HB 2459 protects us from these civil liberty and privacy violation that have been mandated by the Hawaii Department of Health. There is no incentive for the DOH to listen to us so we are reaching out to our legislators for protection and defenders of our rights.

Please help protect our privacy, our parental rights, our body autonomy and the faith that we have in our government that they really are there for the people. The people are speaking! Please listen. Thank you for your consideration in this matter.

Sincerely,

Heather Ramirez

heather.kehaulani@gmail.com

HB-2459-HD-1

Submitted on: 2/12/2020 9:47:35 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
danielle cretsinger	Individual	Support	No

Comments:

Where there is a risk there has to be a choice. There are no safety studies in these products and my child should not be the test rat for a liability free product. Parents deserve the choice in their children's medical procedures.

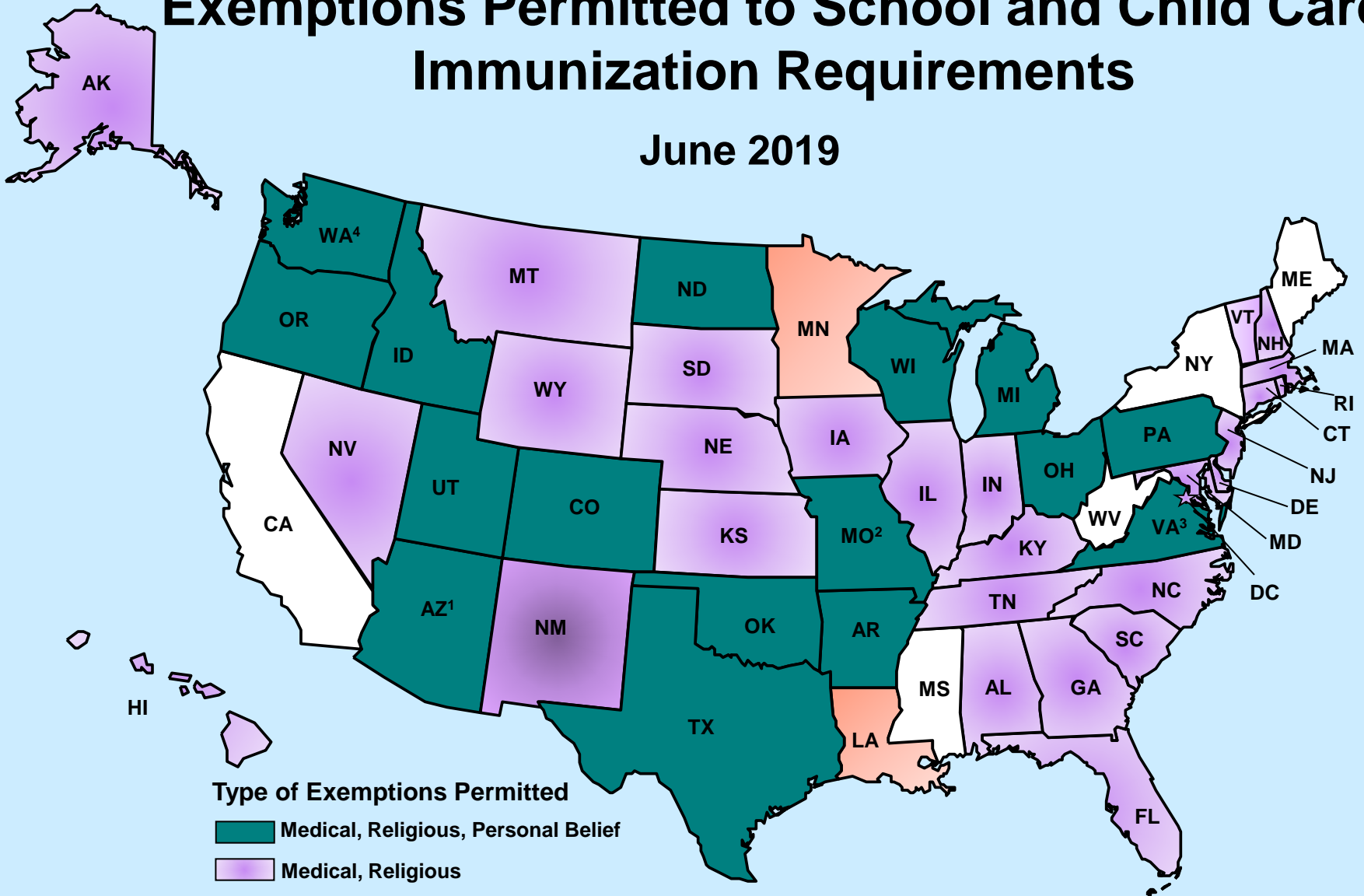
Chair, Vice-Chair and committee members, thank you for this opportunity to provide testimony on HB 2459 HD1. I **strongly oppose HB 2459 HD1.**

I am in strong opposition to this bill as all current mandated vaccines have already been studied extensively and Hawaii is already in line with the current and best practices regarding vaccine exemptions throughout the country (see attachment) The safety and efficacy of current vaccine recommendations have been established in several studies prior to the design of the current CDC recommendations. A localized study by the Hawaii department of health would be a time consuming and unnecessary burden on taxpayer resources.





It is for these reasons that I am writing to encourage you to **refute HB 2459 HD1.**

Exemptions Permitted to School and Child Care Immunization Requirements

June 2019



Type of Exemptions Permitted

-  Medical, Religious, Personal Belief
-  Medical, Religious
-  Medical, Personal Belief
-  Medical Only

- ¹ Arizona: Personal belief exemption permitted for school only
- ² Missouri: Personal belief exemption permitted for childcare only
- ³ Virginia: Personal belief exemption permitted for HPV only
- ⁴ Washington: Personal belief exemption permitted for all except MMR



Public Health Law

Office for State, Tribal, Local and Territorial Support
Centers for Disease Control and Prevention

State School Immunization Requirements and Vaccine Exemption Laws

State laws establish vaccination requirements for school children. These vaccination laws often apply not only to children attending public schools but also to those attending private schools and day care facilities.¹ State laws also offer exemptions to school vaccination requirements, including medical, religious, and philosophical exemptions or some combination of these exemptions.²

The Centers for Disease Control and Prevention's (CDC's) Public Health Law Program (PHLP) is compiling a list of state statutes and regulations regarding school vaccinations. This document summarizes state vaccination laws compiled in February and March 2015 and updated in February 2017. The recent updates reflect feedback from state health department staff who reached out to PHLP; therefore, this document may not reflect all changes that have occurred since March 2015.³

To provide updates to relevant immunization laws from your state, please email PHLP at PHLawProgram@cdc.gov.

State Laws Regarding Application of School Vaccination Laws in Different Settings

All states require children to be vaccinated against certain communicable diseases as a condition for school attendance.⁴ In most instances, state school vaccination laws expressly apply to both public school as well as private schools with identical immunization and exemption provisions.⁵ All states establish vaccination requirements for children as a condition for day care attendance.⁶ These

¹ See, e.g., Colo. Rev. Stat. § 25-4-901; Haw. Rev. Stat. § 302A-901; LSA-R.S. 17:170; McKinney's Public Health Law § 2164; NDCC, 23-07-17.1; Tenn. Comp. R. & Regs. 1200-14-01-.29; West's RCWA 28A.210.080.

² See, e.g., Ala. Code 1975 § 16-30-3; West's Ann. Cal. Health & Safety Code § 120365(a); HRS § 302A-1156; Neb. Rev. St. § 79-221; R.C. § 3313.671(4), (5); W. Va. Code § 16-3-4. Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline an immunization.

³ CDC's Public Health Law Program conducted a scan of school vaccination laws in February and March 2015 and updated the document in February 2017 based on feedback from state health departments.

⁴ See, e.g., A.C.A. § 6-18-702(a); V.A.M.S. 210.003; 24 P.S. § 13-1303a.

⁵ See, e.g., Neb. Rev. St. § 79-217; W. Va. Code § 18-28-2; W.S.1977 § 21-4-309.

⁶ See, e.g., West's Ann. Cal. Health & Safety Code § 120335; I.C. § 39-1118; N.H. Code Admin. R. He-P 301.13.



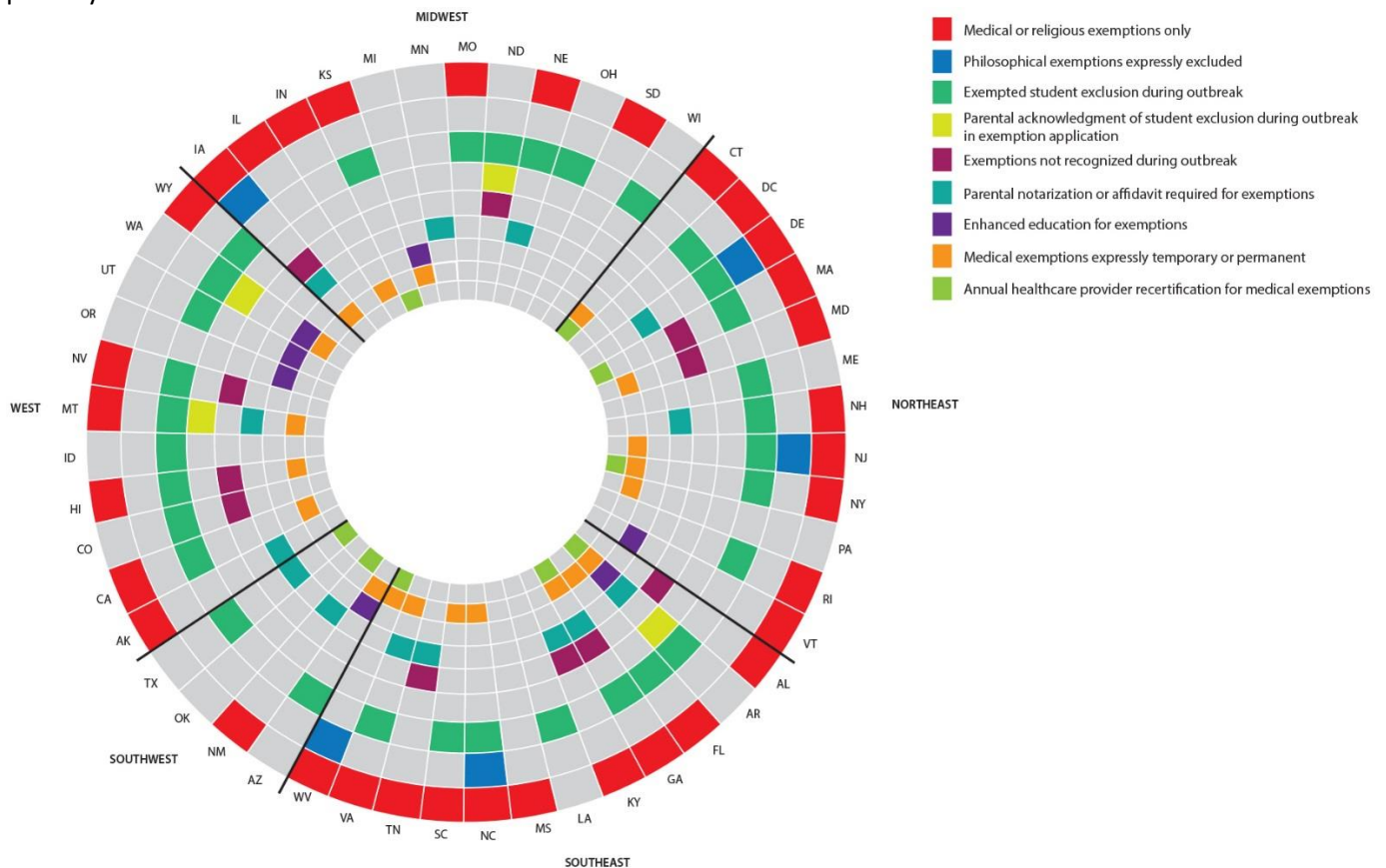
requirements also mirror the requirements for public school children and are often located in the same school vaccination provisions.⁷ Appendix 1 lists PHLP’s results to date regarding the application of state school vaccination laws to public schools, private schools, and day care facilities.

State Laws Regarding School Vaccination Exemptions

State law not only establishes exemptions for school vaccination requirements but also establishes requirements regarding the exemption application process and the implications of an exemption in the event of an outbreak. This document and accompanying graph highlights the follow nine attributes in school vaccination exemption laws:

1. Permitting medical or religious exemptions only
2. Excluding philosophical exemptions
3. Allowing exempted students to be excluded from school during outbreaks
4. Requiring parental acknowledgment during the exemption application process that exempted students can be excluded from school during outbreaks
5. Establishing that exemptions might not be recognized in the event of an outbreak
6. Requiring parental affidavit or notarization in the exemption application process
7. Requiring enhanced education on vaccinations in the exemption application process
8. Distinguishing between temporary and permanent medical exemptions in the exemption application process
9. Requiring annual or more frequent physician recertification for medical exemptions.

The appendices to this document explore some additional attributes in state laws that are not the primary focus of this document.



⁷ See, e.g., West’s Ann. Cal. Health & Safety Code § 120335; N.H. Code Admin. R. He-P 301.13; McKinney’s Public Health Law § 2164.

Exclusion of Philosophical Exemptions

Many states offer medical or religious exemptions only.⁸ Some states also specifically exclude philosophical exemptions in law, including Delaware, Iowa, and New Jersey.⁹

- **Delaware's** religious exemption process requires applicants to prepare an affidavit of religious belief, which includes a statement that "[t]his belief is not a political, sociological or philosophical view of a merely personal moral code."¹⁰
- **Iowa** law allows for a religious exemption from school vaccinations. Iowa law states that the immunization must conflict "with a genuine and sincere religious belief and that the belief is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations."¹¹
- **New Jersey** law says that schools are "prohibited from exempting a child from mandatory immunization on the sole basis of a moral or philosophical objection to immunization."¹²

Exclusion of Exempted Students from School During an Outbreak

State laws sometimes expressly allow for exclusion of students with vaccination exemptions from school during an outbreak or emergency.¹³ In addition, state laws sometimes require parental acknowledgment during the exemption application process that students can be excluded during an outbreak or emergency.¹⁴

- Under **Arkansas** law, exemption applications require parents to sign a statement of understanding that "[a]t the discretion of the Department of Health, the unimmunized child or individual may be removed from day care or school during an outbreak if the child or individual is not fully vaccinated."¹⁵
- Under **Georgia** law, "[d]uring an epidemic or a threatened epidemic of any disease preventable by an immunization required by the Department of Public Health, children who have not been immunized may be excluded from the school or facility until (1) they are immunized against the disease, unless they present valid evidence of prior disease, or (2) the epidemic or threat no longer constitutes a significant public health danger."¹⁶
- Under **Wyoming** law, "[i]n the presence of an outbreak of vaccine preventable disease as determined by the state or county health authority, school children for whom a waiver has been issued and who are not immunized against the occurring vaccine preventable disease shall be excluded from school attendance for a period of time determined by the state or county health authority."¹⁷

Exemptions Might Not Be Recognized During and Outbreak

In some cases, state law establishes that exemptions might not be recognized during an outbreak, epidemic, or emergency.¹⁸

⁸ See, e.g., Ala. Code 1975 § 16-30-3; Haw. Rev. Stat. § 302A-1156; V.A.M.S. 167.181.

⁹ 14 Del. C. § 131(a)(6); Iowa Admin. Code 641-7.3(139A)(2); N.J.A.C. 8:57-4.4(a)(1).

¹⁰ 14 Del. C. § 131(a)(6).

¹¹ Iowa Admin. Code 641-7.3(139A)(2).

¹² N.J.A.C. 8:57-4.4(a)(1).

¹³ See, e.g., Ga. Code Ann. § 20-2-771(f); N.H. Rev. Stat. § 141-C:20-d; W.S.1977 § 21-4-309(a).

¹⁴ See, e.g., A.C.A. § 6-18-702(d)(4)(C)(iv); NDCC, 23-07-17.1(6).

¹⁵ A.C.A. § 6-18-702(d)(4)(C)(iv).

¹⁶ Ga. Code Ann. § 20-2-771(f).

¹⁷ W.S.1977 § 21-4-309(a).

¹⁸ See, e.g., HRS § 302A-1157; KRS § 214.036; NDCC, 23-07-17.1(6).

- Under **Hawaii** law, “[i]f at any time there is, in the opinion of the department of health, danger of an epidemic from any of the communicable diseases for which immunization is required under sections 302A-1154 to 302A-1163, no exemption from immunization against the disease shall be recognized.”¹⁹
- **Kentucky** law allows for religious exemptions “[p]rovided, however, that in the event of an epidemic in a given area, the Cabinet for Health and Family Services may, by emergency regulation, require the immunization of all persons within the area of epidemic, against the disease responsible for such epidemic.”²⁰
- Under **North Dakota** law, “[w]hen, in the opinion of the health officer, danger of an epidemic exists from any of the communicable diseases for which immunization is required under this section, the exemptions from immunization against such disease may not be recognized and children not immunized must be excluded from an institution listed in subsection 1 until, in the opinion of the health officer, the danger of the epidemic is over.”²¹

Requirement for Parental Notarization or Affidavit in Exemption Application

Some states require parental notarization or affidavit with its exemption applications.²²

- An application for a religious exemption under **Alaska** law requires an “affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.”²³
- **Minnesota** law allows for personal exemptions with “a notarized statement signed by the minor child’s parent or guardian . . . stating that the person has not been immunized . . . because of the conscientiously held beliefs of the parent or guardian of the minor child.”²⁴
- **Virginia** law states that “[n]o certificate of immunization shall be required for the admission to school of any student if . . . the student or his parent submits an affidavit to the admitting official stating that the administration of immunizing agents conflicts with the student’s religious tenets or practices.”²⁵

Requirement that Exemption Application Includes Enhanced Education

Regarding Risks or Benefits

Several states require that their religious or philosophical exemption process include an educational component that discusses the benefits of vaccination and the risks or not being vaccinated.²⁶

Entity Responsible for Education: Department of Health

- **Arizona’s** philosophical exemption application requires “a signed statement to the school administrator stating that the parent or guardian has received information about immunizations provided by the department of health services and understands the risks and benefits of immunizations and the potential risks of nonimmunization.”²⁷

¹⁹ HRS § 302A-1157.

²⁰ KRS § 214.036.

²¹ NDCC, 23-07-17.1(6).

²² See, e.g., 4 AAC 06.055(b)(3); M.S.A. § 121A.15(3)(d); VA Code Ann. § 22.1-271.2(C).

²³ 4 AAC 06.055(b)(3).

²⁴ M.S.A. § 121A.15(3)(d).

²⁵ VA Code Ann. § 22.1-271.2(C).

²⁶ See, e.g., A.R.S. § 15-873; West’s Ann. Cal. Health & Safety Code § 120365(b)(1); O.R.S. § 433.267(1)(c); U.C.A. 1953 § 53A-11-302.5(1); 18 V.S.A. § 1122(a)(3); West’s RCWA 28A.210.090(2)(a).

²⁷ A.R.S. § 15-873.

- **Utah** law requires its health department to “provide to all local health departments a form to be used by persons claiming an exemption from immunization requirements based on a personal belief.” State law further requires that the form include the “department's position regarding the benefits of immunization.”²⁸
- **Vermont’s** religious and philosophical exemption application requires that an applicant “(B) has reviewed and understands evidence-based educational material provided by the department of health regarding immunizations, including information about the risks of adverse reactions to immunization; (C) understands that failure to complete the required vaccination schedule increases risk to the person and others of contracting or carrying a vaccine-preventable infectious disease; and (D) understands that there are persons with special health needs attending schools and child care facilities who are unable to be vaccinated or who are at heightened risk of contracting a vaccine-preventable communicable disease and for whom such a disease could be life-threatening.”²⁹

Entity Responsible for Education: Healthcare Providers

- **Oregon’s** process for religious and philosophical exemptions must include either “(i) A signature from a health care practitioner verifying that the health care practitioner has reviewed with the parent information about the risks and benefits of immunization . . . or (ii) A certificate verifying that the parent has completed a vaccine educational module.”³⁰
- **Washington’s** application process for all exemptions requires “a statement to be signed by a health care practitioner stating that he or she provided the signator with information about the benefits and risks of immunization to the child.”³¹

Temporary or Permanent Medical Exemption Provisions

Several states distinguish between temporary and permanent medical exemptions in their application process.³²

- In **Connecticut**, “[a]n individual for whom a medical contraindication has been determined to be of a temporary nature shall be reviewed by a physician, physician assistant, certified nurse practitioner or local health authority at least annually in order to determine that the contraindication continues to exist.”³³ Connecticut law further states that “[a]n individual for whom a medical contraindication has been determined shall not be further reviewed if such individual’s physical condition renders the exemption permanent.”³⁴
- **Montana** law requires its medical exemption application to include “the period of time during which the immunization is contraindicated.”³⁵
- **West Virginia** law states that “[i]f a child has been determined to be medically exempt from receiving one or more vaccinations, in accordance with the provisions of section nine of this rule, the certificate of immunization shall note specifically which vaccine the child is exempt from, the reason for the exemption, and whether or not the reason for the exemption is permanent or temporary.”³⁶

²⁸ U.C.A. 1953 § 53A-11-302.5(1).

²⁹ 18 V.S.A. § 1122(a)(3).

³⁰ O.R.S. § 433.267(1)(c).

³¹ West’s RCWA 28A.210.090(2)(a).

³² See, e.g., Regs. Conn. State Agencies § 10-204a-3a; Mont. Admin. R. 37.114.715; W. Va. Code St. R. § 64-95-5.2.

³³ Regs. Conn. State Agencies § 10-204a-3a(e).

³⁴ Regs. Conn. State Agencies § 10-204a-3a(d).

³⁵ Mont. Admin. R. 37.114.715(2)(b).

³⁶ W. Va. Code St. R. § 64-95-5.2.

Recertification of Medical Exemptions

Some states require medical exemption applications to be resubmitted annually or more frequently, which includes securing a statement or signature from a health care provider.³⁷

- In **Georgia**, “[a] Certificate of Immunization indicating medical exemption shall be valid for one year, and may be reissued from year to year until the physician determines that immunization or a specific immunization may finally be accomplished without danger to the child's health.”³⁸
- To maintain a medical exemption, **Kansas** requires “[a]n annual written statement signed by a licensed physician stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child.”³⁹
- In **New Mexico**, the medical exemption process requires securing a statement from a physician. New Mexico law states that “the child is exempt from the legal requirement of immunization for a period not to exceed nine months on the basis of any one certificate, affidavits or affirmation.”⁴⁰

Acknowledgments and Disclaimers

To update relevant immunization laws from your state, please email the Public Health Law Program at PHLawProgram@cdc.gov.

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³⁷ See, e.g., Ga Comp. R. & Regs. 511-2-2-.05; K.S.A. 72-5209(b)(1); N. M. S. A. 1978, § 24-5-3(B).

³⁸ Ga Comp. R. & Regs. 511-2-2-.05.

³⁹ K.S.A. 72-5209(b)(1).

⁴⁰ N. M. S. A. 1978, § 24-5-3(B).

Appendix 1: State Laws Regarding Application of School Vaccination Laws in Public Schools, Private Schools, and Day Care Facilities

	1. Does state law establish vaccination requirements for public school children?	2. Does state law establish vaccination requirements for private school children?	2a. If yes, do private school vaccination requirements regarding exemptions mirror those for public schools?	3. Does state law establish vaccination requirements for day care facilities?	3a. If yes, do day care facility vaccination requirements regarding exemptions mirror those for public schools?
Total	51	47	47	51	45
Alabama	Yes	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes
Florida	Yes	Yes	Yes	Yes	Yes
Georgia	Yes	Yes	Yes	Yes	Yes
Hawaii	Yes	Yes	Yes	Yes	Yes
Idaho	Yes	Yes	Yes	Yes	Yes
Illinois	Yes	Yes	Yes	Yes	Yes
Indiana	Yes	unclear	n/a	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Yes
Kansas	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes

	1. Does state law establish vaccination requirements for public school children?	2. Does state law establish vaccination requirements for private school children?	2a. If yes, do private school vaccination requirements regarding exemptions mirror those for public schools?	3. Does state law establish vaccination requirements for day care facilities?	3a. If yes, do day care facility vaccination requirements regarding exemptions mirror those for public schools?
Massachusetts	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	unclear	n/a	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	Yes	Yes	Yes	Unclear
Missouri	Yes	Yes	Yes	Yes	No
Montana	Yes	Yes	Yes	Yes	Unclear
Nebraska	Yes	Yes	Yes	Yes	No
Nevada	Yes	Yes	Yes	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes
North Carolina	Yes	Yes	Yes	Yes	Yes
North Dakota	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	unclear	n/a	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes	No
Rhode Island	Yes	Yes	Yes	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes	Yes
South Dakota	Yes	unclear	n/a	Yes	Yes
Tennessee	Yes	Yes	Yes	Yes	Yes

	1. Does state law establish vaccination requirements for public school children?	2. Does state law establish vaccination requirements for private school children?	2a. If yes, do private school vaccination requirements regarding exemptions mirror those for public schools?	3. Does state law establish vaccination requirements for day care facilities?	3a. If yes, do day care facility vaccination requirements regarding exemptions mirror those for public schools?
Texas	Yes	Yes	Yes	Yes	Yes
Utah	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	Yes	Yes	Yes	No
Wisconsin	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes	Yes

Provisions reviewed: Ala. Code 1975 § 16-30-4; Ala. Admin. Code r. 420-6-1-.02; Ala. Admin. Code r. 420-6-1-.01; Ala. Admin. Code r. 420-6-1-.02(2); 4 AAC 06.055(a); 7 AAC 57.550; A.R.S. § 15-871; A.R.S. § 15-873; A.R.S. § 36-671; A.A.C. R9-6-702; A.A.C. R9-6-706; A.C.A. § 6-18-702; Ark. Admin. Code 005.15.1-I; Ark. Admin. Code 005.15.1-II; West’s Ann. Cal. Health & Safety Code § 120335; West’s Ann. Cal. Educ. Code § 8263; C.R.S.A. § 25-4-901; C.R.S.A. § 25-4-902; C.R.S.A. § 25-4-903; 6 CCR 1009-2:I(L); 14 Del. C. § 131; 16 Del. Admin. Code 4202-7.1.1, 7.1.9; DC ST § 38-501; DC ST § 38-502; DC ST § 38-506; West’s F.S.A. § 402.305; West’s F.S.A. § 1002.42; West’s F.S.A. § 1003.22; Fla. Admin. Code r. 64D-3.046; Fla. Admin. Code r. 65C-22.006; Ga. Code Ann. § 20-2-771; Ga Comp. R. & Regs. 511-2-2-.02; Haw. Rev. Stat. § 302A-901; HRS § 302A-1154; I.C. § 39-1118; I.C. § 39-4801; I.C. § 39-4802; I.C. § 39-4804; IDAPA 16.02.15.110; 105 ILCS 5/27-8.1; 77 Ill. Adm. Code 695.10; 77 Ill. Adm. Code 695.30; IC 12-17.2-4-18.1; IC 20-34-3-2; IC 20-34-3-3; IC 20-34-4-2; IC 20-34-4-6; 410 IAC 1-1-1; I.C.A. § 139A.8; Iowa Admin. Code 641-7.2(139A); K.S.A. 72-5208; K.S.A. 72-5209; K.A.R. 28-1-20; KRS § 214.034; KRS § 214.036; 902 Ky. Admin. Regs. 2:060; LSA-R.S. 17:170; 20-A M.R.S.A. § 6353; 20-A M.R.S.A. § 6355; 05-071 CMR Ch. 126, § 2; 10-148 CMR Ch. 32, Ch. I, § 17; MD Code, Education, § 7-403; COMAR 10.06.04.03; COMAR 13A.16.03.04; COMAR 13A.17.03.04(G); M.G.L.A. 76 § 15; 105 CMR 220.400; 105 CMR 220.500; M.C.L.A. 333.9208; M.C.L.A. 333.9211; M.C.L.A. 333.9215; M.S.A. § 121A.15; Miss. Code Ann. § 41-23-37; Miss. Code Ann. § 43-20-8; Miss. Admin. Code 15-6-8:1; Miss. Admin. Code 15-6-8:2; V.A.M.S. 210.003; 19 Mo. Code of State Regulations 20-28.010; 19 Mo. Code of State Regulations 20-28.040; MCA 20-5-402(2); MCA 20-5-403; MCA 20-5-405; Mont. Admin. R. 37.95.140; Mont. Admin. R. 37.114.703; Neb. Rev. St. § 71-1913.01; Neb. Rev. St. § 79-217; Neb. Rev. St. § 79-219; Neb. Rev. St. § 79-221; Neb. Admin. R. & Regs. Tit. 173, Ch. 3, § 008; Neb. Admin. R. & Regs. Tit. 173, Ch. 3, § 010; N.R.S. 392.435; N.R.S. 392.437; N.R.S. 392.439; N.R.S. 394.192; N.R.S. 394.193; N.R.S. 394.194; N.R.S. 432A.230; N.R.S. 432A.240; N.R.S. 432A.250; N.H. Rev. Stat. § 141-C:20-a; N.H. Code Admin. R. He-P 301.13; N.H. Code Admin. R. He-P 301.14; N.J.A.C. 8:57-4.1; N.J.A.C. 8:57-4.2; N.J.A.C. 8:57-4.3; N.J.A.C. 8:57-4.4; N. M. S. A. 1978, § 24-5-1; N. M. S. A. 1978, § 24-5-2; N. M. S. A. 1978, § 24-5-3; N.M. Admin. Code 7.5.2; N.M. Admin. Code 7.5.3;

McKinney's Public Health Law § 2164; 10 NYCRR 66-1.1(a); 10 NYCRR 66-1.3; N.C.G.S.A. § 130A-155; N.C.G.S.A. § 130A-156; N.C.G.S.A. § 130A-157; 10A NCAC 41A.0401; NDCC, 23-07-17.1; NDAC 33-06-05-01; R.C. § 3313.671; R.C. § 5104.014; 10 Okl. St. Ann. § 411; 70 Okl. St. Ann. § 1210.191; 70 Okl. St. Ann. § 1210.192; Okla. Admin. Code 310:535-1-2; Okla. Admin. Code 310:535-1-3; O.R.S. § 433.235; O.R.S. § 433.267; OAR 333-050-0020; OAR 333-050-0040; OAR 333-050-0050; 24 P.S. § 13-1303a; 28 Pa. Code § 27.77; 28 Pa. Code § 23.83; 28 Pa. Code § 23.84; Gen. Laws 1956, § 16-38-2; R.I. Admin. Code 31-1-38:1.0; R.I. Admin. Code 31-1-38:2.0; R.I. Admin. Code 31-1-38:3.0; Code 1976 § 44-29-180; S.C. Code of Regulations R. 61-8; SDCL § 13-28-7.1; V.T.C.A., Education Code § 38.001; Tex. Admin. Code tit. 25, § 97.61; 25 TAC § 97.62; 25 TAC § 97.63; U.C.A. 1953 § 53A-11-301; U.C.A. 1953 § 53A-11-302; U.C.A. 1953 § 53A-11-302.5; 18 V.S.A. § 1120; 18 V.S.A. § 1121; 18 V.S.A. § 1122; Vt. Admin. Code 12-5-5:II; Vt. Admin. Code 12-5-5:VI; VA Code Ann. § 22.1-271.1; VA Code Ann. § 22.1-271.2; 12 VAC 5-110-10; 12 VAC 5-110-70; 12 VAC 5-110-80; West's RCWA 28A.210.070; West's RCWA 28A.210.080; West's RCWA 28A.210.090; WAC 246-105-020; WAC 246-105-030; WAC 246-105-050; W. Va. Code, § 18-28-2; W. Va. Code, § 18-28-6; W. Va. Code St. R. § 64-95-4; W. Va. Code St. R. § 64-95-9; W.S.A. 252.04; Wis. Adm. Code s DHS 144.01; Wis. Adm. Code s DHS 144.02; Wis. Adm. Code s DHS 144.04; Wis. Adm. Code s DHS 144.05; W.S.1977 § 21-4-309; WY Rules and Regulations HLTH MI Ch. 2 s 3.

Appendix 2: State Laws Regarding School Vaccination Exemptions

	4. Does state law allow medical or religious exemptions only?	4a. If state law allows for religious exemptions, does it expressly exclude exemptions based on philosophical beliefs?	5. Does state law expressly allow for exclusion of exempted students from school during an outbreak?	5a. If yes, does state law require parental acknowledgement of this during the exemption process?	6. Does state law establish that exemptions might not be recognized in the event of epidemic, outbreak, or emergency?
Total	34	5	32	4	11
Alabama	Yes	No	No	No	Yes
Alaska	Yes	No	No	n/a	No
Arizona	No	n/a	Yes	No	No
Arkansas	No	n/a	Yes	Yes	No
California	Yes ^{41,42}	No	Yes	No	No
Colorado	No	n/a	Yes	No	Yes

⁴¹ Note that effective Jan. 1, 2016, Cal. Health & Safety Code § 120365 which allowed for philosophical exemptions was repealed by Stats.2015.

⁴² Note that effective Jan. 1, 2016, California law states that, “[a] pupil who, prior to January 1, 2016, submitted a letter or affidavit on file at a private or public elementary or secondary school, child day care center, day nursery, nursery school, family day care home, or development center stating beliefs opposed to immunization shall be allowed enrollment to any private or public elementary or secondary school, child day care center, day nursery, nursery school, family day care home, or development center within the state until the pupil enrolls in the next grade span. Cal. Health & Safety Code § 120335 (West).

	4. Does state law allow medical or religious exemptions only?	4a. If state law allows for religious exemptions, does it expressly exclude exemptions based on philosophical beliefs?	5. Does state law expressly allow for exclusion of exempted students from school during an outbreak?	5a. If yes, does state law require parental acknowledgement of this during the exemption process?	6. Does state law establish that exemptions might not be recognized in the event of epidemic, outbreak, or emergency?
Connecticut	Yes	No	No ⁴³	n/a	No
Delaware	Yes	Yes	Yes	No	No
District of Columbia	Yes	No	Yes	No	No
Florida	Yes	No	Yes	No	No
Georgia	Yes	No	Yes	No	Yes
Hawaii	Yes	No	Yes	No	Yes
Idaho	No	n/a	Yes	No	No
Illinois	Yes ⁴⁴	No	No	n/a	No
Indiana	Yes	No	No	n/a	No
Iowa	Yes	Yes	No	n/a	Yes
Kansas	Yes	No	Yes ⁴⁵	n/a	No
Kentucky	Yes	No	No	n/a	Yes
Louisiana	No	n/a	Yes	No	No
Maine	No	n/a	Yes	No	No
Maryland	Yes	No	No	No	Yes
Massachusetts	Yes	No	Yes ⁴⁶	No	Yes
Michigan	No	n/a	No	n/a	No

⁴³ Note that while Connecticut law does not specifically state that it expressly allows for exclusion of exempted students from school during an outbreak, it does state that, “[w]hen a public health official has reason to believe that the continued presence in an institution of higher education of a student who has not been immunized against measles or rubella presents a clear danger to the health of others, the public health official shall notify the chief administrative officer of such institution. Such chief administrative officer shall cause the student to be excluded from the institution. . . .” Conn. Gen. Stat. Ann. § 10a-155a.

⁴⁴ Note that Illinois law states that, “[t]he religious objection may be personal and need not be directed by the tenets of an established religious organization.” Ill. Admin. Code tit. 77, § 695.30.

⁴⁵ Note that this law only applies to: chicken pox, measles, mumps, pertussis, and rubella. K.A.R. 28-1-6

⁴⁶ Note that this law only applies to: chicken pox, measles, mumps, and rubella. 105 Mass. Code Regs. 300.200

	4. Does state law allow medical or religious exemptions only?	4a. If state law allows for religious exemptions, does it expressly exclude exemptions based on philosophical beliefs?	5. Does state law expressly allow for exclusion of exempted students from school during an outbreak?	5a. If yes, does state law require parental acknowledgement of this during the exemption process?	6. Does state law establish that exemptions might not be recognized in the event of epidemic, outbreak, or emergency?
Minnesota	No	n/a	No	n/a	No
Mississippi	Yes	No	No	n/a	No
Missouri	Yes	No	Yes	No	No
Montana	Yes	No	Yes	Yes	No
Nebraska	Yes	No	Yes	n/a	No
Nevada	Yes	No	Yes	No	Yes
New Hampshire	Yes	No	Yes	No	No
New Jersey	Yes	Yes	Yes	No	No
New Mexico	Yes	No	No	n/a	No
New York	Yes	No	Yes	No	No
North Carolina	Yes	Yes	Yes ⁴⁷	n/a	No
North Dakota	No	n/a	Yes	Yes	Yes
Ohio	No	n/a	Yes	No	No
Oklahoma	No	n/a	No	n/a	No
Oregon	No	n/a	No	n/a	No
Pennsylvania	No	n/a	No	n/a	No
Rhode Island	Yes	No	Yes	n/a	No
South Carolina	Yes	No	Yes ⁴⁸	n/a	No
South Dakota	Yes	No	No	n/a	No

⁴⁷ Note that North Carolina law refers to general quarantine and isolation laws that do not specifically reference susceptible or exempted persons at schools. N.C. Gen. Stat. Ann. § 130A-2(7)a; § 130A-45.5; § 130A-145;

⁴⁸ Note that South Carolina law refers to general quarantine and isolation laws that do not specifically reference susceptible or exempted persons at schools. S.C. Code Ann. § 44-4-530

	4. Does state law allow medical or religious exemptions only?	4a. If state law allows for religious exemptions, does it expressly exclude exemptions based on philosophical beliefs?	5. Does state law expressly allow for exclusion of exempted students from school during an outbreak?	5a. If yes, does state law require parental acknowledgement of this during the exemption process?	6. Does state law establish that exemptions might not be recognized in the event of epidemic, outbreak, or emergency?
Tennessee	Yes	No	No	No	Yes
Texas	No	n/a	Yes	No	No
Utah	No	n/a	Yes	n/a	No
Vermont	Yes	No	No	n/a	No
Virginia	Yes	No	Yes	No	No
Washington	No	n/a	Yes	Yes	No
West Virginia	Yes	Yes	No	n/a	No
Wisconsin	No	n/a	Yes	No	No
Wyoming	Yes	No	Yes	No	No

Provisions reviewed: Ala. Code 1975 § 16-30-3; Ala. Admin. Code r. 420-6-1-.02(4); 4 AAC 06.055(b); A.R.S. § 15-873; A.A.C. R9-6-706; A.C.A. § 6-18-702; Ark. Admin. Code 005.15.23-5.04; Ark. Admin. Code 005.15.23-5.01.5.2; Ark. Admin. Code 005.15.23-6.0; West’s Ann. Cal. Health & Safety Code § 120370; ;17 CCR § 6060; C.R.S.A. § 25-4-903(2)(b); C.R.S.A. § 25-4-908; 6 CCR 1009-2:II; C.G.S.A. § 10-204a(a); C.G.S.A. § 10a-155a; Regs. Conn. State Agencies § 10-204a-2a(m), (n); 14 Del. C. § 131; 16 Del. Admin. Code 4202-7.1.9; DC ST § 38-506; D.C. Mun. Regs. Subt. 5-E, § 5300; West’s F.S.A. § 1003.22; Ga. Code Ann. § 20-2-771; Ga Comp. R. & Regs. 511-2-2-.07(2); HRS § 302A-1133; HRS § 302A-1156; HRS § 302A-1157; Haw. Admin. Rules (HAR) § 11-157-5(c); Haw. Admin. Rules (HAR) Exhibit B(5); 105 ILCS 5/27-8.1; 77 Ill. Adm. Code 695.30; I.C.A. § 139A.8(4)(b); Iowa Admin. Code 641-7.3(139A); K.A.R. 28-1-6; K.S.A. 65-128; K.S.A. 72-5209; KRS § 214.036; LSA-R.S. 17:170; 20-A M.R.S.A. § 6355; 20-A M.R.S.A. § 6356(1); 20-A M.R.S.A. § 6359; 05-071 CMR Ch. 126, § 6; MD Code, Education, § 7-403(b)(1); COMAR 10.06.04.04; COMAR 10.06.04.05; 105 Mass. Code Regs. 300.200; M.C.L.A. 333.9215; M.S.A. § 121A.15(d); Miss. Code Ann. § 41-23-37; V.A.M.S. 167.181(3); 19 Mo. Code of State Regulations 20-28.010(4); MCA 20-5-405; Mont. Admin. R. 37.114.703(1); Mont. Admin. R. 37.114.709; Mont. Admin. R. 37.114.715; Mont. Admin. R. 37.114.716; Neb. Rev. St. § 79-221; Neb. Admin. R. & Regs. Tit. 173, Ch. 3, Attachment 1; Neb. Admin. R. & Regs. Tit. 173, Ch. 3, § 010; N.R.S. 392.437; N.R.S. 392.439; N.R.S. 392.446(2); NAC 441A.610; NAC 441A.630; N.H. Rev. Stat. § 141-C:20-c; N.H. Rev. Stat. § 141-C:20-d; N.H. Code Admin. R. He-P 301.13; N.J.A.C. 8:57-4.3(d); N.J.A.C. 8:57-4.4(d); N.J.A.C. 8:57-4.22(b); McKinney’s Public Health Law § 2164(8), (9); 10 NYCRR 66-1.3; 10 NYCRR 66-1.10; N.C.G.S.A. § 130A-156; N.C.G.S.A. § 130A-157; 10A NCAC 41A.0403; 10A NCAC 41A.0404; N.C.G.S.A. § 130A-2(7)a; N.C.G.S.A. § 130A-45.5; N.C.G.S.A. § 130A-145 NDCC, 23-07-17.1(3); NDAC 33-06-05-01; R.C. § 3313.671; 70 Okl. St. Ann. § 1210.192; Okla. Admin. Code 310:535-1-2(d); O.R.S. § 433.267; OAR 333-050-0050; 24 P.S. § 13-1303a; 28 Pa. Code § 23.84; Gen. Laws 1956, § 16-38-2; R.I. Admin. Code 31-1-38:3.5.3; S.C.

Code of Regulations R. 61-8; S.C. Code Ann. § 44-4-530; SDCL § 13-28-7.1; T. C. A. § 49-6-5001; Tenn. Comp. R. & Regs. 1200-14-01-.29; U.C.A. 1953 § 53A-11-302; U.C.A. 1953 § 53A-11-302.5; U.A.C. R396-100; 18 V.S.A. § 1122; Vt. Admin. Code 12-5-5:VI; VA Code Ann. § 22.1-271.2; 12 VAC 5-110-80; 12 VAC 5-110-120; West’s RCWA 28A.210.090; WAC 246-105-050; WAC 246-105-080; WAC 246-110-020; W. Va. Code, § 16-3-4; W. Va. Code St. R. § 64-95-9; W.S.A. 252.04; Wis. Adm. Code s DHS 144.04; Wis. Adm. Code s DHS 144.05; Wis. Adm. Code s DHS 144.07(10); W.S.1977 § 21-4-309.

Appendix 3: State Laws Regarding School Vaccination Exemption Procedures

Table 3a

	7. Does state law require a separate exemption application for each vaccine?	8. Does state law require parental notarization or affidavit in the exemption application process?	9. Does state law require the name of the child’s school to be listed in the exemption application?	10. Does state law require the exemption application go to the health department?
Total	2	14	1	5
Alabama	No	No	No	Yes
Alaska	No	Yes	No	No
Arizona	No	No	No	No
Arkansas	No	Yes	No	Yes
California	No	No	No	No
Colorado	No	No	No	No
Connecticut	No	No	No	No
Delaware	No	Yes	No	No
District of Columbia	No	No	No	No
Florida	No	No	No	No
Georgia	No	Yes	No	No
Hawaii	No	No	No	No
Idaho	No	No	No	No
Illinois	No	No	No	No
Indiana	No	No	No	No
Iowa	No	Yes	No	No
Kansas	No	No	No	No
Kentucky	No	Yes	No	No
Louisiana	No	No	No	No

	7. Does state law require a separate exemption application for each vaccine?	8. Does state law require parental notarization or affidavit in the exemption application process?	9. Does state law require the name of the child's school to be listed in the exemption application?	10. Does state law require the exemption application go to the health department?
Maine	No	No	No	No
Maryland	No	No	No	No
Massachusetts	No	No	No	No
Michigan	No	No	No	Yes
Minnesota	No	Yes	No	Yes
Mississippi	No	No	No	No
Missouri	No	No	No	No
Montana	Yes	Yes	No	No
Nebraska	No	Yes	No	No
Nevada	No	No	No	No
New Hampshire	No	Yes	No	No
New Jersey	No	No	No	No
New Mexico	No	Yes	No	No
New York	No	No	No	No
North Carolina	No	No	No	No
North Dakota	No	No	No	No
Ohio	No	No	No	No
Oklahoma	No	No	No	No
Oregon	No	No	No	No
Pennsylvania	No	No	No	No
Rhode Island	No	No	No	No
South Carolina	No	No	No	No
South Dakota	No	No	No	No
Tennessee	Yes	Yes	No	No

	7. Does state law require a separate exemption application for each vaccine?	8. Does state law require parental notarization or affidavit in the exemption application process?	9. Does state law require the name of the child's school to be listed in the exemption application?	10. Does state law require the exemption application go to the health department?
Texas	No	Yes	No	No
Utah	No	No	Yes	No
Vermont	No	No	No	No
Virginia	No	Yes	No	No
Washington	No	No	No	No
West Virginia	No	No	No	Yes
Wisconsin	No	No	No	No
Wyoming	No	No	No	No

Table 3b

	11. Does state law require education about the benefits of vaccination or the risks of being unvaccinated in the exemption process?	11a. If yes, is the department of health responsible for providing the education?	11b. If yes, is a healthcare provider responsible for providing the education?	12. Does state law distinguish between temporary and permanent medical contraindications?	13. Does state law require an annual or more frequent health care provider recertification for medical exemptions?
Total	7	6	2	20	9
Alabama	No	n/a	n/a	No	No
Alaska	No	n/a	n/a	No	No
Arizona	Yes	Yes	No	Yes	No
Arkansas	Yes	Yes	No	Yes	Yes
California	No	n/a	n/a	Yes	No
Colorado	No	n/a	n/a	No	No
Connecticut	No	n/a	n/a	Yes	Yes ⁴⁹

⁴⁹ Under Connecticut law, annual healthcare provider recertifications are required for temporary medical exemptions. See, Regs. Conn. State Agencies § 10-204a-3a(e).

	11. Does state law require education about the benefits of vaccination or the risks of being unvaccinated in the exemption process?	11a. If yes, is the department of health responsible for providing the education?	11b. If yes, is a healthcare provider responsible for providing the education?	12. Does state law distinguish between temporary and permanent medical contraindications?	13. Does state law require an annual or more frequent health care provider recertification for medical exemptions?
Delaware	No	n/a	n/a	No	No
District of Columbia	No	n/a	n/a	No	No
Florida	No	n/a	n/a	Yes	No
Georgia	No	n/a	n/a	Yes	Yes
Hawaii	No	n/a	n/a	Yes	No
Idaho	No	n/a	n/a	No	No
Illinois	No	n/a	n/a	No	No
Indiana	No	n/a	n/a	Yes	No
Iowa	No	n/a	n/a	Yes	No
Kansas	No	n/a	n/a	No	Yes
Kentucky	No	n/a	n/a	No	No
Louisiana	No	n/a	n/a	No	No
Maine	No	n/a	n/a	No	No
Maryland	No	n/a	n/a	Yes	No
Massachusetts	No	n/a	n/a	No	Yes
Michigan	Yes	Yes	n/a	Yes	No
Minnesota	No	n/a	n/a	No	No
Mississippi	No	n/a	n/a	No	No
Missouri	No	n/a	n/a	No	No
Montana	No	n/a	n/a	Yes	No
Nebraska	No	n/a	n/a	No	No
Nevada	No	n/a	n/a	No	No
New Hampshire	No	n/a	n/a	No	No

	11. Does state law require education about the benefits of vaccination or the risks of being unvaccinated in the exemption process?	11a. If yes, is the department of health responsible for providing the education?	11b. If yes, is a healthcare provider responsible for providing the education?	12. Does state law distinguish between temporary and permanent medical contraindications?	13. Does state law require an annual or more frequent health care provider recertification for medical exemptions?
New Jersey	No	n/a	n/a	Yes	No
New Mexico	No	n/a	n/a	No	Yes
New York	No	n/a	n/a	Yes	Yes
North Carolina	No	n/a	n/a	Yes	No
North Dakota	No	n/a	n/a	No	No
Ohio	No	n/a	n/a	No	No
Oklahoma	No	n/a	n/a	No	No
Oregon	Yes	Yes	Yes	No	No
Pennsylvania	No	n/a	n/a	Yes	No
Rhode Island	No	n/a	n/a	No	No
South Carolina	No	n/a	n/a	Yes	No
South Dakota	No	n/a	n/a	No	No
Tennessee	No	n/a	n/a	No	No
Texas	No	n/a	n/a	No	Yes
Utah	Yes	Yes	No	No	No
Vermont	Yes	Yes	No	No	No
Virginia	No	n/a	n/a	Yes	No
Washington	Yes	No	Yes	Yes	No
West Virginia	No	n/a	n/a	Yes	Yes
Wisconsin	No	n/a	n/a	No	No
Wyoming	No	n/a	n/a	No	No

Provisions reviewed: Ala. Admin. Code r. 420-6-1-.02; 4 AAC 06.055(b)(3); A.R.S. § 15-873(A)(2) | A.A.C. R9-6-706(E); A.C.A. § 6-18-702; Ark. Admin. Code 005.15.23-5.01.3; Ark. Admin. Code 005.15.23-5.01.4; Ark. Admin. Code 005.15.23-5.02; 17 CCR § 6050; 17 CCR § 6051; 17 CCR § 6070; Regs. Conn. State Agencies § 10-204a-3a(d), (e); 14 Del. C. § 131(6); Fla. Admin. Code r. 64D-3.046(2)(b)(1); Ga. Code Ann., § 20-2-771; Ga Comp. R. & Regs. 511-2-2-.05; Haw. Admin. Rules (HAR) § 11-157-5(a); Haw. Admin. Rules (HAR) Exhibit B(5); IC 20-34-3-3; I.C.A. § 139A.8(4)(a)(2); Iowa Admin. Code 641-7.3(139A); K.S.A. 72-5209(b)(1); KRS § 214.036; COMAR 10.06.04.04; M.C.L.A. 333.9215(12); Mich. Admin. Code R. 325.176; M.S.A. § 121A.15; 19 Mo. Code of State Regulations 20-28.010(1)(C)(1); MCA 20-5-405(1); Mont. Admin. R. 37.114.703(1)(i); Mont. Admin. R. 37.114.715; Mont. Admin. R. 37.114.716; Neb. Rev. St. § 79-221(2); N.H. Rev. Stat. § 141-C:20-c(II); N.J.A.C. 8:57-4.3; N. M. S. A. 1978, § 24-5-3; McKinney's Public Health Law § 2164(8); 10 NYCRR 66-1.3(c); N.C.G.S.A. § 130A-156; 10A NCAC 41A.0404; O.R.S. § 433.267; 28 Pa. Code § 23.84; S.C. Code of Regulations R. 61-8; Tenn. Comp. R. & Regs. 1200-14-01-.29; V.T.C.A., Education Code § 38.001; 25 TAC § 97.62; U.C.A. 1953 § 53A-11-302.5; 18 V.S.A. § 1122; Vt. Admin. Code 12-5-5:VI; VA Code Ann. § 22.1-271.2; 12 VAC 5-110-80; West's RCWA 28A.210.090; WAC 246-105-050; WAC 246-105-060; W. Va. Code St. R. § 64-95-5.2; W. Va. Code St. R. § 64-95-9; W. Va. Code St. R. § 64-95-9.3.

Vaccination Policies: Requirements and Exemptions for Entering School

BY ERIK SKINNER

The Centers for Disease Control and Prevention (CDC) ranks vaccination among the most significant public health achievements of the 20th century. The CDC also reported that, over the last two decades, immunizations prevented more than 21 million hospitalizations and 732,000 child deaths in the United States. This translates to nearly \$295 billion in savings on direct health care costs.

Immunizations protect individuals and the larger population. When immunization rates are high, herd immunity develops and can help protect

not only healthy people, but those with immune system disorders who cannot receive vaccines. On the contrary, when immunization rates are low, disease outbreaks may occur, creating a health and economic toll. Recently, communities in Minnesota and Washington experienced outbreaks of measles and mumps, respectively, due to low vaccination rates among certain populations.

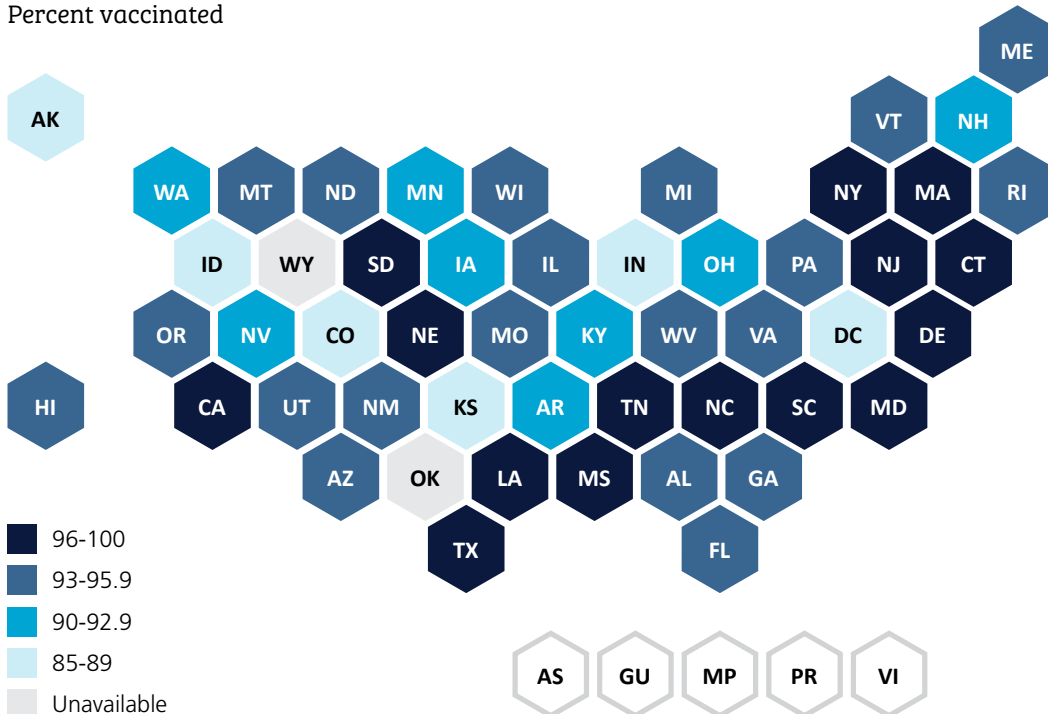
Vaccines go through rigorous testing prior to licensure. However, like any medication, they can cause side effects. The most common side effects are mild and typically resolved within 24 to 48 hours.

Did You Know?

- According to the [World Health Organization](#), immunization prevents between 2 million to 3 million deaths every year across the world.
- When immunization rates are high, [herd immunity](#) develops and limits the spread of the disease, which helps protect those who cannot be vaccinated.
- Vaccination rates for measles, mumps and rubella vary across the United States, ranging from 85.6 percent in Washington, D.C., to 99.4 percent in Mississippi.

Kindergarten Vaccination Rates: Measles, Mumps and Rubella

Percent vaccinated



Rarely, more serious side effects, such as allergic reactions, can occur. Licensed health care providers administer vaccines, ensure that patients are informed about vaccine safety, and are screened based on the federal prescribing guidelines for each vaccine. Regarding concerns about vaccines and autism, the [peer-reviewed literature](#) does not recognize a link between vaccines and autism spectrum disorder.

State Action

States play a significant role in determining, implementing and enforcing vaccination policies. [All 50 states](#) currently have school entry requirements for vaccinations. All state policies feature medical exemptions. For [many vaccines](#), the CDC recommends that parents of children with certain diseases affecting the immune system consult with their pediatrician to receive, wait for or skip certain vaccines. Forty-seven states permit vaccine exemptions on religious grounds, and 18 states allow exemptions for personal or philosophical reasons.

The most recent state laws focus on promoting increased coverage rates by eliminating personal belief exemptions for school entry, adding or strengthening vaccination requirements, and promoting better education about vaccines. California and Vermont passed bills removing exemptions in 2015. The [California legislation](#) removed exemptions based on personal beliefs, which are defined as also including religious objections. [Vermont's law](#) repealed the personal belief exemption.

Some states require interagency collaboration between the departments of education and health to ensure that parents receive medically accurate information about vaccines. [Georgia enacted a bill](#) in 2017 that requires a school system that provides information on immunizations to also include recommendations from the [Advisory Committee on Immunization Practices \(ACIP\)](#), a description of covered diseases and other information. The law requires the Department of Education to work with the Department of Public Health to develop these resources.

States also work with education and child care stakeholders to enforce immunization requirements. [Minnesota passed a law](#) that applied its public-school immunization and exemption criteria to its voluntary prekindergarten program, in which district and charter schools contract with Head Start programs, family child care programs, community-based organizations and other groups. Eligible children must provide documentation of the required immunizations to participate in those programs.

Many states operate online education modules for parents who choose to go through the exemp-

tion process to learn about vaccines and their effectiveness. These policies can accompany other vaccine-related requirements. At least [seven states](#) (Arizona, Arkansas, Michigan, Oregon, Utah, Vermont and Washington) require education during the exemption process about the benefits of vaccination or the risks of opting out. Some states view this as a consumer protection issue. For example, [Maine's law](#), enacted in 2015, established the Vaccine Consumer Protection Program to disseminate information on vaccine-related adverse events to medical professionals and the public.

A [Utah law](#), enacted in 2017, created an online education module regarding certain preventable diseases. It also amended the grounds for exemptions from required vaccines and requires parents to renew a student's vaccination exemption annually under certain conditions. The law allows for the vaccination exemption form to be completed online.

While further from the purview of the legislature, vaccine requirements for higher education are also part of the state's role. Colleges and universities generally form their own policies and submit them to the state. [Thirty-three states](#) require the meningococcal vaccine in middle school or as a requirement for attending higher education institutions. For example, [Virginia enacted legislation](#) in 2017 that requires students entering college to receive an immunization against meningitis and hepatitis B. Students can obtain an exemption if they review information about the risks of meningitis and hepatitis B and sign a waiver. Eleven states require education about the disease and six states do not have a specific meningitis policy.

Federal Action

The [Advisory Committee on Immunization Practices \(ACIP\)](#), a group of medical and public health experts, was convened by the CDC to develop recommendations for using vaccines in the U.S. The CDC director, under the Department of Health and Human Services, reviews and approves the recommendations, and the CDC publishes the final official recommendations. The [Prevention and Public Health Fund](#) supports immunization infrastructure in the states, allocating more than \$324 million in 2016 to coordinate with states in conducting vaccination surveys for different population groups and managing vaccination efforts.

The federal government also sponsors the [National Vaccine Injury Compensation Program \(VICP\)](#), a system that provides financial compensation to individuals who file a petition and are found to have been injured by a VICP-covered vaccine. The [Vaccines for Children Program](#) makes vaccines available at no cost for eligible children (Medicaid-eligible, uninsured, underinsured, American Indian or Alaska Native) under age 19.

Additional Resources

NCSL webpage, "[States with Religious and Philosophical Exemptions from School Immunization Requirements](#)"

NCSL webpage, "[HPV Vaccine: State Legislation and Statutes](#)"

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Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, COMMITTEE ON INFECTIOUS DISEASES, COMMITTEE ON STATE GOVERNMENT AFFAIRS, COUNCIL ON SCHOOL HEALTH, SECTION ON ADMINISTRATION AND PRACTICE MANAGEMENT

Routine childhood immunizations against infectious diseases are an integral part of our public health infrastructure. They provide direct protection to the immunized individual and indirect protection to children and adults unable to be immunized via the effect of community immunity. All 50 states, the District of Columbia, and Puerto Rico have regulations requiring proof of immunization for child care and school attendance as a public health strategy to protect children in these settings and to secondarily serve as a mechanism to promote timely immunization of children by their caregivers. Although all states and the District of Columbia have mechanisms to exempt school attendees from specific immunization requirements for medical reasons, the majority also have a heterogeneous collection of regulations and laws that allow nonmedical exemptions from childhood immunizations otherwise required for child care and school attendance. The American Academy of Pediatrics (AAP) supports regulations and laws requiring certification of immunization to attend child care and school as a sound means of providing a safe environment for attendees and employees of these settings. The AAP also supports medically indicated exemptions to specific immunizations as determined for each individual child. The AAP views nonmedical exemptions to school-required immunizations as inappropriate for individual, public health, and ethical reasons and advocates for their elimination.

abstract

FREE

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BACKGROUND

Principles of Childhood Immunization and Community Immunity

Childhood immunization is one of the greatest accomplishments of modern medicine. In the United States 2009 birth cohort, routine childhood immunization will prevent approximately 42 000 early deaths

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and 20 million cases of disease, saving \$13.5 billion in direct costs and \$68.8 billion in societal costs.¹

However, vaccines are not 100% effective in individuals receiving them. Certain infants, children, and adolescents cannot safely receive specific vaccines because of age or specific health conditions. These individuals benefit from the effectiveness of immunizations through a mechanism known as community immunity (also known as “herd” immunity). Community immunity occurs when nearly all individuals for whom vaccine is not contraindicated have been appropriately immunized, minimizing the risk of illness or spread of a vaccine-preventable infectious agent to those who do not have the direct benefit of immunization. Although there is variance for levels of immunization required to generate community immunity specific to each disease and vaccine, it is generally understood that population immunization rates of at least 90% are required, as reflected in the Healthy People 2020 goals.² Certain highly contagious diseases, such as pertussis and measles, require a population immunization rate of $\geq 95\%$ to achieve community immunity.

School Immunization Requirements

Each of the 50 states and the District of Columbia and Puerto Rico have requirements for proof of immunization for attendees of child care centers and public schools, and nearly all have laws covering private schools as well.³ Some states allow local school boards to set requirements for some vaccines, although the majority set requirements at the state level. These policies are designed to protect children attending child care and school from vaccine-preventable diseases by creating a learning environment with a very high rate of community immunity. In addition,

vocational schools, colleges, and universities also have immunization requirements. As an additional public health benefit, immunization requirements serve as a strong incentive for parents and families to immunize their children according to the schedule recommended by the Centers for Disease Control and Prevention and the American Academy of Pediatrics (AAP). Public health data show that vaccine requirements for child care and/or school entry result in increased community immunization rates⁴ and decreased incidence of those vaccine-preventable diseases.^{5,6}

Medical Immunization Exemptions

Although there are fairly consistent standards for required immunizations across the United States, every state, the District of Columbia, and Puerto Rico have allowances to exempt children from school-required immunization for medically indicated reasons. Examples of such include allergy to a vaccine component, previous significant adverse reaction to a vaccine or its components, or other underlying health condition such as an immunosuppressed organ transplant recipient.⁷ Almost half of states have laws that distinguish between temporary and permanent medical contraindications,³ with nearly another half of these states requiring annual or more frequent health care provider recertification for the medical exemptions. Because only a very small proportion of children have medical conditions prohibiting specific immunizations, medically indicated exemptions, when granted appropriately, typically do not compromise community immunity. It is this specific group of children that depends on community immunity for protection.

Nonmedical Immunization Exemptions

Although not required under current federal constitutional and

statutory law,⁸ almost all states allow exemptions from school attendance immunization requirements on the basis of religious belief, and almost half of the states allow philosophical (also known as personal-belief) exemptions.

Although nearly ubiquitous, nonmedical exemption regulations are quite heterogeneous from state to state in terms of how they are granted, used, and maintained.³ Some states explicitly exclude philosophical and personal-belief exemptions and define these as not falling under the scope of religious exemptions. More than half of the states legally allow for exclusion of exempted students or can withdraw nonmedical exemptions during outbreaks, epidemics, or emergencies. More than one-quarter of the states require parental notarization or affidavit confirming either a religious or personal-belief justification in applying for a nonmedical school immunization exemption. A number of states have laws requiring parent/guardian education by health departments or health care providers about the benefits of vaccines and the risks and consequences of not receiving recommended childhood immunizations.

PUBLIC HEALTH EFFECTS OF IMMUNIZATION EXEMPTIONS

Exemption Rates and Vaccine-Preventable Disease Incidence

Legislation requiring immunization before school entry increases immunization rates and dramatically decreases the incidence of vaccine-preventable diseases.⁹ Examples of these include immunization against measles and chickenpox. Likewise, higher rates of immunization exemptions in communities correlate with higher rates of vaccine-preventable illnesses and disease outbreaks, such as pertussis and measles.¹⁰⁻¹³

Although overall rates of many required immunizations have increased or remained steady over the past 10 years, recent studies show that unvaccinated children are often geographically clustered within communities¹⁴ and have corresponding higher rates of immunization exemption. This clustering reflects the fact that families with similar sociocultural beliefs often live near each other or attend the same schools which results in population clusters within larger communities with significantly lower immunization rates that are insufficient to sustain community immunity. This phenomenon results in disease outbreaks when a vaccine-preventable illness is introduced into these communities.

Exemption Rates and Legal Requirements

States with less rigorous requirements for nonmedical exemptions and those that grant permanent medical exemptions have significantly higher vaccine exemption rates than those states with more rigorous requirements or those that only grant temporary exemptions.¹⁵

States that offer personal-belief exemptions have had steady increases in the number of exemptions over time. Religious exemptions have increased for states that do not offer personal-belief/philosophical exemptions but have, through regulatory language, broadly defined religion for the purposes of obtaining vaccine exemption. The ease of requirements to obtain nonmedical exemptions, especially those of personal belief, can have a significant impact on the rate of exemptions and immunizations.¹⁶ Oregon, which in 2014 began requiring parental completion of an educational module on the benefits of vaccines before allowing a certified exemption, saw a 17% decrease in

the number of exemptions granted the following school year.

JUSTIFICATION FOR IMMUNIZATION REQUIREMENTS

Legal Justification

Resistance and legal challenges to compulsory vaccination laws have existed since the early 19th century. In *Jacobson versus Massachusetts*,⁸ the court found legislative vaccine mandates to be constitutional as a means of protecting public health and public safety. In *Zucht versus King* in 1922, the Supreme Court upheld a local ordinance requiring vaccination as a condition for school attendance.¹⁷ In the 1944 case *Prince versus Commonwealth of Massachusetts*, the court ruled that the constitutional rights of religion or parenthood were not beyond limitation and that states had the authority to protect the welfare of children and the community. Although the specific case was with regard to child labor laws, the court extended its language to encompass both religious and personal activities such that, "The right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death."¹⁸ Since these rulings, there have been numerous challenges to state and local immunization requirements (eg, *Workman versus Mingo County Schools*, *Phillips versus City of New York*). All of these challenges failed.

Ethical Considerations

Parents and the government both have a responsibility in maintaining the health of children. There is a societal interest in protecting the health of the individual child and society as a whole. Although society generally believes that parents or guardians are best situated to understand their child's unique needs, including health care needs, and should participate in caring and

thoughtful medical decision-making, this parental responsibility is not an absolute right. With this in mind, it is critical to design childhood immunization exemption policies so that they clearly serve the best interests of both the individual child and the community.

Parents are expected to consider the best interest of their child in medical decision-making, focusing on their child's medical, emotional, and social needs, rather than their own social or emotional interests. In general, the state is empowered to overrule parental medical decision-making only when such decision-making or refusal of care places a child at significant risk of serious harm. Vaccination is unique within the realm of medical interventions because it not only provides a benefit to the patient who is vaccinated but also confers a significant public health benefit in terms of community immunity. Similarly, refusal of vaccination not only puts the individual child at risk but also increases societal risk by decreasing community immunity and adding to a population of unimmunized individuals within which vaccine-preventable disease may spread. Declining community immunity may be a significant risk for children and adults with medical contraindications to vaccination, who rely on community immunity for protection from vaccine-preventable diseases. Thus, nonmedical exemptions effectively disenfranchise people with medically indicated contraindications to vaccines from receiving equal protection under public health policy.

Several pediatric bioethicists have argued against the elimination of nonmedical exemptions by citing the ethical Principle of Least Restrictive Means for public health policy.¹⁹ This principle recognizes that where multiple options exist to achieve public health goals, "that the full force of state authority and power

should be reserved for exceptional circumstances and that more coercive methods should be employed only when less coercive methods have failed.²⁰ However, this principle was developed to protect individuals from serious deprivations of personal liberty. The current immunization requirements that some seek to avoid with nonmedical exemptions are limited in scope to attendance in child care or school settings and are not requirements for the mandatory vaccination or quarantine of individuals who are unimmunized. Neither is there an undue burden of health risk to the individual in that immunization safety is scientifically well established. The public health value and benefit from requiring childhood immunizations for child care and school attendance versus allowing nonmedical exemptions are not equal alternatives. Nonmedical exemptions negatively affect community immunity and have indeed failed, as documented in the medical literature.¹² In addition, the heterogeneous collections of regulations covering nonmedical exemptions, they actually present an ethical dilemma of unfair implementation and application to families.²¹

CONCLUSIONS

Immunization requirements for child care and school attendance are an effective means of protecting people from vaccine-preventable diseases, both by direct protection from the vaccine and indirect protection via community immunity. Immunization requirements also have a beneficial effect on timely immunization of children. Because rare medically recognized contraindications for specific individuals to receive specific vaccines exist, legitimate medical exemptions to immunization requirements are important to observe. However, nonmedical exemptions to immunization

requirements are problematic because of medical, public health, and ethical reasons and create unnecessary risk to both individual people and communities.

RECOMMENDATIONS

1. The AAP supports laws and regulatory measures that require certification of immunization to attend child care and school as a sound means of providing a safe environment for attendees and employees of these settings.
2. The AAP supports medically indicated exemptions to specific immunizations as determined for each individual student.
3. The AAP recommends that all states and the District of Columbia use their public health authority to eliminate nonmedical exemptions from immunization requirements.
4. The AAP recommends that all child care centers, schools, and other covered entities comply with state laws and regulations requiring current and accurate documentation of appropriate immunization status and appropriate medical exemptions of attendees and students.
5. The AAP recommends that the appropriate public health authorities provide the community with information about immunization rates in child care centers, schools, and other covered entities and determine whether there are risks to community immunity on the basis of this information.

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Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance
COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, COMMITTEE ON INFECTIOUS DISEASES, COMMITTEE ON STATE GOVERNMENT AFFAIRS, COUNCIL ON SCHOOL HEALTH and SECTION ON ADMINISTRATION AND PRACTICE MANAGEMENT
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HB-2459-HD-1

Submitted on: 2/12/2020 10:02:54 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Hillary Sasaki	Individual	Support	Yes

Comments:

I strongly support HB2459

HB-2459-HD-1

Submitted on: 2/12/2020 10:19:40 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Denise Cohen	Individual	Oppose	No

Comments:

Chair, Vice Chair and committee members, thank you for this opportunity to provide testimony on HB 2459 HD1. As a concerned citizen, I **strongly oppose HB 2459 HD1**. This is an amended bill which demonstrates a change from bill HB2459.

The amended bill states the following: “Requires the department of health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health's current procedure for vaccination exemptions and best practices throughout the country. Requires a report to the legislature.”

I am in strong opposition to this bill as all current mandated vaccines have already been studied extensively and Hawaii is already in line with the current and best practices regarding vaccine exemptions throughout the country, which may be referenced here: <https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>. The safety and efficacy of current vaccine recommendations have been established in several studies prior to the design of the current CDC recommendations. A localized study by the Hawaii department of health would be costly, time consuming and unnecessary.

It is for these reasons that I am writing to encourage you to **refute HB 2459 HD1**.

Thank you for your time and consideration.

HB-2459-HD-1

Submitted on: 2/12/2020 10:21:45 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Garcia	Individual	Support	No

Comments:

The studies must be conducted before more children are vaccinated with the HPV vaccine. This bill is detrimental to the health of all our children. Our children deserve the best! The HPV vaccine according to the Royal Journal, has not been shown to protect against cancer.

Let common sense and love for our children reign and let us shun the lies from the filthy rich corporations responsible for the deterioration of human health and the Earth's environment. Read the studies, please. And wait for the Working Group Study to finish!

HB-2459-HD-1

Submitted on: 2/12/2020 10:26:15 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Trevor Larson	Individual	Support	No

Comments:

My friend was vaccinated and has endured many complications since. Let's study the issue first before mandating.

HB-2459-HD-1

Submitted on: 2/12/2020 10:41:48 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Liebeman	Individual	Oppose	No

Comments:

Chair, Vice Chair and committee members, thank you for this opportunity to provide testimony on HB 2459 HD1. As a concerned citizen, I **strongly oppose HB 2459 HD1**. This is an amended bill which demonstrates a change from bill HB2459.

The amended bill states the following: "Requires the department of health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health's current procedure for vaccination exemptions and best practices throughout the country. Requires a report to the legislature."

I am in strong opposition to this bill as all current mandated vaccines have already been studied extensively and Hawaii is already in line with the current and best practices regarding vaccine exemptions throughout the country, which may be referenced here: <https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>. The safety and efficacy of current vaccine recommendations have been established in several studies prior to the design of the current CDC recommendations. A localized study by the Hawaii department of health would be costly, time consuming and unnecessary. This bill serves no purpose other than to add unwarranted confusion and doubt regarding vaccine safety, and would work to the detriment of public health in Hawaii.

It is for these reasons that I am writing to encourage you to **refute HB 2459 HD1**.

Thank you for your time and consideration.

HB-2459-HD-1

Submitted on: 2/12/2020 10:50:16 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Luis Delgado Altamirano	Individual	Oppose	No

Comments:

I oppose the **HB2459 bill** because it is a waste of time and money. The current vaccination recommendations given by ACIP are already studied and deemed safe for administration. Requiring studies at the state level is redundant. It is only a way for people who don't want to vaccinate their children to stall the vaccination requirements. Delaying required vaccinations only makes public places unsafe for children who are immunosuppressed and are unable to receive vaccines.

HB-2459-HD-1

Submitted on: 2/12/2020 10:51:44 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joanna Kettlewell	Individual	Oppose	No

Comments:

Re: HB 2459 HD1 Relating to Medical Autonomy

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

1. a doctoral candidate in the Department of Tropical Medicine, Medical Microbiology, and Pharmacology at the John A. Burns School of Medicine, I know that vaccines are the best tool that science and medicine has to protect our communities from morbidity and mortality as a result of the spread of infectious disease. Hawaii’s current rules ensure that the state is in compliance with the most current recommendations of the Advisory Committee on Immunization Practices (ACIP) (<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>). Furthermore, research demonstrates that communities with more vaccine exemptions, are at greater risk for vaccine-preventable disease outbreaks (<https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>).

HB 2459 HD1 is an amended bill which demonstrates a change from bill HB2459. This amended bill states the following:

“Requires the department of health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health's current procedure for vaccination exemptions and best practices throughout the country. Requires a report to the legislature.”

The safety and efficacy of current vaccine recommendations have been established in several studies prior to the design of the current ACIP recommendations. A localized

study by the Hawaii department of health would be costly, time consuming and unnecessary.

I strongly encourage you to oppose HB 2459 HD1.

Thank you for your time and consideration.

Joanna M. Kettlewell

HB-2459-HD-1

Submitted on: 2/12/2020 10:53:38 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Paer	Individual	Support	No

Comments:

I support this bill, though I am disappointed to see it has been amended to remove the creation of a conscientious objection. I am not against vaccines, but as a board member of a local school, I listened to the concerns parents brought to us and did some of my own research and found that the safety studies for vaccines are not nearly as extensive or thorough as I previously assumed. Here is an under 10 minute clip from doctors at a WHO conference who say this exact thing. For this reason, it does not seem the state should be able to mandate vaccines. This should be a family's choice. Perhaps barring extreme circumstances, which we have not and are not seeing. Parents have always had that right in the past and I am not aware of any deaths that have resulted. So what is the justification of interfering with individuals making their own health decisions? The DOH should definitely have to do a much more thorough investigation of the safety concerns.

<https://childrenshealthdefense.org/news/look-whos-talking-vaccine-scientists-confirm-major-safety-problems/>

The case of HPV is particularly concerning. The safety studies for Gardasil (the HPV vaccine) were completely compromised. This article by Slate tries very hard to be even-handed, but highlighted serious problems with the safety trials and found through freedom of information requests found was a lot of concern among the regulators due to the poorly constructed clinical trials.

<https://slate.com/health-and-science/2017/12/flaws-in-the-clinical-trials-for-gardasil-made-it-harder-to-properly-assess-safety.html>

Robert Kennedy Jr is the process of suing Merck for fraud over these trials.

What I have learned about vaccines is concerning enough to make me strongly believe that parents should not be forced to give their kids the long list of vaccines now recommended. Again, I'm not anti-vaccine. I think some vaccines, like that for polio, have done tremendous good. But after looking into this issue, there is enough doubt in the science that it feels parents should be in charge of these potentially consequential medical decisions for their own families. Privacy regarding one's health records are fundamental to the Hawaii constitution. And body autonomy is a fundamental human right.

Parents have had the right to opt out in Hawaii for decades as far as I'm aware and we have not had serious problems with outbreaks of diseases that can be vaccinated against. So I see no compelling public health case that would remotely begin to justify the intrusion on the rights of parents to make health decisions for their children and families.

HB-2459-HD-1

Submitted on: 2/12/2020 10:59:21 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kera Wong-Miyasato	Individual	Support	No

Comments:

Please change the wording of the bill back to the original wording of HB2459.

HB-2459-HD-1

Submitted on: 2/12/2020 11:04:01 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tatyana Cerullo	Individual	Support	No

Comments:

Dear Committee Members,

I am **STRONGLY IN FAVOR** of this bill. Medical freedom is very important to me as a citizen of a free and democratic country. It is a fundamental human right. I am an attorney licensed in multiple jurisdictions, including Hawaii, and a Hawaii business owner, and I have two healthy children. As a parent I must be the one to decide what gets injected into them, not the government or pharmaceutical companies. Overwhelming research shows that components of vaccines contain many questionable and toxic ingredients including these:

- Aluminum - a known neurotoxin; does damage to our health, even in small amounts, especially when injected
- Mercury - a known neurotoxin
- Antibiotics - kills healthy good bacteria and causes imbalance in the microbiome
- Egg protein - a concern for all those with egg allergies
- Formaldehyde - an industrial pesticide and know to cause cancer in humans
- Monosodium glutamate (MSG) an “excitotoxin,” which is a term used to describe a class of chemicals (usually amino acids) that over-stimulate neuron receptors in the brain
- Squalene - derived primarily from shark liver oil and believed to cause arthritis in rats and possibly Gulf War Syndrome, more studies needed;
- Gelatin - commonly derived from pigs; can provoke an allergic response, possibly even triggering anaphylaxis; against certain religious beliefs
- Polysorbate 80 - an emulsifier used in some foods and cosmetics; the safety of using this chemical in vaccines has been poorly studied, and according to the Material Safety Data Sheet (MSDS) for Polysorbate 80, it may cause adverse reproductive effects and cancer based on animal testing data. The MSDS also indicates that no safety testing has been done in humans; it’s emulsifying effects can break the blood-brain barrier in humans allowing neurotoxins like different forms of aluminum found in vaccines and mercury to enter and disrupt brain function.
- Aborted human fetal tissue - a problem who do not want to be injected with this for any reason especially those who are against abortion

A comprehensive list of ingredients in vaccines can be found at <http://www.vaccinesafety.edu/components-Excipients.htm> which was published by John Hopkins School of Public Health, updated December 2018. There are many more startling ingredients than the ones listed here. If you have not researched the ingredients of various vaccines and the known and potential toxic effects of the ingredients on humans, I invite you to review and look deeper. It is no coincidence that there is a chronic disease epidemic in America's children. America gives more vaccines than any other developed country, 36 vaccines to babies by age 1.

With new recommendations and mandates, there are even more. The HPV vaccine is particularly troubling because it contains a high amount of aluminum, 500 micrograms. Multiple scientific studies associate aluminum not just with autoimmune diseases but with autism, Alzheimer's disease, dementia and Parkinson's disease as well as behavioral abnormalities in animals. In clinical "safety" trials, the manufacturer of Gardasil-9 (HPV vaccine) used a neurotoxic aluminum adjuvant instead of using an inert saline placebo, so not a true placebo. This calls into question the safety of this vaccine and a lawsuit is underway right now against Merck for fraud. A significant number of adverse reactions and deaths due to the HPV vaccine has been reported in the VAERS Vaccine Adverse Event Reporting System. According to Gardasil's package insert, women are more likely to suffer a severe event following vaccination with Gardasil than they are to get cervical cancer, a disease for which the median age of death is 58 years. Gardasil targets healthy preadolescents and teens for whom the risk of dying from cervical cancer is practically zero. It's also sexually transmitted. Mandating a vaccine to prevent a STD for children who are not even sexually active and making it a bar to attending school is wrong.

I should not have to have a religious or medical exemption to choose not to inject my children with known and potential toxins. I should be able to opt out of vaccines with a conscientious exemption for personal or philosophical reasons.

As troubling as each of one these chemicals and many others may be in its own right, you must keep in mind that no studies have been done to determine potential synergistic effects of multiple vaccine ingredients given in combination. Safety concerns are further compounded when considering that infants and young children commonly receive multiple vaccines during the same office visit. Amid relentless claims by drug companies and conflict-ridden health agencies that vaccines are "safe and effective" (despite the fact that nearly \$4 billion has been paid out by taxpayers to victims of vaccine injury) there is no denying that there is a risk, however large you believe it to be.

And where there's risk, there must be choice.

Lastly, as an attorney, it is unconscionable that vaccine makers are immune from civil lawsuits regarding vaccine side effects and death pursuant to the National Childhood Vaccine Injury Act 1986. Taxpayers are the ones who pay for a "no

fault" compensation system where most vaccine injured claims are not redressed. Red flag! They have no incentive to make vaccines safe.

A system where the injection of vaccines along with their toxic components is mandated and the manufacturers of the vaccines are immune from liability, while the taxpayers pay the damages, financially, emotionally, physically, and spiritually, is not a democratic system.

Thank you for voting in favor of this important bill to preserve our democracy, the fundamental right to body sovereignty, parental rights, and medical freedom.

Mahalo for your consideration.

Tatyana Cerullo

Honolulu, Hawaii



R. Weinstein[®]

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February 12, 2020

Chair, Vice Chair and Committee Members,

Thank you for this opportunity to provide testimony on HB 2459 HD1. As a concerned citizen, I **strongly oppose HB 2459 HD1**. This is an amended bill which demonstrates a change from bill HB2459.

The amended bill states the following: "Requires the department of health to conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health's current procedure for vaccination exemptions and best practices throughout the country. Requires a report to the legislature."

I am in strong opposition to this bill as all current mandated vaccines have already been studied extensively and Hawaii is already in line with the current and best practices regarding vaccine exemptions throughout the country, which may be referenced here:

<https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>. The safety and efficacy of current vaccine recommendations have been established in several studies prior to the design of the current CDC recommendations. A localized study by the Hawaii Department of Health would be costly, time consuming and unnecessary.

It is for these reasons that I am writing to encourage you to **refute HB 2459 HD1**.

Thank you for your time and consideration.

Sincerely,

R. Weinstein, Inc.

Richard Weinstein, R. Ph., President

HB-2459-HD-1

Submitted on: 2/12/2020 11:27:22 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
kayla	Individual	Support	No

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 11:28:54 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Meyer	Individual	Support	No

Comments:

Aloha,

Mahalo for your time. I submitted testimony the last go round and would like to state again:

I SUPPORT HB2459!

It is important to conduct research so please conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health's current procedure for vaccination exemptions and best practices throughout the country. The HPV vaccine mandate is especially troublesome and is an example of why we need more studies completed before the mandate goes into effect.

Renee Meyer

HB-2459-HD-1

Submitted on: 2/12/2020 11:46:36 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Erin Austin	Individual	Support	Yes

Comments:

My name is Erin and I am the daughter of a pediatrician. I am also the mother of 3 beautiful children, one of whom is permanently vaccine injured.

You see, as the child of a pediatrician, I too was indoctrinated in the system. I never believed that vaccine injury was real, surely it had to be something else. So guess what, I blindly vaccinated my children and didn't spend one second researching what was being injected into them, nor did their pediatrician say anything could happen other than fever or rash.

After my middle child had her 4 year old boosters I had a gut feeling, you know a mothers intuition something was not right.

That was the day I permanently injured my child and now she lives with a lifelong incurable autoimmune disorder that is listed as an adverse reaction on the vaccine manufactures package insert.

So since I don't have a lot of time, what next, all 3 of my vaccinated children have medical exemptions to vaccines, but they will be losing their medical exemptions as of July 1st this year.

They are losing their medical exemptions due to the over reach of our health department and the 4 people who decided they knew my children and our family medical history better than myself and their pediatrician who has known them since the day they were born.

The amendments made to HAR 11-157 have completely gutted our rights to a medical exemption. It is nothing short of medical malpractice to ignore a family medical history as well as adverse reactions listed on the manufacturers package inserts.

Along with the amendments to HAR that stripped away our rights, 5 new vaccines were added to the mandated schedule and not a single one of these has a compelling state interest to be added.

I am extremely grateful that our bill has moved on from the Health Committee but with the language changes already made, I would like to see this bill continue on with added

language stating that the Medical Exemptions to be restored back to what they were, a decision made personally between patient and physician, also the amendments made to HAR 11-157 are SUSPENDED until the study is complete, and most importantly, that we have stakeholders in this study group. It was the Department of Health that got us into this entire mess and to allow them alone to make conclusions on their own decision making is no less negligible than allowing the fox to guard the henhouse. I would like the stake holders to be parents of vaccine injured children, religious leaders, physicians, holistic doctors, and legislators all to be selected by Children's Health Defence Hawaii or Hawaii for Informed Consent.

It is truly negligible of our Health Department to be mandating liability free products upon our children for school with no compelling state interest. Over 800 testimonies were submitted when the HAR 11-157 rule change began taking place and the DOH steamrolled it through. We need a well balanced group to really look at the issue. Our children are sick with chronic illness. Are we trading short term benign childhood illnesses for chronic long term ones?

I SUPPORT HB2459. In a free society, there is no room for forced medical procedures, which vaccinations fall under. I did not vote for Sarah Park nor did anyone else. Yet, she wields the power to change rules that affect the entire population. We have the Sunshine Law, yet these rule changes were done behind closed doors with the public left in the dark. Testimony was turned in by *many* yet it was condensed into “one file” for the governor. Many parents I have talked to recently that had **no** idea these were new **forced** requirements taking effect this July. Many also had no idea that the **new** religious exemption was drastically changed to “ALL or NONE”. This was not a democratic process. *An unelected citizen should NOT have this kind of power.*

Please delay the effective date of HAR 11-157 until after the proposed DOH study is done and allow all stakeholders who will be affected by HAR to participate in the task force with DOH.

Mahalo for your time. Please vote **YES** on **HB2459**.

HB-2459-HD-1

Submitted on: 2/12/2020 12:29:12 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

Please change the text back to the original wording of HB2459.

HB-2459-HD-1

Submitted on: 2/12/2020 12:29:20 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Hoku Osterhus	Individual	Oppose	No

Comments:

I am not against vaccinations in general but I am very much against the HPV vaccine. It's supposedly a vaccine that prohibits sexual diseases, but how can you force young children to receive that vaccine when they're not even sexually active? I've also read many stories of young women dying from this vaccine. It's a vaccine that should be left to the parents to decide if they want it for their sexually active child. It's a vaccine that needs more research done on it and should NOT be forced upon any child. Please do not let the HPV vaccine become a requirement to attend school.

HB-2459-HD-1

Submitted on: 2/12/2020 12:30:33 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jaroslava Sibia	Individual	Support	No

Comments:

I strongly support this bill.

HB-2459-HD-1

Submitted on: 2/12/2020 12:30:48 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Eric Day	Individual	Support	No

Comments:

Aloha,

I support HB2459. This study on the DOH procedures and HPV vaccine must be done. The DOH is overstepping their boundaries by taking most medical exemptions away from kids that currently have them. Family medical history must be a valid reason for a medical exemption. In my family alone there have been seven severe vaccine reactions (adverse events). All of the vaccine injuries that my family has suffered from are listed inside the manufacturer insert. Please add language to this bill to put a moratorium on HAR 11-157 until the study is complete, slow it down, there's no need to rush the July 1, 2020 start date. As a matter of fact according to Hawaii 325-32, new vaccines can only be added if "a need for immunization against it exists within the State." There is no need at this time, we aren't experiencing any outbreaks. The cumulative CDC immunization schedule has never been tested for safety, so why is our DOH adding five more vaccines for Hawaii? Our kids are not medical experiments. Why is the HPV vaccine being required for education when it's not transmitted in a school environment? Merck, who makes the HPV vaccine is in court right now for fraud on this vaccine. The Hawaii legislature needs to examine all of these issues much closer. Please, slow this entire thing down, put the brakes on, do the study. When there is risk there must be choice.

Mahalo,

Eric Day

Kihei, HI

HB-2459-HD-1

Submitted on: 2/12/2020 12:37:51 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
John Ragan	Individual	Support	Yes

Comments:

I **SUPPORT HB2459**. It is an inalienable right to decide what to put into your body or your child's body. Please **halt** the effective date of HAR 11-157 until after proposed study is done and allow stakeholders that will be affected by these rule changes to participate on the task force with DOH.

Cheryl Toyofuku
Mother, Grandmother, Registered Nurse, Health & Life Advocate
1025 Noelani Street, Pearl City, HI 96782
February 12, 2020

Representative Chris Lee, Chair of House Judiciary Committee
Hearing Date and Time: Thursday, February 13, 2020 at 2:05 p.m., Room 325
Re: Strong Support of HB 2459 HD1, relating to Medical Autonomy

Aloha Chair Lee and Representatives of the House Judiciary Committee,

Please support HB 2459 HD1 that will require Hawaii's Department of Health to conduct a study relating to exemptions from mandatory vaccinations, including a thorough study of the department's current procedures and practices for vaccination exemptions. Interested health groups and organizations should be allowed to help with the study, along with the Department of Health.

Despite the mantra from government and health agencies that vaccines are "safe and effective", it is well known that vaccines often fail to work, injure and kill. Yet, more vaccines are being mandated, violating our fundamental rights and medical/health freedoms. If vaccines are so safe, why did the vaccine manufacturers need a law to protect and exempt themselves from liability? Since federal protection was given to them via the 1986 National Childhood Vaccine Injury Act, vaccines became highly profitable at the expense of our children's health.

We have the sickest generation with 54% of our children suffering from a chronic illness, such as autoimmune or neurological diseases. One in six children are diagnosed with a developmental disability such as autism, ADD/ADHD and more schools are requiring special education programs. Toxic vaccine ingredients should not be injected into their bodies, such as neurotoxic aluminum, mercury, human DNA fragments from aborted babies, animal cells from cow blood, monkey and dog kidneys, bacterial and viral DNA, formaldehyde, msg, and polysorbate 80 known to cause cancer.

Hundreds of adverse events are listed in the vaccine package inserts, yet the vaccine schedule has increased and exploded to 72 doses from birth to age 18. Vaccines have never been studied for safety long term or against a real placebo. They have never been tested for safety in combination, yet up to 6 to 9 doses are given to children at a doctor's visit. The U.S. gives more vaccines than any other country and also has the highest rates of chronic health issues, including type-1 diabetes, asthma, seizure disorders, multiple sclerosis, infertility, autism, autoimmune issues, cancer and sudden death. All of these have been linked often to vaccines or their ingredients by scientific studies.

It is very grievous and disheartening that more vaccines are being required with HAR 11-157. Hundreds of parent and health care worker testimonies opposed the proposed amendments, yet HAR 11-157 was signed into law and goes into effect this July, 2020. Thus, requiring 5 more vaccines for school entry, including TDaP, Meningococcal and HPV/Gaardasil for 7th graders. The manufacturer of the HPV vaccine is currently in federal court, charged with fraud during their clinical trials. Known adverse reactions to the HPV vaccine include transverse myelitis, autoimmune disease, early menopause, premature ovarian failure, sterility, paralysis, MS, chronic pain, seizures, narcolepsy, blindness, and many more.

As our lawmakers, please be aware that many parents and health care workers are very alarmed at the dangers of vaccine mandates. The process of the approval to the recent amendments to HAR 11-157 must be studied and this new law should be put on hold until the study is done. When there is a risk to any medical procedure, including vaccinations, there must be choice. An informed health benefit/risk conscientious decision to consent or refuse is a fundamental human right for all parents and people. Please support and pass HB2459 HD1 out of your Committee.

HB-2459-HD-1

Submitted on: 2/12/2020 12:51:30 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Vince Yamashiroya, MD	Individual	Oppose	No

Comments:

As a practicing pediatrician in Honolulu, I feel that asking the Department of Health to waste their resources in conducting a study on vaccine exemptions is a bad idea. Their resources should be spent on the 2019 novel coronavirus outbreak , preventing measles in Hawaii, and other disease outbreaks. We know that vaccines are safe, effective, and saves lives. I am asking this committee to oppose this bill.

HB-2459-HD-1

Submitted on: 2/12/2020 12:52:10 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Dieperink	Individual	Support	Yes

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 12:52:50 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Simone Derow-Ostapowicz	Individual	Support	No

Comments:

I support HB2459 for conscientious objections to specific vaccinations for myself and my child. I do not believe in an all or nothing relating to medical intervention on my and my child's body. This is a freedom of medical choice issue. Thank you!

HB-2459-HD-1

Submitted on: 2/12/2020 12:54:15 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Grace Beckett	Individual	Support	No

Comments:

I support bill HB2459.

Many thanks,

Grace Beckett

Astrid Drolson, PO Box 405, Kilauea, HI96754

Strongly support HB2459

I support strongly in general Informed Consent and choice. As a parent of course the health of my child and also others is very important. And any medical intervention bears risk. Where Risks are involved informed choice is very important.

Science is not perfect either, studies I found of certain vaccines are missing some important research like NOT use a true placebo (only saline solution) in their test groups except one so far that clearly shows that there is a difference between the vaccine control group and the second control group that uses AAHS Control <Amorphous Aluminum Hydroxyphosphate Sulfate> and third and 99.9% of studies not uses just saline solution.... If you surprised now, you need to go research.... Only Gardasil 6,11,16,18) used the third control group so far, and well in end report they bunched AAHS Control and Saline Placebo in one Group, pretty much not sharing the true results.

Reading studies is what got me on this path. Also, how long those studies go, and how long they consider a side effect count as a vaccine side effects made me scratch my head.... Knowing vaccine injured Kids and Adults, their stories are truly sad. Many had short term side effects and long-term side effects that not showed right away, bcs first you busy dealing with short term effects... like seizures, fever.

For example, Vaccines for Babies like Hep-B (why???) Safety review after receiving vaccines in test phase was 4 to 5 days and no placebos were used. Polio only 48h, and as "Placebo" DTP & OPV was used. Not a real Placebo.... Hib from Merck and GlaxoSmithKline only had 3-4 days of review.... And also a fake placebo group. Use common sense, it makes no sense, especially if we look at typical side effects, and some develop right away...

Short list of Vaccine Adverse Events Compensated in Vaccine Court or listed in Vaccine Inserts

- Guillain-Barre Syndrome (GBS)
- Transverse Myelitis
- Encephalopathy
- Seizure Disorder
- Death
- Brachial Neuritis
- Acute Disseminated Encephalomyelitis Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Bell's Palsy
- Idiopathic Thrombocytopenic Purpura (ITP)
- Rheumatoid Arthritis
- Multiple Sclerosis (MS)
- Fibromyalgia
- Infantile Spasms
- Anaphylaxis
- Ocular Myasthenia Gravis
- Hypoxic Seizure

And here more listed on Vaccine Inserts:

- Autoimmune Diseases
- Food Allergies
- Asthma
- Eczema
- Juvenile Diabetes
- Rheumatoid Arthritis
- Tics
- ADD
- ADHD
- Speech Delay
- Neurodevelopmental Disorder
- **Autism**
- SIDS
- Narcolepsy
- Seizure Disorder
- Epilepsy
- Multiple Sclerosis
- Tourette's

Many of those illnesses often get not diagnose right away and develop like autoimmune diseases that our medical staff still struggles with. We don't even know, if I look at how science decided to conduct this research.... Control Groups are the Key, but we just not add a real saline control group... Sorry this is obvious not sincere. And the research of studies is what made me stop and start to think and look up studies.

Hawaii need to keep medical choice, its important. You got to trust the person that knows their Kids best. Otherwise we create what Germany had to deal with. Forcing People as they were assumed not smart enough for choice is a crime. New HAR 11-157 rules are against our People.... Most follow what the Doc says anyway. And that is where the discussion should be bcs both know the Child.

Most people I talked to are not against vaccines just out of principal but careful because of experience.

Keep the power with the Family Doc and Parents to decide. Force will not help our children. There is no one fits all solution.

And Yes I see the Chess game.... The Lobbyist do all to get their prewritten Pro Testimonies out, that ppl just got to copy not make, like a sheep.... And with new HAR more People will pull religious exemption especially because of questionable HPV Vaccine (Horrible Idea in my opinion, need choice not force) And then the Lobby and DOH will PR cry say, look how may more exemptions we got on 2020.... (well you pushed ppl to have to go this way) and we all know is not religion always... So, give ppl a chance to be honest why they exempt. In my experience many do selective vaccination bcs they disagree with ever going forced and vast list of mandatory vaccines....

Astrid Drolson

HB-2459-HD-1

Submitted on: 2/12/2020 1:02:02 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Elisa Spring	Individual	Support	No

Comments:

Dear Representatives,

I support HB2459.

Sincerely, Elisa Spring

HB-2459-HD-1

Submitted on: 2/12/2020 1:04:34 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 1:06:56 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Dieperink	Individual	Support	Yes

Comments:

February 12,
2020

Dear Judiciary Committee,

I would like to express my utmost gratitude to Rep. Lee for scheduling HB2459 for a hearing.

I SUPPORT HB2459

Also, place the updated HAR 11-157 rules that mandate 5 additional vaccines ON HOLD until the study is completed, especially regarding the HPV vaccine (which is NOT communicable in a school setting).

I have been a teacher for 31 years, and wonder why, if vaccines are supposed to keep us healthy, my students have become sicker and sicker? Here are some facts to take into consideration:

- 1. Vaccine manufacturers are free of liability!!!! WHY????**
The National Childhood Vaccine Injury Act of 1986 indemnified manufacturers. This provides NO incentive for manufacturers to improve their products. If something is wrong with a car, the manufacturers fix it. That would not make me anti-car if I mentioned it. Somehow people are called anti-vax if they point out issues with vaccines.
<https://www.congress.gov/bill/99th-congress/house-bill/5546>
- 2. The vaccine schedule has EXPLODED since manufacturers were indemnified!!!**
We went from 24 doses in 1983 to 69 doses in 2020. As a child I only received 3 shots!!! With hundreds of new vaccines in development the schedule will continue to grow.
<https://immunityeducationgroup.org/infographics>
- 3. More Vaccines and More Chronic Illnesses in Children. Coincidence?**
Students' chronic illnesses and conditions increased in lockstep with the increased vaccination schedule! Coincidence? The National Survey of Children's Health shows that more than half of all US children have a chronic illness or

condition. Is it a coincidence that all these conditions are listed as side-effects of vaccines on the inserts? This is my 31st year as a teacher, and I see more and more health conditions interfere with students' learning. Nowadays before the school year starts we have health meetings for specific students. We also have training in how to deal with students who have diabetes, seizures, ADHD, autism, and so on. There are days I feel more like a nurse than a teacher! We have traded a life with childhood diseases for a life with chronic diseases! <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>

4. **The Supreme Court ruled in 2011 that vaccines are “unavoidably unsafe”** Vaccines carry risks as listed on the vaccine inserts, including many autoimmune diseases and death, and there is NO guarantee that they will be safe for everyone. It is UNETHICAL to mandate ANY medical products that carry a risk like DEATH!

<https://www.supremecourt.gov/opinions/10pdf/09-152.pdf>

5. **UN Declaration on Bioethics and Human Rights say NO to mandatory vaccination**

In 2015 the United States signed this declaration, so why aren't we following it? These articles are important in particular:

Article 3, #2: The interest and welfare of the individual should have priority over the sole interest of science or society

Article 6, #1: Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

[http://portal.unesco.org/en/ev.php-](http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.htm)

[URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.htm](http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.htm)

6. **#BelieveParents**

Why is it that when parents report to their doctors that the onset of their child's condition was right after their child received vaccines, doctors immediately claim this is a coincidence? This is particularly interesting, since these conditions are actually listed as side effects in the vaccine inserts. I cannot recall the number of times parents have shared with me that their child was perfectly normal and healthy, until they received vaccines. They have even shown me videos of their child before a particular vaccine, and after. The difference is particularly striking when children regress into autism after a vaccine, and become non-verbal, headbanging, and diaper wearing into adulthood. If autism is only being diagnosed better nowadays, then where are all the adults like this? What are the chances, for example, that three triplets all regress into autism on the same day after receiving vaccines? See their parents' heartbreaking video

here: https://www.youtube.com/watch?time_continue=3&v=GPHZFFQFpZrY&feature=emb_logo

7. **Special Education Classes are EXPLODING:
#DoTheStudyVaxxedVsUnvaxxed**

Cost for special education is exploding and many more students have individualized education plans, and many need one to one aides. Not only do so

many students suffer from physical conditions, but from mental health conditions as well. A sharp increase in violent and disruptive behaviors in particular worries many teachers.

<https://www.focusforhealth.org/special-ed/>

8. **There's Glyphosate (RoundUp) in Vaccines!**

In 2016 Moms Across America had vaccines tested for glyphosate, and the results came back positive. Glyphosate is a known carcinogenic! See the report here: [https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_\(6\).pdf?1473130173](https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_(6).pdf?1473130173)

Did you know that every vaccine insert states at 13.1 that this vaccine "has not been evaluated for carcinogenic or mutagenic potential or for impairment of fertility"? If glyphosate can cause cancer, what about the glyphosate in vaccines? Is this why we have such a rise of childhood cancer? Again, because the effects are UNKNOWN there should not be any mandates!

9. **Government Overreach by Mandating Vaccines for Non-communicable Disease**

HPV and HepB for example are NOT contagious in a school setting, so why are the vaccines for these diseases mandated for school enrollment? This is a major overreach by our government! Parents should have a choice! Anything non-communicable should be removed from the mandatory schedule for school enrollment.

Aloha,

Renee Dieperink
Concerned Parent and Elementary School Teacher

HB-2459-HD-1

Submitted on: 2/12/2020 1:07:20 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jacqueline Bosman	Individual	Support	No

Comments:

I whole heartedly SUPPORT this bill HB2459!

HB-2459-HD-1

Submitted on: 2/12/2020 1:14:25 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Erica McMillan	Individual	Support	No

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 1:17:38 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Jung	Individual	Support	No

Comments:

Aloha House Committee on
Judiciary,

Thank you for this hearing and the opportunity to submit testimonies.

Please vote yes on HB2459.

I strongly support HB2459 because it protects the Constitutional rights, civil rights, and civil liberties that are violated by the Hawaii Administrative Rules 11-157 updates effective July 1, 2020.

The civil liberties violated by HAR 11-157 are the right of privacy and religious freedom. The civil right violated by HAR 11-157 is discrimination on the basis of religion.

Violations of the Right to Privacy:

The right to privacy is violated by HAR 11-157 which states, "Reports of such exemptions in a format specified by the department shall be submitted to the department by each school, post-secondary school, and childcare facility."

The "format specified by the department" is the new DOH religious exemption form that requires names and home addresses of students. The DOH does not need the private information of names and home addresses to compile exemption statistics for public health. The new religious exemption form also violates FERPA rights for students of public schools.

Violations of Religious Freedom:

Religious freedom is violated by HAR 11-157-5 which states, "Requests for religious exemptions based on objections to specific immunizing agents shall not be granted."

Religious freedom is violated by the DOH religious exemption form which states, "A request for religious exemption based on objections to specific vaccines will not be granted."

Specific vaccines and immunizing agents required by HAR 11-157 are manufactured with human and animal ingredients that violate many religious beliefs:

Vaccines containing aborted fetal cells (named WI-38 and MCR-5):
MMR, MMR-V, Varicella, DTaP-IPV, DTaP-IPV/Hib, Hep A, HepA/HepB.

Vaccines containing fetal bovine serum (fetal cow blood from babies of slaughtered pregnant cows):
DTaP, Hep A, MMR, MMRV, Polio, and Varicella.

Vaccines containing gelatin (pig and cow skin and bones, slaughterhouse leftovers):
MMR, MMRV, and Varicella.

Vaccines containing monkey kidneys:
Polio (IPV, D TAP-IPV, DTaP-IPV/Hib)

Some religions oppose premarital sex and vaccines for sexually transmitted diseases such as HPV and Hep B.

Discrimination on the Basis of Religion:

HAR 11-157 discriminates on the basis of religion with the statement, "The [religious] exemption from immunization against such disease shall not be recognized and inadequately immunized students or children shall be excluded from school, post-secondary school, or childcare facilities..."

DOH discriminates on the basis of religion with the new required religious exemption form which states, "This exemption from immunization shall not be recognized and my child will be excluded from school or his/her childcare facility..."

This religious discrimination and exclusion from school is also a violation of the Free and Appropriate Public Education (FAPE) guaranteed by the federal law, Individuals with Disabilities Education Act (IDEA).

HB2459 allows conscientious exemptions as an alternative to having these civil rights and liberties violated by HAR 11-157.

Please evaluate the opposition to HB2459 concerning lower vaccination rates. Eighteen states currently allow philosophical/personal exemptions (non-medical and non-religious). These are their exemption rates:

Arizona 6.0%
Arkansas 1.8%
Colorado 4.9%
Idaho 7.7%
Louisiana 1.2%

Maine 6.2%
Michigan 4.5%
Minnesota 3.7%
Missouri 2.7%
North Dakota 4.3%
Ohio 2.9%
Oklahoma 2.6%
Oregon 7.7%
Pennsylvania 2.9%
Texas 2.4%
Utah 5.7%
Washington (except MMR) 5.0%
Wisconsin 5.9%

Range: 1.2% - 7.7%

Average: 4.3%

12 out of these 18 states have 95% vaccinated and without exemptions.

Hawaii 4.4%
National Estimate 2.5%
National Median 2.6%

The HPV vaccine mandate is a significant contributing factor to increasing exemption rates. Many parents who comply with all of the other vaccine requirements will oppose the HPV vaccine and will seek exemptions for the 2020 school year. If you do not want exemption rates to increase, then please require the DOH to remove the HPV vaccine mandate.

I strongly support the committee to require the DOH to re-evaluate the HPV vaccine mandate for 7th graders.

Credible sources that provide many reasons for the DOH to remove the HPV vaccine from the school requirements are included at the end of this testimony.

Virginia was the first state to mandate the HPV vaccine in 2008. In 2016, Virginia had 295 new cervical cancer cases and 97 cervical cancer deaths. In 2016, Hawaii had 47 cervical cancer cases and 17 cervical cancer deaths. These statistics from the CDC need to be considered before Hawaii becomes the fourth state to mandate the HPV vaccine. Hawaii has a population of 1.4 million, and 17 cervical cancer deaths per year does not justify vaccinating over 14,000 7th graders for a sexually transmitted disease that is not contagious in a classroom.

I strongly support the committee to require the DOH to remove the new medical exemption requirements that are extremely limited by the updates to HAR 11-157. This will protect individuals who are especially susceptible to vaccine adverse reactions.

I strongly support the Committee to suspend the 7/1/2020 effective date of the HAR 11-157 updates until the Working Group study for HB2459 is completed.

The HAR 11-157 updates did not have to go through House and Senate Committees, nor be assigned a Working Group like HB2459. The HAR updates were proposed by the DOH, had hearings, were amended, and signed by the Governor. Not a single DOH member attended any of the hearings, and the voice recognition audio recording transcripts of the testimonies were not edited and are extremely difficult to read and understand due to the many unedited audio transcription errors. We cannot vote for DOH members. They have no incentive to consider our concerns because we cannot vote them out. I strongly encourage legislators to check the authority and power given to the DOH. Since HB2459 has been assigned a Working Group study, I strongly support the Committee to stop the updated HAR 11-157 from going into effect until the Working Group study is finished. I request the Committee to consider the violations of civil rights and liberties by HAR 11-157 and question whether these violations would have been approved by the Judiciary Committee if HAR 11-157 was subject to the same scrutiny as bills.

I strongly encourage the committee to evaluate the original wording and the amendments made to HB 2459. I strongly support the original HB 2459 more than the amended version. You are elected representatives of your constituents, and DOH members are not. The Health Committee amended the bill to give the DOH more authority in which SB2459 originally protected constituents from. I strongly encourage HB2459 to be restored to its original wording.

Please also consider my personal experiences. My mother survived cervical cancer when I was 9 years old, and she has been cancer-free for over 30 years now. I have witnessed the hardships of cervical cancer, and I have also witnessed the high survival rate of cervical cancer, especially due to the effectiveness of early detection with annual pap smears. The credible studies concerning the safety and efficacy issues of the HPV vaccine provide evidence supporting my refusal due to the risks of the vaccine being greater than the risk of cervical cancer. My 12 year old son will be in 7th grade next school year. Since I refuse to give him this vaccine, I am forced to have my right to privacy and religious freedom violated by the HAR 11-157 religious exemption form and requirements. SB2459 allows me to file a conscientious exemption instead of having my civil rights violated.

It is also worth noting that the only "vaccine preventable diseases" that my unvaccinated children have gotten were contracted from vaccinated children. My unvaccinated children got vaccine strain chickenpox, confirmed by the doctor, from a student recently vaccinated with the live virus chickenpox vaccine. One of my unvaccinated children also got whooping cough from a vaccinated child who still got infected and infected my child. A recent study showed that 84% of whooping cough cases are vaccinated, and there have been many fully vaccinated whooping cough outbreaks. I was a teacher for four years at a school that had over 40% with exemptions, and there was no outbreaks of any "vaccine-preventable diseases." The 2017-2018 Hawaii mumps outbreak had

over 1,000 mumps cases that were mostly among the vaccinated. Over 800 cases were on Oahu, with over 99% of students vaccinated. High vaccination rates do not guarantee prevention of outbreaks, especially for mumps and whooping cough. Please consider all of the inefficacy of vaccines as another reason to support HB2459.

In conclusion, I strongly encourage the Committee to vote yes on HB2459, especially with its original wording. I strongly encourage the Committee to consider the violations of civil rights and civil liberties by the updated HAR 11-157. I strongly encourage the committee to require the DOH to re-evaluate the new medical and religious exemption requirements and HPV vaccine mandate. I strongly encourage the Committee to suspend the 7/1/2020 effective date for HAR 11-157 until the SB2459 Working Group study is completed.

Please consider all of the information including the credible sources I have emailed to Committee members. Please vote yes on HB2459.

Mahalo,
Christina Donaldson
Concerned Hawaii Resident and Mother

HB-2459-HD-1

Submitted on: 2/12/2020 1:23:40 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

Honorable Representatives,

Aloha, I am in strong support! Please move this bill forward. I would prefer it in its original draft, however the most important thing is that it moves forward. Mahalo for your consideration.

Dr. Lori Kimata

HB-2459-HD-1

Submitted on: 2/12/2020 1:21:53 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Galen Chock	Individual	Oppose	No

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 1:26:03 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Marissa Treskon	Individual	Support	No

Comments:

Good afternoon. I'm a resident of Kailua and my children attend school here as well. I strongly support hb2459. I ask that you consider removing restrictions for medical exemptions. These medical decisions should be in the best interest of the children and these new restrictions can further devastate the health of these medically fragile children. I also ask that the DOH is made responsible for providing fair and unbiased studies before mandating HPV vaccine. Thank you.

HB-2459-HD-1

Submitted on: 2/12/2020 1:30:54 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
susan higa	Individual	Support	Yes

Comments:

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To All The Honorable Members of The Health Committee,

My name is Susan Higa and I strongly support HB 2459.

My son was vaccine injured. It has been a twenty odd year journey to this understanding. Autism is the name given to his condition. It is inflammation of the brain, the back of the brain to be precise.

Speech and large motor skills are dependent on the proper development of the cerebellum.

My son did not speak and had difficulty walking, even sitting.

The brain is naturally protected from free entry of pathogens by the blood brain barrier.

Medical research has found that nano particles are able to cross this barrier so they bound medicine to these nano particles and successfully delivered drugs to the brain. That was good news for patients needing treatment for brain conditions.

But vaccines contain these very same ingredients, which means it's passing through the blood brain barrier and entering the developing brain of an infant.

Furthermore, aluminum has long been recognized as a neurotoxin by its capacity to dissolve the myelin sheath which is the protective covering of neurons.

More recently, I came to understand that my own inflammatory conditions of systemic yeast overgrowth and hypothyroidism is passed onto the fetus.

Both conditions are common to countless young women today of child bearing age, but most are unaware and undiagnosed.

Vaccines are designed to deliberately cause a reaction in the body. When there is already an underlying inflammation occurring in the immune system, vaccines under such conditions work to exacerbate overall inflammation further provoking the immune

system to push it into overdrive. For this reason and more, vaccines are outright dangerous.

You may argue that this is not scientifically proven but I am here to tell you that it is empirically proven. My son is living proof as are the millions more who suffer the same vaccine damage.

There is more than one way to bring about public health. Presently the health authorities are married to a system of health with no regard for individual diversity. Make the commitment for public health be on health itself and a customized solution. Vaccines may be one way for some but it is not for all. Just look at the rates of chronic illness in children since increasing vaccines.

Vaccinating indiscriminately is bringing about more detrimental ills like autism and even death.

As a mother of an autistic son, my trouble now lies with how my child will survive when I am gone. Before you mandate vaccines on all indiscriminately perhaps you should stop to set up a plan to support those that become damaged.

I am part of the public that you're aiming to protect, and I am here to tell you this system is not working. It is downright destroying lives.

I stand for the right to refuse it without being penalized.

We are all gathered here on this planet, at this time, to exercise free will. The current slew of vaccine mandate bills are a direct impingement on this God given right. Do not force vaccinations on our children or anyone else! Allow us the freedom to choose.

I strongly strongly support HB 2459.
Thank you.

Susan Higa
Wailuku, Maui

Sent from my iPhone

Testimony in support of HB 2459

Aloha

I am deeply concerned about the effects of HR- Ch. 11-157 and the subsequent restrictions in medical exemptions for children who are genetically susceptible to mitochondrial injury like my son Beau King

When our son was 3 we were fortunate to have had the resources to take our son to Johns Hopkins's Kennedy Krieger Institute. **Kennedy Krieger** is the world's premier institution for pediatric developmental disabilities and disorders of the brain and metabolic research. We saw Dr. Richard Kelley Metabolic Geneticist, and our son went through several days of testing. He was diagnosed with a mitochondrial disorder. In our son's medical report, Dr. Kelley writes that Beau's decline dates back to his MMR vaccine and Dr. felt that it was possible that the stress of the MMR placed on Beau's system could have affected mitochondrial function and produced brain injury.

I know Beau is not the only child on the island who exhibits signs of underlying mitochondrial disorder and have an autism diagnosis. In fact, another neighborhood girl just down the street from our house had also been identified as being autistic with an underlying mitochondrial disorder. According to the new mandate, the medical exemptions will now be based on a medical exemption form which the pediatrician fills out but it is then given to the Department of Health who doesn't know the variables or history of the individual who may need a medical exemption.

After that visit, our family applied to the VICP vaccine injury compensation program, funded by \$.75 of each vaccine, since vaccine makers are exempt of liability. You can only go through this court if your child has been injured or passed away from a vaccine.

At the time, because so many families were applying for compensation when their children regressed into autism following vaccines, the government entity grouped together the cases of over 5500 families as the Autism Omnibus.

There were 6 test cases, one of which was the Hannah Poling case. She also had an underlying mitochondrial disorder and regressed into autism after the vaccines. Hannah's father was also a physician at John's Hopkins. His colleague, Dr. Andrew Zimmerman was the government's expert witness and had prepared written testimony averring that vaccines do not cause autism. After examining Hannah, he discovered that in cases of underlying mitochondrial disorders, vaccines can in fact, cause autism and decided to change his oral testimony to so state. Upon informing the government of his change of opinion, the government immediately fired Dr. Zimmerman as their expert witness, and conceded on Hannah Poling's case, paying out \$20 million to her family. The other 5 cases were tried and based on those, the government dismissed the rest of the over 5000 families cases waiting to be heard, denying us due process.

Today, Dr. Andrew Zimmerman is a whistle blower but has not been heard. Here is a copy of his sworn affidavit as well as his CV below.

AFFIDAVIT

I, Andrew Walter Zimmerman, M. D. do hereby state under oath as follows:

1. I am a board certified, pediatric neurologist and former Director of Medical Research, Center for Autism and Related Disorders, Kennedy Krieger Institute, and Johns Hopkins University School of Medicine.
2. I was a Reviewer for the National Academy of Sciences 2004 report entitled IMMUNIZATION SAFETY REVIEW: VACCINES AND AUTISM, which was prepared by the Immunization Safety Review Committee, at the request of the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Institute of Medicine (IOM).
3. A copy of my curriculum Vitae is attached hereto as exhibit A and incorporated by reference.
4. In 2007, I was an expert witness for the Department of Health and Human Services in the Omnibus Autism Proceeding (O.A.P.) under the National Childhood Vaccine Injury Compensation Program.
5. With the assistance of the Department of Justice, I prepared and executed the attached expert witness opinion regarding Michelle Cedillo, on behalf of the Department of Health and Human Services in Cedillo v. H.H.S. My expert opinion in Cedillo v. H.H.S. is attached as exhibit B. It states in pertinent part as follows:

"There is no scientific basis for a connection between measles, mumps and rubella (MMR) vaccine or mercury (Hg) intoxication and autism. Despite well-intentioned and thoughtful hypotheses and widespread beliefs about apparent connections with autism and regression, there is no sound evidence to support a causative relationship with exposure to both, or either, MMR and/or Hg. Michelle Cedillo had a thorough and normal immunology evaluation by Dr. Sudhir Gupta, showing no

signs of immunodeficiency that would have precluded her from receiving or responding normally to MMR vaccine.”

My expert opinion regarding Michelle Cedillo also states:

“Furthermore, there is no evidence of an association between autism and the alleged reaction to MMR and Hg, and it is more likely than not, that there is a genetic basis for autism in this child.”

6. On Friday June 15th 2007, I was present during a portion of the O.A.P. to hear the testimony of the Petitioner’s expert in the field of pediatric neurology, Dr. Marcel Kinsbourne. During a break in the proceedings, I spoke with DOJ attorneys and specifically the lead DOJ attorney, Vincent Matanoski in order to clarify my written expert opinion.
7. I clarified that my written expert opinion regarding Michelle Cedillo was a case specific opinion as to Michelle Cedillo. My written expert opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science.
8. I explained that I was of the opinion that there were exceptions in which vaccinations could cause autism.
9. More specifically, I explained that in a subset of children with an underlying mitochondrial dysfunction, vaccine induced fever and immune stimulation that exceeded metabolic energy reserves could, and in at least one of my patients, did cause regressive encephalopathy with features of autism spectrum disorder.
10. I explained that my opinion regarding exceptions in which vaccines could cause autism was based upon advances in science, medicine, and clinical research of one of my patients in particular.

11. For confidentiality reasons, I did not state the name of my patient. However, I specifically referenced and discussed with Mr. Matanoski and the other DOJ attorneys that were present, the medical paper, Developmental Regression and Mitochondrial Dysfunction in a Child With Autism, which was published in the Journal of Child Neurology and co-authored by Jon Poling, M.D. Ph.D, Richard Frye, M.D., Ph.D, John Shoffner, M.D. and Andrew W. Zimmerman, M.D. A copy of which is attached as exhibit C.
12. Shortly after I clarified my opinions with the DOJ attorneys, I was contacted by one of the junior DOJ attorneys and informed that I would no longer be needed as an expert witness on behalf of H.H.S. The telephone call in which I was informed that the DOJ would no longer need me as a witness on behalf of H.H.S. occurred after the above referenced conversation on Friday, June 15, 2007, and before Monday, June 18, 2007.
13. To the best of my recollection, I was scheduled to testify on behalf of H.H.S. on Monday, June 18, 2007.
14. At the time of the above referenced conversation with the DOJ, I did not know that Hazlehurst v. HHS or Poling v. HHS were potential test cases in the OAP.
15. It is my understanding the HHS concession in Poling v. H.H.S. has become common knowledge and has been published by international news media. Among other news media coverage, I reviewed the CNN interview in which Dr. Julie Gerberding, the former head of the CDC discussed the concession by H.H.S. in Poling v. H.H.S. and the interview with Dr. Jon Poling, the father of the child whose case was conceded.
16. The summary language, "the vaccinations, significantly aggravated an underlying mitochondrial disorder, which predisposed her to deficits in cellular energy metabolism, and manifested as a regressive encephalopathy with features of autism spectrum disorder" is in essence the chain of causation that I explained to the DOJ attorneys including Vincent Matanoski during the above referenced conversations on June 15, 2007.

17. I have reviewed extensive genetic, metabolic and other medical records of William "Yates" Hazlehurst. In my opinion, and to a reasonable degree of medical certainty, Yates Hazlehurst suffered regressive encephalopathy with features of autism spectrum disorder as a result of a vaccine injury in the same manner as described in the DOJ concession in Poling v. H.H.S., with the additional factors that Yates Hazlehurst was vaccinated while ill, administered antibiotics and after previously suffering from symptoms consistent with a severe adverse vaccine reaction.

18. I have reviewed the attached portion of the transcript, of Vincent Matanoski's closing argument in Hazlehurst v. H.H.S., which is attached as exhibit D. The relevant portion of the transcript states as follows:

I did want to mention one thing about an expert, who did not appear here, but his name has been mentioned several times, and that was Dr. Zimmerman.

Dr. Zimmerman actually has not appeared here, but he has given evidence on this issue, and it appeared in the Cedillo case. I just wanted to read briefly because his name was mentioned several times by Petitioners in this matter. What his views were on these theories, and I'm going to quote from Respondent's Exhibit FF in the Cedillo case, which is part of the record in this case as I understand it.

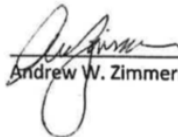
"There is no scientific basis for a connection between measles, mumps and rubella MMR vaccine or mercury intoxication in autism despite well-intentioned and thoughtful hypotheses and widespread beliefs about apparent connection with autism and regression. There's no sound evidence to support a causative relationship with exposure to both or either MMR and/or mercury."

We know his views on this issue.

19. In my opinion, the statement by Mr. Matanoski during his closing argument regarding my expert opinion was highly misleading and not an accurate reflection of my opinion for two reasons. First, Mr. Matanoski took portions of my opinion out of context. My opinion as to Michelle Cedillo was case specific. I was only referring to the medical evidence that I had reviewed regarding her. My opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science. Second, as explained above, I specifically

explained to Mr. Matanoski and the other DOJ attorneys who were present that there were exceptions in which vaccinations could cause autism.

20. In my opinion, it was highly misleading for the Department of Justice to continue to use my original written expert opinion, as to Michelle Cedillo, as evidence against the remaining petitioners in the O.A.P. in light of the above referenced information which I explained to the DOJ attorneys while omitting the caveat regarding exceptions in which vaccinations could cause autism.


Andrew W. Zimmerman M.D.

State of Massachusetts

County of Worcester

Personally appeared before me, the undersigned Notary Public, Andrew Zimmerman M. D. with whom I am personally acquainted and who signed the foregoing Affidavit in my presence and, under oath stated that he had personal knowledge of the facts contained in the foregoing Affidavit and that those facts are true and correct.

Sworn and subscribed before me, the undersigned Notary Public, in and for the aforesaid State and County on this the 21st day of September, 2018.

Maxine Schmeidler
Notary Public

My Commission expires: April 9, 2021



MAXINE SCHMEIDLER
Notary Public
Commonwealth of Massachusetts
My Commission Expires
April 9, 2021

CURRICULUM VITAE

Date Prepared: December 11, 2017

Name: Andrew W. Zimmerman, M.D.

Office Address: UMass Memorial Medical Center
Dept. of Pediatrics
55 Lake Ave. North
Worcester, MA 01655

Home Address: 38 Daniels St.
Hopedale, MA 01747

Work Phone: 508-856-3279

Work E-Mail: Andrew.Zimmerman@umassmemorial.org

Work FAX: 508-856-4287

Place of Birth: Harrisburg, PA

Education

1966	AB	Germanic Languages and Literatures	Princeton University
1970	MD	Medicine	Columbia University College of Physicians and Surgeons

Postdoctoral training

07/70-06/72	Intern, Resident	Pediatrics	C.S. Mott Children's Hospital University of Michigan Hospitals Ann Arbor, MI
07/74-06/77	Resident	Neurology	Johns Hopkins Hospital Baltimore, MD

Faculty Academic Appointments

01/77-08/82	Assistant Professor	Neurology Pediatrics	University of Connecticut School of Medicine
08/82-08/83	Associate Professor	Neurology Pediatrics	University of Connecticut School of Medicine
08/83-12/02	Clinical Associate Professor	Pediatrics	University of Tennessee School of Medicine

09/94-2010	Associate Professor	Neurology Psychiatry Pediatrics	Johns Hopkins University School of Medicine
10/10-present	Adjunct Associate Professor	Neurology	Johns Hopkins University School of Medicine
07/08-2012	Associate Professor	Epidemiology	Johns Hopkins Bloomberg School of Public Health
10/10-12/13	Associate Professor	Neurology Pediatrics	Harvard Medical School
12/13-present	Clinical Professor	Pediatrics & Neurology	University of Massachusetts Medical School
Appointments at Hospitals/Affiliated Institutions			
01/77-08/83	Staff Physician	Pediatrics and Neurology	University of Connecticut Hospital Farmington, CT
08/83-12/02	Staff Physician	Pediatrics	University of Tennessee Hospital
08/83-08/94	Staff Physician	Pediatrics	East Tennessee Children's Hospital
08/83-08/94	Staff Physician	Pediatrics and Neurology	St. Mary's Hospital Knoxville, TN
09/94-2010	Staff Physician	Pediatric Neurology	Johns Hopkins Hospital
09/94-present	Staff Physician	Neurology and Developmental Medicine	Kennedy Krieger Institute Baltimore, MD
09/05-2010	Director of Medical Research	Center for Autism and Related Disorders	Kennedy Krieger Institute
2010-present	Courtesy Staff		Kennedy Krieger Institute
10/10-10/13	Director of Clinical Trials	Lurie Family Autism Center MGH LADDERS	MassGeneral Hospital for Children Lexington, MA
10/13 – present	Courtesy Staff	MGH Pediatric Neurology	Mass General Hospital for Children and Spaulding MGH Clinic, Sandwich, MA

Other Professional Positions

07/72-06/74	Clinical Associate in Pediatrics	Developmental and Metabolic Neurology Branch, NINDS, NIH
08/83-09/94	Partner	Knoxville Neurology Clinic Knoxville, TN
09/94-08/06	Chairman of Professional Advisory Board	East Tennessee Chapter Autism Society of America
2005-present	Founding Member and Chairman, Scientific Advisory Board Member, Board of Directors	Fetal Physiology Foundation http://www.fetalphysiologyfoundation.org
1985-2008	Examiner	American Board of Psychiatry and Neurology

Major Administrative Leadership Positions

07/91-08/94	Vice President of Medical Staff	East Tennessee Children's Hospital Knoxville, TN
10/03-06/06	President of Medical Staff	Kennedy Krieger Institute
09/83-08/94	Director, Oliver W. Hill Pediatric Neurology Laboratory (EEG)	East Tennessee Children's Hospital
05/85-06/96	President	Pedifutures, Inc. Oak Ridge, TN
06/06-01/07	Organizer, Autism and Immunology Conference	Autism Speaks
06/06-09/06	Symposium Organizer	Fetal Physiology Foundation
03/08-06/08	CME Conference Organizer	Fetal Physiology Foundation

Committee Service

1987	Panel member	NIH Consensus Development Conference on Neurofibromatosis
1996-1998	Pharmacy and Therapeutics Committee	Kennedy Krieger Institute
1998-2000	Health Information Committee	
2000-2006	Medical Staff Executive Committee	
2006-2010	Credentials Committee	

Professional Societies

1975	American Academy of Neurology	
1977	American Academy of Pediatrics 1998-2001	Member, Executive Committee Section on Neurology
1978	Child Neurology Society 1985-86, 1990-91 1987-88 1992-93 1998 2010 2012-15	Scientific Selection Committee Practice Committee Ethics Committee By-Laws Committee Membership Committee Scientific Selection Committee
1983	American Medical Association	
1996	Society for Neuroscience	
2001	Baltimore City Medical Society 2005-07 2005-10	Board Member Health, Education and Legislation Committee
2007	American Neurological Association 2010	Scientific Selection Committee
Grant Review Activities		
2005	Grant review	Scottish Rite Charitable Foundation Ad hoc member
2005-2009	Grant reviewer	Autism Speaks Ad hoc member
2007- 2009	Grant reviewer	Governor's Council for Medical Research and Treatment of Autism
2009	Grand Opportunities Grant Reviews	NIMH, NIH Ad hoc member
2009	Grant reviews	Autistica (Autism Speaks U.K.) Ad hoc reviewer
2009-2010	Grant reviewer	Fetal Physiology Foundation
2009-2010	Grant reviewer	Autism Treatment Network

2010

Ad hoc reviewer

ZonMw (Dutch National Research
Incentives Scheme)

Editorial Activities

Ad hoc Reviewer:
New England Journal of Medicine
Pediatrics
Archives of Pediatrics
Journal of Pediatrics
Annals of Neurology
American Journal of Obstetrics and Gynecology
Journal of Autism and Developmental Disorders
Autism Research
Journal of Neuroimmunology
Journal of Neurovirology
Journal of Child Neurology
Biological Psychiatry
Brain Imaging and Behavior
Neurobiology of Disease
MIT Press (book proposal)
Neurotherapeutics
FASEB Journal

Honors and Prizes

1966-70	E.J. Noble Foundation International Fellow	Columbia University	International Fellows Program
1970	Medical Student Research Award	Columbia University	
1977	Certificate of Excellence in Teaching	Johns Hopkins University School of Medicine	
2007	Distinguished Service Award	Baltimore Medical Society	

Report of Funded and Unfunded Projects

1977-1979	Zinc incorporation during morphogenesis Charles H. Hood Foundation PI (\$25,000/year) The goal was to localize zinc by autoradiography in developing embryos, with emphasis on neural tube and CNS development.
1979-1982	Zinc transport in pregnancy United Cerebral Palsy Foundation

- PI (\$50,000/year)
This was a study of plasma zinc and zinc transport proteins during pregnancy.
- 1979-1980 Histamine release in migraine
University of Connecticut Research Foundation
PI (\$20,000/year)
This was *in vitro* study of histamine release from lymphocytes of patients with migraine.
- 1986-1988 Cellular zinc uptake in neural tube defects
Physicians' Medical and Educational Research Foundation
University of Tennessee-Knoxville
PI (\$10,000/year)
The objective was to develop methods to determine zinc uptake by fibroblasts from patients with neural tube defects and controls.
- 1989 Ketamine anesthesia and PET in childhood autism
Physicians' Medical and Educational Research Foundation
University of Tennessee-Knoxville
PI (\$15,000)
This was a pilot study to replicate clinical observations of functional improvements in patients with autism following ketamine anesthesia.
- 1990-1994 Ketamine in autism
State of Tennessee Legislature grant
PI (\$50,000)
The objective was to study changes in behavior following ketamine anesthesia for PET and MRI in children with autism.
- 1996-1997 Lamotrigine in autism
Glaxo Wellcome Co.
PI (\$40,000/year)
The goal was to evaluate functional changes on treatment with lamotrigine, for its glutamate (NMDA) blocking properties.
- 1998 Excitatory and inhibitory neurotransmitter receptor expression and microglial status in autism
Autism Research Foundation
PI (\$10,000)
This was a pilot study to examine microglial activation in autism.
- 1998-1999 NCAM in autism
National Alliance for Autism Research
PI (\$75,000/year)
This was a study of Neural Cell Adhesion Molecule in autism.

- 1999-2000 CEB-1050 (amantadine) in autism
Cerebrus, Ltd.
Site PI in multisite study (\$30,000)
This was a multisite study of amantadine for its glutamate blocking properties, to which our site contributed several subjects.
- 2001-2005 Fever in autism
Cure Autism Now Foundation
PI (\$75,000/year for 3 years)
This was an extended study of behavioral improvements with fever in children with autism.
- 2005-2007 Maternal antibodies in autism
National Alliance for Autism Research
Co-PI (Harvey Singer, PI)
This was a study of serum anti-brain antibodies in mothers of children with autism, based on preliminary data.
- 2007-2010 Maternal antibody binding to lymphocytes of offspring with autism
The Hussman Foundation
PI (\$50,000)
This is a current study to examine techniques for the assessment of maternal antibody binding to lymphocytes from children with autism.
- 2008-2010 Hydroxyurea in the treatment of adolescents with autism: Preliminary safety and action study
Anonymous Donor
PI (\$40,000)
This is a pilot grant for study planning and application for FDA and IRB approval for a trial of hydroxyurea in autism.
- 2011-2013 Clinical trial: Sulforaphane-rich Broccoli Sprout Extract for Autism.
PI (\$250,000)
This is a double blind, placebo-controlled trial to test the efficacy of sulforaphane in males with autism, 13-30 years of age.
- 2014-2016 Cytokine expression of lymphocytes in children with Autism Spectrum Disorder
RapidLabs
PI (\$100,000)
A pilot study of in vitro cytokine expression in response to mitogens and new anti-inflammatory drugs.
- 2015-2018 Clinical trial: Sulforaphane treatment of children with Autism Spectrum Disorder
Congressional Mandated Research Program; Department of Defense
PI (\$1,300,000)

A double blind, placebo-controlled clinical trial of sulforaphane in children with ASD, 3-12 years of age.

Current Unfunded Projects

- 2008-present Maternal antibodies in autism; continuing longitudinal study of maternal antibodies to fetal brain in a cohort of mothers of children with autism.
- 2008-present Sickle cell disease and autism spectrum disorders
This is an ongoing evaluation of CDC data from the multisite surveillance study of autism to determine if there is a decreased frequency of autism in persons with sickle cell disease.

Teaching of Students in Courses

- 1977-1983 Neuroscience course University of Connecticut School of Medicine
2nd year medical students 1-hr lecture yearly on brain development and pediatric neurology
- 1995-2008 Autism: science, Kennedy Krieger Institute; Core course for
clinical evaluation trainees in neuropsychology, speech therapy,
and treatment OT and PT; 1.5-hr annual lecture

Formal Teaching of Residents, Clinical Fellows and Research Fellows

- 1983-1994 Migraine in children University of Tennessee-Knoxville
Treatment of epilepsy Pediatric and family practice residents
Autism 1-hr lectures
Communication with patients
Neural tube and other CNS birth defects
- 2004-2008 Medical evaluation and Center for Autism and Related Disorders
treatment of autism Kennedy Krieger Institute
spectrum disorders Recurring lectures to fellows, OT and SLP
therapy trainees
- 1995-2005 Autism and related disorders Johns Hopkins Hospital
Pediatric neurology, neurology and developmental
medicine and pediatric residents
Biannual 1-hr lecture
- 1997 Evaluation of autism Pediatric residents' rounds
2002 Neurology and autism Neurology residents' rounds
2005 Asperger syndrome Invited lecture to neurology and developmental
medicine fellows
- 2009 Clinical observations Invited lecture to neurology and developmental
and autism research medicine fellows
- 2015 Clinical and lab research Seminary on ASD for MDPHD students at UMass
in autism: history and future
-

Clinical Supervisory and Training Responsibilities

1977-1983	Inpatient and ambulatory pediatric neurology attending University of Connecticut	Daily clinic sessions and consulting service, teaching pediatric residents
1983-1994	Ambulatory pediatric neurology teaching of pediatric and family practice residents East Tennessee Children's Hospital and University of Tennessee	One session per week/1-2 monthly rotations of residents per year in office practice and hospital consultations
1994-2001	Inpatient attending Pediatric neurology service Johns Hopkins Hospital	Daily for 1 month/year
1994-2010	Ambulatory pediatric neurology Attending/Residents' clinic	One session per month
2004-2010	Ambulatory Developmental Medicine and Child Neurology Attending/Residents' clinic	One session every 6 weeks
2011-	Inpatient attending Pediatric neurology service Massachusetts General Hospital	Daily for 2 weeks/year
2010-	Ambulatory pediatric neurology	Weekly clinic sessions at MGH and 3 days/week at Lurie Center for Autism 3 sessions per week at UMass
2013-present	Resident and Student teaching in Autism (CANDO) and Pediatric Neurology Clinics	3 sessions per week + on service 1 week:4
2011-16	Supervision of Research Fellow Kanwaljit Singh, M.D.	Daily

Formally Supervised Trainees and Faculty

1980-1983	Jeffrey Rosenfeld, MD, PhD/Dept. of Neurology, Univ. of CA Fresno Thesis Committee member, Dept. of Neuroscience, University of CT, Storrs and Farmington, CT; published studies of copper in quaking mice.
1987-1990	Christopher A. Mann, PhD/Sleep medicine Thesis Committee member, Dept. of Psychology, Univ. of Tennessee, Knoxville; published study of topographic brain mapping as a diagnostic for ADHD

- 1991-1994 Michie O. Swartwood, PhD/Dept. of Psychology, SUNY
Thesis Committee member, Dept. of Psychology, Univ. of TN; published study of effects of methylphenidate in ADHD
- 1991-1994 Jeffrey N. Swartwood, PhD/ Dept. of Psychology, SUNY
Thesis Committee member, Dept. of Psychology, Univ. of TN; published study of neurophysiological differences between ADHD and Non-ADHD children
- 2002-2005 Amy E. Purcell, PhD/Attorney
Thesis committee member, Dept. of Neuroscience, Johns Hopkins University School of Medicine
- 1997-2005 Laura K. Curran, PhD/Research Assistant, Kennedy Krieger Institute
Thesis committee member and mentor, Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health; published study of Behavioral Changes with Fever in Children with Autism
- 2007 Stephanie Darbre, MD, PhD/Elective during medical training at University of Geneva in study of cellular stress responses in autism (with AWZ and Kirby Smith, PhD); preparation for application to FDA for clinical trial of hydroxyurea in autism. Kennedy Krieger Institute and Johns Hopkins University
- 2006-2009 Katherine A. Bowers, PhD/Postdoctoral Fellow, NICHD, Epidemiology Branch
Thesis committee member (alternate reviewer), Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health; publications being submitted on gene-environment interactions in autism.
- 2008-2012 Rebecca A. Harrington, PhD/doctoral thesis committee member
SSRI use in pregnancy and autism in offspring
Johns Hopkins Bloomberg School of Public Health
- 2016- Anita Panjwani /doctoral thesis committee member
Johns Hopkins Bloomberg School of Public Health
Sulforaphane clinical trial in ASD, in Bangladesh

Formal Teaching of Peers (from 2002)

- (No presentations below were sponsored by outside entities)
- 2002 Differential diagnosis of abnormal behavior (from a neurological perspective)
Spectrum of Developmental Disabilities (CME course)
Kennedy Krieger Institute / Johns Hopkins University School of Medicine
Baltimore, MD
- 2003 Autism: Trends in patient management / Invited presentation
Maryland Academy of Physician Assistants
Baltimore, MD
- 2004 Immunology and autism / Invited presentation
Autism Network lecture series, Kennedy Krieger Institute/Johns Hopkins

- 2005 Autism and Asperger Syndrome / Invited presentation
Psychiatry Update; Sponsored by Johns Hopkins University
New Brunswick, NJ
- 2006 Is autism an autoimmune disorder? / Invited presentation
Autism Network lecture series, Kennedy Krieger Institute/Johns Hopkins
- 2006 Is there a role for the immune system in autism? / Invited presentation
Spectrum of Developmental Disabilities (CME course)
Kennedy Krieger Institute / Johns Hopkins University School of Medicine
Baltimore, MD
- 2008 Maternal antibodies and autism / Invited presentation
Autoimmunity Day / Johns Hopkins Bloomberg School of Public Health
- 2008 Selective mutism and Aicardi syndrome / Invited presentation
Symposium on selective mutism
American Academy of Child and Adolescent Psychiatry
Chicago, IL
- 2012 Future directions in autism research / Invited presentation
Special interest group in neurodevelopmental disorders
Child Neurology Society

Local Invited Presentations (from 2004)

- (No presentations below were sponsored by outside entities)
- 2004 Neuropathology of autism spectrum disorders / Workshop presentation
Epidemiology of Autism Spectrum Disorders
Johns Hopkins Bloomberg School of Public Health
- 2006 Simulation of the beta-2 adrenergic receptor and its polymorphisms in autism
Inaugural symposium of the Fetal Physiology Foundation
Baltimore, MD
- 2007 Immunological aspects of autism / Invited presentation
Workshop on autism research
Kennedy Krieger Institute
- 2007 Autism and the environment / Invited presentation
Workshop on autism research
Kennedy Krieger Institute
- 2008 Fetal mechanisms in neurodevelopmental disorders / Conference organizer
Fetal Physiology Foundation, sponsored by Kennedy Krieger Institute and
NICHD; Johns Hopkins CME program
- 2008 Autism -- 2008 / Grand Rounds
Department of Neurology, Johns Hopkins Hospital
- 2008 Cellular abnormalities: New approaches in autism research
Research seminar organized for staff at Kennedy Krieger Institute
and Johns Hopkins University
Baltimore, MD
- 2008 Autism -- 2008 / Neurology Grand Rounds
Johns Hopkins Hospital
Baltimore, MD
- 2009 From hypotheses to theories in autism research / Pediatrics Grand Rounds

Johns Hopkins Hospital
Baltimore, MD
2009 Autism and maternal immunogenetic factors
Baltimore Genetics Society
Greater Baltimore Medical Center
Baltimore, MD

Regional, National and International Invited Teaching and Presentations (from 2002)

(The presentations below sponsored by outside entities are so noted and the sponsors are identified)

2002 Medical and immune factors in clinical trials in autism / Invited presentation
Symposium on clinical trials in autism; Cure Autism Now Foundation
Santa Monica, CA

2002 Autism: An overview / Presentation to pharmaceutical company
(Sponsored by *Psychiatric Genomics, Inc.*)
Germantown, MD

2002 Neurobiology of autism / Invited presentation
Autism symposium, Geisinger Medical Center
Wilkes-Barre, PA

2003 Basic and clinical science of autism and related neurodevelopmental disorders
Medical evaluation and treatment of autism spectrum disorders
Care of the Sick Child Conference (CME)
Arnold Palmer Children's Hospital
Orlando, FL

2004 Autism's early signs / Invited presentation
East Tennessee Children's Hospital
Knoxville, TN

2004 Microglial activation in the brain in autism / Invited presentation
The Autism Research Foundation
Boston, MA

2004 Autism: What it is / Invited presentation
Current Clinical Issues in Primary Care
Hopkins/Harvard CME Program
(Sponsored by *PRI-MED*)
Washington, DC

2004 Autism: Current science and management / Invited Presentation
Society for Pediatric Special Care Dentistry
Banff, Canada

2005 Neuroinflammation and development of white matter / Invited presentation
White Matter "Think Tank"
Cure Autism Now Foundation
Malibu, CA

2005 Immunology and autism / Invited presentation at annual conference
Interdisciplinary Council for Development and Learning
Washington, DC

2005 Immunology and autism / Invited presentation

The Autism Research Foundation
 Boston, MA
 2006 Serum antibrain antibodies in children with autism / Invited presentation
 The Autism Research Foundation
 Boston, MA
 2006 Autism and Asperger syndrome / Grand Rounds
 Potomac Hospital
 Potomac, VA
 2007 Clinical overview of autism / Autism Immunology Workshop (organizer)
 Autism Speaks / Cure Autism Now Foundation
 California Institute of Technology
 Pasadena, CA
 2007 Maternal antibodies and placental-fetal IgG transfer in autism/Invited presentation
 The Autism Research Foundation
 Boston, MA
 2008 Evidence for immune involvement in autism / Invited presentation
 Neuroimmunology, Brain Development and Mental Disorders
 NIMH Conference
 Washington, D.C.
 2008 Placental-fetal transfer of maternal antibodies in autism / Invited presentation
 Autism Research Consortium
 Massachusetts General Hospital
 Boston, MA
 2009 Effects of fever in autism / Invited presentation
 LADDERS Clinic, Massachusetts General Hospital
 Lexington, MA
 2009 Fever, immune factors and synaptic function in autism / Invited presentation
 Autism symposium, Lucille Packard Children's Hospital, Stanford University
 Palo Alto, CA
 2009 Immunological aspects of autism: Important questions
 Immunological aspects of autism: Curious findings / Invited presentations
 Weinberg Child Development Center, Safra Children's Hospital
 Sheba Tel Hashomer, Tel Aviv, Israel
 2009 The fever effect and search for the holy grail in autism
 Effects of fever in autism: clues to pathogenesis and treatment
 Distinguished lecturers series, MIND Institute
 University of CA, Davis
 2009 Autism: Challenge for our time / Medical staff presentation
 Anne Arundel Medical Center
 Annapolis, MD
 2010 Fever and autism / Invited Presentation
 Workshop on effects of fever in autism
 Simons Foundation
 New York, NY
 2010 Neurology of cognitive flexibility / Invited Presentation
 American Academy of Child and Adolescent Psychiatry

- New York, NY
- 2012 Current diagnosis, treatment and research / Invited Presentation
Mary L. Hayleck, MD Memorial Lecture
MedStar Union Memorial Hospital
Baltimore, MD
- 2013 Current Autism Research; Autism Research Institute/Invited Presentation
Annual meeting, Baltimore, MD
- 2014 Neuroinflammation in Autism/Invited Presentation
International Child Neurology Congress, Foz do Iguassu, Brazil

Current Licensure and Certification

- 1994-present Maryland Medical License
- 2002-present Massachusetts Medical License
- 1976 American Board of Pediatrics
- 1979 American Board of Psychiatry and Neurology, with special competence in
Child Neurology
- 1992 Continuing Education Recognition Certificate, American Academy of Neurology

Practice Activities

Discipline: Neurology, Pediatric neurology

1977-1983	Inpatient and outpatient	Adult neurology	On-call coverage
1977-1983	Inpatient and outpatient Consultations and follow up ambulatory care	Pediatric neurology University of CT	4 sessions per week Inpatient consultation service
1983-1994	Inpatient consultations and follow up	Adult neurology Knoxville (TN) Neurology Clinic (private practice)	1 day per week + on call
1983-1994	Inpatient and outpatient Consultations and follow up	Pediatric neurology Knoxville (TN) Neurology Clinic and Univ. of TN	5 days per week + on call
1983-1994	EEG dept. supervision	Pediatric Neurology East TN Children's Hospital, Knoxville	5 days per week + on call
1994-1997	Medical Director	Neurobehavior Unit	5 days per week

	Supervise medical care on inpatient unit	Kennedy Krieger Inst. Baltimore, MD
1994-2010	Inpatient and outpatient Ambulatory care	Pediatric neurology 4 sessions per week Kennedy Krieger Inst.
2010-2013	Outpatient care	Lurie Family Autism Center/LADDERS 4 sessions per week
2012-2013	Outpatient care	Pediatric neurology clinic/MGH 1 session/week
2013-present	Inpatient and outpatient	UMass Memorial Medical Center 4 days per week
2013-present	Volunteer Faculty	MGH Dept. of (Pediatric) Neurology Attending in Residents' Clinic 6/yr Outpatient care at Cape Cod clinic ½ day/month

Clinical Innovations

Zinc nutrition in premature infants	Improvements in intravenous and oral zinc nutriture in prematurity developed nationally as the result of my study of acrodermatitis and zinc deficiency in premature infants; demonstrated anomalous zinc excretion in breast milk.
Immune dysfunction in autism	Fostered recognition of importance of immune system in autism through studies of autoimmune dysfunction in families, microglial activation in brain, maternal antibodies to fetal brain and behavioral improvements during fever.
Fever effects in autism and cell stress responses; treatment trials	Based on clinical observations of the beneficial effects of fever in some children with ASD, treatments, as well as lab studies have followed in collaboration with others, in clinical trials of sulforaphane in ASD.

Technological and Other Scientific Innovations

Novel drug therapy for autism	U.S. Patent No. 4,994,467 Treating autism and other developmental disorders with NMDA receptor antagonists.
Novel use of primidone for treatment of apnea of prematurity	U.S. Patent No. 5,166,158 Method for the treatment of apnea and/or bradycardia (primidone).
Development of wireless EEG for rapid application and measurement	U.S. Patent No. 5,279,305

Education of Patients and Service to the Community (from 2002)

- (No presentations below were sponsored by outside entities)
- 2002 Update on biology of autism
East Tennessee Chapter, Autism Society of America
Knoxville, TN
- 2002 Update on biology and drug therapy of autism spectrum disorders
Cincinnati Children's Hospital
Cincinnati, OH
- 2003 Immunology and autism / Invited presentation
Current Trends in Autism
Ontario, CA
- 2003 Immunology and autism: More than meets the eye / Invited presentation
Symposium for families and professionals
Queens University
Kingston, Ontario
- 2004 Medical science and autism
Parents' Day, Center for Autism and Related Disorders
Kennedy Krieger Institute, Baltimore, MD
- 2005 Autism Research: Challenge of our time
Maryland Chapter, Cure Autism Now Foundation
Columbia, MD
- 2006 Effective use of medications for autism spectrum disorders
Howard County Chapter, Autism Society of America
Columbia, MD
- 2006 Autism research: Challenge of our time
East Tennessee Chapter, Autism Society of America
Knoxville, TN
- 2006 Recent trends in autism research / Invited presentation
Baltimore City and County Chapter, Autism Society of America
Baltimore, MD
- 2007 Immunology and autism / Invited presentation
Association for Research in Autistic People
Rhein-Neckar-Kraichgau; Heidelberg, Germany
- 2009 Genetic and immune abnormalities in autism / Invited presentation
East Tennessee Chapter, Autism Society of America
Knoxville, TN
- 2010 Autism -- 2010
Ezra and Friends Foundation
Vienna, VA

Recognition

- 1995 Distinguished service award
East Tennessee Chapter, Autism Society of America

Peer-reviewed Publications

1. Zimmerman, A.W. and Schmickel, R. Fluorescent bodies in maternal circulation. *Lancet (Letter)*, i:1305, 1971.
2. Zimmerman, A.W., Holden, K.R., Reiter, E.O., and Dekaban, A.S. Medroxyprogesterone acetate in the treatment of seizures associated with menstruation. *J. Peds.* 83:959-963, 1973.
3. Matthieu, J-M., Zimmerman, A.W., Webster, H deF, Ulsamer, A.G., Brady, R.O., and Quarles, R.H. Hexachlorophene intoxication: Characterization of myelin and myelin related fractions in rats during early postnatal development. *Exp. Neurol* 45:558-575, 1974.
4. Reier, P.J., Matthieu, J-M., and Zimmerman, A.W. Myelin deficiency in hereditary pituitary dwarfism: A biochemical and morphological study. *J. Neuropath Exp Neurol*, 34:465-477, 1975.
5. Zimmerman, A.W., Quarles, R.H., Webster H deF, Matthieu, J-M., and Brady, R.O. Characterization and protein analysis of myelin subfractions in rat brain. Developmental and regional comparisons. *J. Neurochem*, 25:749-757, 1975.
6. Zimmerman, A.W., Matthieu, J-M., Quarles, R.H., Brady, R.O., and Hsu, J.M. Hypomyelination in copper-deficient rats. Effects of prenatal and postnatal copper replacement. *Arch Neurol.* 33:111-119, 1976.
7. Zimmerman, A.W., Hodges, F.J., III, and Niedermeyer, E. Lennox-Gastaut syndrome and computerized tomography findings. *Epilepsia* 18:463-464, 1977.
8. Zimmerman, A.W., Kumar, A.J., Gadoth, N. and Hodges, F.J. III. Traumatic vertebrobasilar occlusive disease in childhood. *Neurology*, 28:185-188, 1978.
9. Sanders, W.M., Zimmerman, A.W., Mahoney, M. and Ballow, M. Histamine release in migraine. *Headache*, 20:307-310, 1980.
10. Holmes, C.L., Hafford, J., Zimmerman, A.W. Primary position upbeat nystagmus following meningitis. *Ann Ophthalmol*, 13:935-936, 1981.
11. Herson, V.C., Phillips, A.F., Zimmerman, A.W. Acute zinc deficiency in a premature infant after bowel resection and intravenous alimentation. *Am J Dis Child*, 135:968-969, 1981.
12. Hersh, J.H., Bloom, A.S., Zimmerman, A.W., Dinno, N.D., Greenstein, R.N., Weisskopf, B., and Reese, A.H. Behavioral correlates in the Happy Puppet Syndrome: A characteristic profile? *Devel Med Child Neurol*, 23:792-800, 1981.

Here is a study about mitochondrial disorder and autism

13. Zimmerman, A.W., Hambidge, K.M., Lepow, M.L., Greenberg, R.T., Stover, M.L. and Casey, C.E. Acrodermatitis in breast-fed premature infants: Evidence for a defect of mammary zinc secretion. *Pediatrics*, 69:176-183, 1982.
14. Holmes, G., Rowe, J., Hafford, J., Schmidt, R., Testa, M. and Zimmerman, A.W. Prognostic value of the electroencephalogram in neonatal asphyxia. *Electroencephalogr Clin Neurophysiol* 53:60-72, 1982.
15. Simon, R.H., Zimmerman, A.W., Tasman, A., and Hale, M.S. Spectral analysis of photic stimulation in migraine. *Electroencephalogr Clin Neurophysiol*, 53:270-276, 1982.
16. Holmes, G.L., Blair, S., Eisenberg, E., Schneebaum, R., Margraf, J. and Zimmerman, A.W. Tooth brushing-induced epilepsy. *Epilepsia* 23:657-661, 1982.
17. Levinson, E.D., Zimmerman, A.W., Grunnet, M.L., Lewis, R.A. and Spackman, T.J. Cockayne Syndrome. *J Comput Assist Tomogr* 6:1172-1174, 1982.
18. Simon, R.H., Zimmerman, A.W., Sanderson, P. and Tasman, A. EEG markers of migraine in children and adults. *Headache* 23:201-205, 1983.
19. Holmes GL and Zimmerman AW: Temporomandibular joint pain-dysfunction syndrome: A rare cause of headaches in adolescents. *Dev Med Child Neurol* 25:601-605, 1983.
20. Rosenfeld J, Zimmerman AW and Friedrich, VL Jr. Altered brain copper and zinc levels in quaking mice. *Exp Neurol* 82:55-63, 1983.
21. Grunnet ML, Zimmerman AW, Lewis RA: Ultrastructure and electrodiagnosis of peripheral neuropathy in Cockayne syndrome. *Neurology* 33:1606-1609, 1983.
22. Zimmerman AW, Rowe DW: Cellular zinc accumulation in anencephaly and spina bifida. *Z für Kinderchirurgie* 38 (suppl II): 65-67, 1983.
23. Zimmerman AW: Hyperzincemia in anencephaly and spina bifida: A clue to the pathogenesis of neural tube defects? *Neurology* 34:443-450, 1984.
24. Zimmerman AW, Dunham BS, Kaplan BM, Nochimson DJ and Clive JM: Zinc transport in pregnancy. *Am J Obstet Gynecol* 149:523-29, 1984.
25. Holmes GL, Weber DA, Koczko N, Zimmerman AW: Relationships of endocrine function to inhibition of kindling. *Developmental Brain Research* 16:55-59, 1984.
26. Holmes, GL, Kloczko, N, Weber, DA, Zimmerman AW: Anticonvulsant effect of hormones on seizures in animals. In *Advances in Epileptology: XVth Epilepsy International Symposium*, ed Porter, R.V. Raven Press, New York, 1984, pp 265-268

27. Reeve, A., Schulman, S.A., Zimmerman, A.W., Cassidy, S.B. Methylphenidate therapy for aggression in a man with ring 22 chromosome. *Arch Neurol* 42:69-72, 1985.
28. Zimmerman, A.W., Banta J.V., Garvey, J.S. and Horak, E. Urinary excretion of zinc and metallothionein in children with spina bifida. *Pediatric Neurology* 1:23-27, 1985.
29. Madigan, R.R., Eisenstadt, M.L., Dougherty, J.H., Zimmerman, A.W. et al. A new technique to improve cortical-evoked potentials in spinal cord monitoring: A ratio method analysis. *Spine* 12:330-335, 1987.
30. Joshi, J.G., Cho, S., Fleming, J., Sczekan, S., Zimmerman, A.W. The effect of long term intake of low levels of aluminum on enzyme activity and brain ferritin./ Meeting on Trace Metals, Aging and Alzheimer's Disease, September 22-25, 1983. DHEW (NIH).
31. Cassidy, S.B., Sheehan, N.C., Farrell, D.F., Grunnett, M.L., Holmes, G.L. and Zimmerman, A.W. Connatal Pelizaeus-Merzbacher disease: An autosomal form. *Pediatric Neurology* 3:300-305, 1987.
32. Grunnet, M.L., Leicher, C., Zimmerman, A., Zalneraitis, E., and Barwick, M. Primary lateral sclerosis in a child. *Neurology* 39:1530-1532, 1989.
33. Zimmerman, A.W. and Lozzio, C.B. Interaction between selenium and zinc in the pathogenesis of anencephaly and spina bifida. *Z Kinderchir* 44 (Suppl I): 48-50, 1989.
34. Myer, E., Morris, D.L., Brase, D.A., Dewey, W.L. and Zimmerman, A.W. Naltrexone therapy of apnea in children with elevated cerebrospinal fluid beta-endorphin. *Ann Neurol* 27:75-80, 1990.
35. McCarthy, V.P., Zimmerman, A.W., Miller, C.A. Central nervous system manifestations of parainfluenza virus type 3 infections in childhood. *Pediatr Neurol* 6:197-201, 1990.
36. Mann, C.A., Lubar, J.F., Zimmerman, A.W., Miller, C.A. and Muenchen, R.A. Quantitative analysis of EEG in boys with attention deficit hyperactivity disorder (ADHD): Controlled study with clinical implications. *Pediatric Neurology*, 8:30-36, 1992.
37. Miller CA, Gaylord M, Lorch V, Zimmerman AW: The use of primidone in neonates with theophylline resistant apnea. *AJDC* 147:183-186, 1993.
38. Zimmerman AW, Goss KC, Speckhart FH: Vestibular stimulation: A new device for off vertical axis rotation. *Inf Young Children* 6:56-67 1993.
39. Anderson ME, Zimmerman AW, Tayidi R, Frye V. Ergonovine toxicity in a newborn. *J Perinatol* 14:128-130, 1994.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2536523/>

Here is an article about mitochondrial disruptions in children with autism

<https://www.spectrumnews.org/news/mitochondrial-function-disrupted-in-children-with-autism/>

Attached are copies of the new medical exemption form.

Please allow families who have suspected underlying medical conditions to decide with their doctor which medical interventions including vaccines are best suited for the individual.

With Aloha

Julianne King

808-265-5519

HB-2459-HD-1

Submitted on: 2/12/2020 1:33:09 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Miriam Kotubetey	Individual	Support	No

Comments:

Dear Representatives,

I support HB2459.

Thank you

HB-2459-HD-1

Submitted on: 2/12/2020 1:33:31 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tomoka Kajihira	Individual	Support	No

Comments:

I strongly support HB2459!

HB-2459-HD-1

Submitted on: 2/12/2020 1:36:36 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jacquelyn Born	Individual	Support	Yes

Comments:

Please vote yes on HB2459.

I strongly encourage the committee to evaluate the original wording and the amendments made to HB 2459. I strongly support the original HB 2459 more than the amended version. You are elected representatives of your constituents, and DOH members are not. The Health Committee amended the bill to give the DOH more authority in which SB2459 originally protected constituents from. I strongly encourage HB2459 to be restored to its original wording.

HB-2459-HD-1

Submitted on: 2/12/2020 1:40:01 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Norasinh	Individual	Support	Yes

Comments:

Dear members of the Judiciary Committee:

I am in strong support of HB2459 HD1. I would urge you to add amendment language that would suspend the changes set forth in HAR-11-157 to mandate HPV and EACH newly added vaccine until the DOH has proven that this vaccine is safe to administer to male and female children. A full definition of what the requirements for the definition of "safe" should also be set forth prior to the commencement of this study.

The new medical exemption required by the DOH does not consider family history and must show which vaccine or ingredient it was that caused the adverse reaction. Since many vaccines are given in bundles 2 or more, there is no way to tell which one caused the harm. Let Doctors do their jobs! DOH cannot practice medicine without a license but they are attempting to do so by taking away the Doctors freedom to do what they think is best for their patients. Please read over a vaccine insert (not the information sheet) and see the laundry list of adverse reactions that are listed. If a child eats a peanut and they have a reaction, we don't feed them peanuts anymore. Why if they have a reaction to a vaccine should we force them to keep getting vaccines! This needs to be a decision made between a Doctor and a patient.

The religious exemption rule change is in violation of our first amendment rights as now it is changed to an all or none policy. There are some vaccines that do not violate my religious beliefs but some that certainly do (due to the ingredients of MRC-5, WI-38, pork gelatin, african green monkey cells, bovine calf serum, etc.)

In addition, there is a violation of FERPA that will happen with the new rule change by requiring public schools to report PII (personally identifiable information). None of our childrens personal information should be released to anyone without a parents consent.

The U.S. Supreme Court has classified vaccines as an unavoidably unsafe product and the manufacturer (Merck) has been charged with fraud for falsifying the safety and effectiveness of their Gardasil (HPV) vaccine. The HPV is no longer recommended in Japan nor many countries in the E.U. and India because of the massive increase of serious adverse reactions. Our right to informed consent, freedom of religion and privacy is absolutely essential in this case and in a free society.

Please vote yes on HB2459.

Thank you.

HB-2459-HD-1

Submitted on: 2/12/2020 1:41:24 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Beckley Dye	Individual	Support	Yes

Comments:

I strongly support HB 2459.

Thank you,

Beckley Dye

HB-2459-HD-1

Submitted on: 2/12/2020 1:43:13 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Dye	Individual	Support	Yes

Comments:

Please vote YES for HB2459.

I strongly support HB2459.

Mahalo,

Robert Dye

HB-2459-HD-1

Submitted on: 2/12/2020 1:43:23 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
JEFFREY LIM, M.D.	Individual	Oppose	No

Comments:

Why waste any additional taxpayer dollars on such a frivolous, ill-advised study when the Department of Health's current procedure for vaccination exemptions is completely in compliance with national guidelines set out by the Center for Disease Control, backed by the exhaustively studied and consistently proven benefits of the recommended vaccines on the current Child and Adolescent Immunization Schedule.

Allowing anything but valid medical exemptions, based on true medical contraindications for a specific vaccine for a specific individual, will serve only to encourage citizens philosophically opposed to vaccination to lie and/or falsify documents in order to permit their under-immunized children to attend school and, with this reservoir of disease-susceptible individuals who typically represent the primary initial tinder for epidemics, create a serious and ever-present danger to the health and well-being of the general population.

Jeffrey Lim, M.D.

HB-2459-HD-1

Submitted on: 2/12/2020 1:44:40 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Dye	Anne Dericks, ND	Support	Yes

Comments:

Aloha Commitee,

I am in strong support for HB2459.

Thank you,

Dr. Anne Dericks Dye

HB-2459-HD-1

Submitted on: 2/12/2020 1:50:59 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

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

Comments:

I *strongly* support HB2459 because it is critically important for the health and freedom of Hawaii's citizens to conscientiously object to any "biologic" (in this case vaccinations) from entering or being injected into their bodies if they so choose. Conscientious objection allows for the citizen to maintain bodily autonomy, which is a *vital* important **human right**. No school, no place of employment, no doctor, no government or government entity should have the right to determine what gets injected into someone's body. This would be a *clear violation* of bodily autonomy *and* The Universal Declaration on Bioethics and Human Rights, which states that **the individual takes priority over the state** and that prior, free, and **informed consent are required before administering a vaccine**. A citizen **must** be allowed conscientious objection based on personal beliefs and concerns for their own health and the health of their children. This is especially important due to the following: vaccines are a **risk** and **not tested for safety in double blind placebo studies**; they are **full of toxic chemicals** like aluminum, mercury, formaldehyde, as well as animal DNA and DNA from aborted fetal cells; and **vaccine manufacturers cannot be held liable for injury or death!** NO person or child should be required or coerced to inject these harmful, unsafe chemicals and ingredients into their bodies if they object.

My daughter is supposed to get the HPV vaccine before she enters 7th grade this year, and I will NOT knowingly have her injected with this vaccine due to improper studies that have been conducted on it and new research that is coming out about its catastrophic effects on the human body. It is a known risk and has caused damage to many children and young adults – I have seen the damage it can do – and I will NOT allow my daughter to be a statistic.

I recommend the bill go back to its original language when it was first proposed and heard. If that can't happen, then I recommend **delaying effective date of HAR 11-157 until AFTER the proposed DOH study is completed** and allowing Stakeholders who will be affected by HAR to participate in task force along with DOH.

Additionally, I support HB2459 because the first place a person should be quarantined should be at home, around family who can care and provide for them and get them necessary medical attention if needed. Families should not be separated in the case of an outbreak and should remain together quarantined inside the home.

Thank you.

HB-2459-HD-1

Submitted on: 2/12/2020 1:53:25 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
sarah puls	Individual	Support	No

Comments:

Dear Representatives,

As a mother of 2 healthy growing keiki, I strongly support HB 2459. I am sincerely concerned for the well being of our communities regarding vaccinations as I nearly died from a Tetnus Shot as did my Grandmother. Please do what is morally and medically responsible and let families decide what is best for our children and not the government.

Sincerely, Sarah Puls

Kahalu'u, HI

HB-2459-HD-1

Submitted on: 2/12/2020 1:57:00 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
kehaulani	Individual	Support	Yes

Comments:

As a mother of 2, and Native Hawaiian who believes in the freedom to CHOOSE whats right for my children and I, I strongly support bill HB2459 in regards to appropriate exemptions with the knowledge that all vaccines are not for everyone. "Where there is a risk, there must be a choice." Any medical decision should be a choice and never mandated. Please ADD amendment language that would SUSPEND IMPLEMENTATION of new HAR 11-157 until such study is completed.

Aloha

HB-2459-HD-1

Submitted on: 2/12/2020 1:59:32 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Gangloff	Individual	Support	Yes

Comments:

Thank you Representative Chair Chris Lee and Vice Chair Rep. Joy A. San Buenaventura and other members of the committee for hearing all testimony. My name is Joy Gangloff and I support HB2459 HD1. I also support the bill in its original form. Anyone should be able to choose for conscientious reasons but in the least have option for religious exemptions and medical exemptions. I do not want to wait until my child needs a medical exemption. That would mean my child was injured by a vaccine. I would feel horrible if I allowed a medical professional to give my child a vaccination and my child be injured by it. I cannot imagine what those parents are going through that have had that happen to their children. I believe it is the adjuvants added to the vaccines that are causing injuries. Dr. Lawrence Palevsky is a pediatrician and he explains that adjuvants can get through the blood brain barrier. The barrier that is naturally there to protect the brain. How is that not scary?! I ask you all and the Department of Health to truly look into the safety of vaccines. Please take 9 minutes and watch the video from inside the Global Vaccine Safety Summit that was held in December of 2019. In the video, Professor Heidi Larson, PhD talks of a 'very wobbly health professional frontline that is starting to question vaccines and the safety of vaccines... in medical school you are lucky if you have half a day on vaccines'.

Please pass this bill.

Thank you!

Joy

Testimony in favor of HB 2459. HD 1 Relating to Medical Autonomy. 02/12/2020

From Cam Cavasso. 808-306-3454 ccavasso@financialguide.com

To Chairman and members of the Judiciary committee.

I am Cam Cavasso, a former member of this body.

I am in favor of this bill as amended by the health committee to call for a study. HD 1 is a good first step. However, further specificity and amendments are needed to make this proposed study truly effective.

1.) Include a clause calling for a “pause” in the planned implementation date of the new HAR regulations scheduled for implementation July 1, 2020. The amendment should specify that the currently planned July 2020 implementation date be restated and redated to take affect after the results of this study have been presented to next years legislature in 2021.

2.) Include an amendment listing specifically a minimum list of organizations, state agencies, private parties, businesses, medical professionals, private school, public school, parental organizations, and religious organizations that will be asked to participate in the study. Ie Health department, physicians, nurses, small business groups, private school organization, religious denomination representatives or organizations, civil groups concerned with knowledge of vaccines.

3.) Specify that in depth information be researched individuality for each respective vaccine proposed for Hawaii implementation both positive and negative. This shall include studies and the results of studies conducted or not conducted by private and or government agencies assessing risk and benefits. Data shall also be saught and researched regarding the safety risk affiliated with individual vaccins. All available data on adverse reactions, incident numbers and severity of reactions will be searched and included in the study results.

This committee will surely hear many legitimate concerns expressed in this hearing. There are many unanswered questions relating to current vaccine application rate increases.

There is no urgency to be the lead State in implementation for Federal recommendations.

Let us in Hawaii be deliberate and careful in our actions.

While I am in favor of vaccination programs in general, I believe there is good reason to be cautious, and to take a go-slow approach regarding the expanded recommendations.

I am grateful for the vaccinations I have received for small pox, polio, and other diseases particularly as I have traveled abroad in areas at specific risk.

I am fully in favor of this proposed and much needed study of this very important, difficult and sensitive issue relating to health vaccinations for our Hawaii children and citizens.

Please "Pause" all further implementations until this study can be concluded and its results presented to the next Legislature.

HB-2459-HD-1

Submitted on: 2/12/2020 2:09:08 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
christy Kalama	Individual	Support	Yes

Comments:

Aloha members of judiciary committee

Please recognize that the purpose of the original writing was intended to give parents an opt out button from any or all of the vaccines being mandated upon Hawaii's school children.

No more parents rights

no more informed consent

no physician responsibility

no more choice

no product liability

state controlled forced medical procedure

Please stop this madness and give parents the right to determine what goes into their children's bloodstreams.

House Judiciary Committee
Representative Chris Lee, Chair
February 13, 2020
Room 325
2:05pm

LATE

Testimony in SUPPORT of HB 2459 HD 1 with amendments

Aloha Representative Lee and House Judiciary Committee,

I would like to submit testimony in SUPPORT of HB 2459HD1 with the following amendments:

- 1) Delay the implementation of HAR 11-157 for at least 1 year or longer so that the DOH can properly investigate the process related to the Medical Exemptions and HPV requirements, and
- 2) Allow community stakeholders to participate on the DOH task force so that the discussion is not biased.

Reasons for support:

A. The DOH's HAR 11-157, Immunization and Examination, was signed in August 2019 MANDATING 5 additional vaccines for school entry, including the HPV vaccine for a sexually transmitted disease, MCV, Tdap for 6th graders going to 7th grade, and PCV and Hep A for children in a daycare or preschool setting, effective July 1, 2020.

Act 231¹ enacted in 2013 authorized the DOH to make administrative rule changes related to vaccine requirements, essentially eliminating ALL legislative oversight.

Under HRS 325.32 (b), the DOH has the administrative authority "to adopt, amend, or repeal rules pursuant to Chapter 91 to establish a list of vaccines that **ARE available, or MAY BECOME available.**"

Only two individuals with this authority in the state of Hawaii, "the Director of Health in consultation with the state epidemiologist may adopt, amend or repeal, as rules the recommendations of the US Department of Health and Human Services, Advisory Committee on Immunization Practices (ACIP), including INTERIM recommendations related to the list of specific vaccines."²

¹ See attached

² https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0325/HRS_0325-0032.htm

Giving only TWO individuals the legal authority to directly affect the lives of all Hawaii's children with the purpose of mandating current vaccines and vaccines as they become available, is extremely dangerous.

There are over 250 vaccines in the pipeline, any of which could become available at any time. According to these rules, any vaccine can be added to Hawaii's requirements for school entry if recommended by the ACIP and authorized by the Director of Health and the state epidemiologist.

There is NO ACCOUNTABILITY for any negative consequences that can arise from their decisions especially when there has been little to no information that shows the mandated vaccines proposed are safe and effective. Therefore, further investigation and proof must be provided by the DOH before HAR 11-157 is implemented.

B. Throughout November and December 2019, the DOH held 6 public hearings around the state including Oahu, Maui, Molokai, Lanai, Hilo, Kona and Kauai.

The DOH received 708 written testimonies, 259 individuals attended these hearings, with 122 persons offering oral testimonies.³ In total, there were approximately 830 testimonies on HAR 11-157 accounting for over 3500 pages⁴ submitted to the DOH prior to the signing of HAR 11-157.

A great majority OPPOSED HAR 11-157. Testifiers offered hundreds of links to peer-reviewed scientific studies related to vaccine injuries, adverse events and lack of safety, most of which the DOH never reviewed.

If the DOH had done its due diligence, we would not be in this predicament right now.

C. Prior to the signing of HAR 11-157, the DOH did not provide sufficient evidence to the community regarding the safety of these vaccines, including the HPV vaccine. The DOH did not provide any information related to the safety of administering 9 vaccines already required for school in addition to the 5 mandated vaccines. When DEATH is listed as a potential side effect for a vaccine, there must be choice. The HAR mandates take away choice.

Despite the numerous opposing testimonies to HAR 11-157, and public outcry for choice, parents must choose between vaccinating their child or give up their right to attend school.

³ <https://health.hawaii.gov/docd/files/2019/04/HAR-11-157-Written-Testimony.pdf>

⁴ <https://health.hawaii.gov/docd/files/2019/04/HAR-11-157-Written-Testimony.pdf>

D. The working group that assisted the DOH on HAR 11-157 included 42 stakeholders representing various healthcare organizations, universities, schools and several branches of the DOH. The largest stakeholder, the DOH, had 19 of the 42 members (45%) on the working group with little representation from other stakeholders who were going to be heavily impacted financially by HAR 11-157. Why was there minimal input from stakeholders who were going to be most affected by the HAR 11-157 requirements?

Further, the DOH top-heavy working group has made Hawaii one of the most vaccinated states in the country.

Most of the Hawaii legislators have no idea of HAR's vaccine requirements and the extent of its overreach despite the fact that Act 231 was enacted in 2013.

E. The DOH pushed HAR 11-157 forward while failing to demonstrate that **"a need for immunization against the [communicable disease] exists within the state as described in the DOH's HRS 325.32 (a):⁵**

(a) The department of health may adopt rules requiring and governing immunization against typhoid fever, pertussis (whooping cough), diphtheria, tetanus, poliomyelitis, measles, mumps, hepatitis B, rubella, haemophilus influenzae type B, and any other communicable disease, if a suitable immunizing agent is available for the disease and a need for immunization against it exists within the State. The department may also provide vaccines and other immunizing agents to private and public health care providers for administration to the general public.

The DOH did not demonstrate that Hawaii had an immediate need for these additional vaccines prior to signing HAR 11-157 or any need for these additional vaccines.

Further, the DOH's testimony to the House Health Committee stated that "maintaining high immunization rates is important to provide individual and community protection against dangerous vaccine-preventable diseases.

Based on the DOH's data for the 2018-2019 school year, the vaccination rates for all 207,030 students enrolled in public and private schools were the following:⁶

Oahu schools	0.093% unvaccinated	99.07% vaccinated students
Hawaii	4.0%	96%
Maui	3.5%	96.5%
Kauai	5.7%	94.3%

⁵ https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0325/HRS_0325-0032.htm

⁶ <https://health.hawaii.gov/docd/resources/reports/immunization-exemptions/>

Technically, a high vaccination rate is considered 95% or above for imaginary herd immunity to exist. Thus, our school aged children are at 95 percent or above except for Kauai which is at 94.3%. Is the 0.07% that significant when the rest of the state exceeds the imaginary herd immunity level?

In the DOH's testimony to the Health Committee, they also blamed Kauai's lower vaccination rate as the reason for the outbreak of mumps on Kauai between March 3, 2017 and October 5, 2018, in "largely unvaccinated children and young adults."

Blaming Kauai for having "largely unvaccinated children and young adults" to make a point that Kauai's mumps cases were due to unvaccinated children and young adults is inaccurate.

The DOH's EPI Investigation Summary Report dated February 14, 2019⁷ shows something else.

Out 1009 confirmed cases between March 1, 2017 and August 16, 2018:

Oahu	819 cases
Hawaii	134
Kauai	49
Maui	7

Further, 576 cases (57%) were male, with a MEDIAN AGE of 21 and 603 cases (60%) were adults 18 years old and older. There were NO deaths associated with this outbreak. Do these DOH statistics show all 49 cases of Kauai's unvaccinated school aged children and young adults were a very big part of the mumps outbreak?

Why would the DOH focus on the 49 mumps cases on Kauai when Oahu had 819 cases (81%) of mumps?

The majority of Oahu's school aged children were vaccinated at 99% and the majority of the mumps break occurred among the vaccinated college students, and not the school aged children.

Again, it is the DOH's responsibility to provide evidence that the vaccination schedule that they have imposed on Hawaii's children are safe and effective. Providing data that is somewhat contrary to what they are implying, that the unvaccinated children are spreading disease, clearly contradicts their own data.

⁷ See attachment

In summary, I support HB 2459HD1 in addition to 1) delaying the implementation date of July 1, 2020 for HAR 11-157 for at least 1 year. The DOH is trying to force the public into compliance with HAR 11-157 while ignoring hundreds of testimonies opposing the mandating of vaccines.

If the DOH had done its due diligence and considered the scientific information provided by the public, we may not be in this position today because HAR would not have mandated the 5 vaccines including the HPV vaccine, and 2) allow outside stakeholders to participate on the task force in order to minimize bias in the findings.

Mahalo for your consideration,

Teresa Ocampo

Approved by the Governor
on JUN 27 2013
THE SENATE
TWENTY-SEVENTH LEGISLATURE, 2013
STATE OF HAWAII

ACT 231
S.B. NO. 1138
H.D. 1

A BILL FOR AN ACT

RELATING TO VACCINATION GUIDELINES.

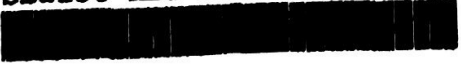
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. National recommendations for vaccine
2 administration are updated yearly, at minimum, by the Advisory
3 Committee on Immunization Practices of the United States
4 Department of Health and Human Services. This may cause a
5 discrepancy between current national vaccination standards and
6 Hawaii's pediatric and school entry and attendance vaccination
7 requirements.

8 The purpose of this Act is to provide the department of
9 health with the authority to ensure that vaccinations required
10 in Hawaii, and the manner and frequency of their administration,
11 conform with recognized standard medical practices.

12 SECTION 2. Section 302A-1162, Hawaii Revised Statutes, is
13 amended to read as follows:

14 "**§302A-1162 Rules.** (a) The department of health shall
15 adopt rules under chapter 91 relating to immunization, physical
16 examination, and tuberculin testing under sections 302A-1154 to
17 302A-1163. Immunizations required, and the manner and frequency
18 of their administration, shall conform with recognized standard

SB1138 HD1 HMS 2013-2831


1 medical practices. The list of diseases and minimum
2 requirements for protection under sections 302A-1154 to 302A-
3 1163 may be revised whenever the department of health deems it
4 necessary for the protection of public health.

5 (b) The department shall establish by rule standards for
6 documentation of compliance with school health requirements
7 under sections 302A-1154 through 302A-1163.

8 (c) The department may adopt, amend, or repeal rules
9 pursuant to chapter 91 to establish a list of specific vaccines
10 that are available or may become available. Notwithstanding the
11 notice, public hearing, and comment requirements of chapter 91
12 and the provisions of chapter 201M, the director of health, in
13 consultation with the state epidemiologist, may adopt, amend, or
14 repeal as rules, the immunization recommendations of the United
15 States Department of Health and Human Services, Advisory
16 Committee on Immunization Practices, including interim
17 recommendations, as they apply to the list of specific vaccines,
18 if any, described in this subsection. The department shall make
19 the adoption, amendment, or repeal of rules regarding United
20 States Department of Health and Human Services, Advisory
21 Committee on Immunization Practices immunization recommendations
22 known to the public by:

SB1138 HD1 HMS 2013-2831
[REDACTED]

1 (1) Giving public notice of the substance of the proposed
2 rules at least once statewide; and

3 (2) Posting the full text of the proposed rulemaking
4 action on the Internet as provided in section 91-2.6.

5 The rules, when adopted, amended, or repealed pursuant to
6 chapter 91 as modified by this section, shall have the force and
7 effect of law. The department may defer the effective date of
8 adopted, amended, or repealed rules to allow sufficient time to
9 ensure compliance with the new, amended, or repealed rules."

10 SECTION 3. Section 325-32, Hawaii Revised Statutes, is
11 amended to read as follows:

12 **"§325-32 Immunization against infectious diseases. (a)**
13 The department of health may adopt rules requiring and governing
14 immunization against typhoid fever, pertussis (whooping cough),
15 diphtheria, tetanus, poliomyelitis, measles, mumps, hepatitis B,
16 rubella, haemophilus influenzae type B, and any other
17 communicable disease, if a suitable immunizing agent is
18 available for the disease and a need for immunization against it
19 exists within the State. The department may also provide
20 vaccines and other immunizing agents to private and public
21 health care providers for administration to the general public.



1 (b) The department may adopt, amend, or repeal rules
2 pursuant to chapter 91 to establish a list of specific vaccines
3 that are available or may become available. Notwithstanding the
4 notice, public hearing, and comment requirements of chapter 91
5 and the provisions of chapter 201M, the director of health, in
6 consultation with the state epidemiologist, may adopt, amend, or
7 repeal as rules, the immunization recommendations of the United
8 States Department of Health and Human Services, Advisory
9 Committee on Immunization Practices, including interim
10 recommendations, as they apply to the list of specific vaccines,
11 if any, described in this subsection. The department shall make
12 the adoption, amendment, or repeal of rules regarding United
13 States Department of Health and Human Services, Advisory
14 Committee on Immunization Practices immunization recommendations
15 known to the public by:

16 (1) Giving public notice of the substance of the proposed
17 rules at least once statewide; and

18 (2) Posting the full text of the proposed rulemaking
19 action on the Internet as provided in section 91-2.6.

20 The rules, when adopted or amended pursuant to chapter 91 as
21 modified by this section, shall have the force and effect of
22 law. The department may defer the effective date of adopted,

1 amended, or repealed rules to allow sufficient time to ensure
2 compliance with the new, amended, or repealed rules."

3 SECTION 4. This Act does not affect rights and duties that
4 , matured, penalties that were incurred, and proceedings that were
5 begun before its effective date.

6 SECTION 5. New statutory material is underscored.

7 SECTION 6. This Act shall take effect upon its approval.

APPROVED this 27 day of JUN , 2013



GOVERNOR OF THE STATE OF HAWAII

§325-32 Immunization against infectious diseases. (a) The department of health may adopt rules requiring and governing immunization against typhoid fever, pertussis (whooping cough), diphtheria, tetanus, poliomyelitis, measles, mumps, hepatitis B, rubella, haemophilus influenzae type B, and any other communicable disease, if a suitable immunizing agent is available for the disease and a need for immunization against it exists within the State. The department may also provide vaccines and other immunizing agents to private and public health care providers for administration to the general public.

(b) The department may adopt, amend, or repeal rules pursuant to chapter 91 to establish a list of specific vaccines that are available or may become available. Notwithstanding the notice, public hearing, and comment requirements of chapter 91 and the provisions of chapter 201M, the director of health, in consultation with the state epidemiologist, may adopt, amend, or repeal as rules, the immunization recommendations of the United States Department of Health and Human Services, Advisory Committee on Immunization Practices, including interim recommendations, as they apply to the list of specific vaccines, if any, described in this subsection. The department shall make the adoption, amendment, or repeal of rules regarding United States Department of Health and Human Services, Advisory Committee on Immunization Practices immunization recommendations known to the public by:

- (1) Giving public notice of the substance of the proposed rules at least once statewide; and
- (2) Posting the full text of the proposed rulemaking action on the Internet as provided in section 91-2.6.

The rules, when adopted or amended pursuant to chapter 91 as modified by this section, shall have the force and effect of law. The department may defer the effective date of adopted, amended, or repealed rules to allow sufficient time to ensure compliance with the new, amended, or repealed rules. [L 1945, c 171, pt of §1; RL 1955, §49-32; am L 1967, c 23, §2; HRS §325-32; am L 1974, c 6, §2(1); am L 1993, c 266, §2; am L 2013, c 231, §3]

Cross References

Insurance coverage for immunizations, see §431:10A-115.5; §431:10A-206.5; §432:1-602.5.

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STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

Report Status: FINAL
Report Date: 02/14/2019
Report Received: ...
Report Approved: ...

Maven ID: 100714815
Investigator:
Supervisor: Augustina Manuzak

Epi Investigation Summary Report

Condition:	Mumps
Specific etiology:	Mumps virus
Number of cases:	
Confirmed :	1009
Age:	Median 21 years (range 0-73 years)
	Children (<18 years): 406 (40%)
	Adults (≥18 years): 603 (60%)
Probable :	60
Earliest onset date:	March 1, 2017
Latest onset date:	August 16, 2018

INVESTIGATION	
Investigation type:	Cluster or Outbreak
Final status:	Laboratory confirmed
Date HDOH notified:	March 3, 2017
Date investigation initiated:	March 3, 2017
Date investigation closed:	October 5, 2018
Control measures taken:	Medical Advisory: x7 School Advisory: x2 Press Release: x6 MMR Outbreak Dose - Recommendation Maintained outbreak website: http://health.hawaii.gov/docd/advisories/mumps/#situation

EXPOSURE CLINICAL			
Primary exposure setting:	Person to person	Number that went to their PCP:	Unknown
Island:	Oahu, Hawaii, Kauai, Maui	Number that went to Emergency care:	Unknown
Total number exposed:	Unknown	Number hospitalized:	5
		Length of stay (median, range):	2 days, 1-4 days
		Number admitted to ICU:	0
		Number of deaths:	0

CASE DEFINITIONS USED

Confirmed: Individuals with acute illness characterized by any of the following: acute parotitis or other salivary gland swelling lasting at least 2 days, aseptic meningitis, encephalitis, hearing loss, orchitis, oophoritis, mastitis, or pancreatitis; AND have laboratory confirmed mumps virus by reverse transcription polymerase chain reaction (RT-PCR) or culture.

Probable: Acute parotitis or other salivary gland swelling lasting at least 2 days, orchitis, or oophoritis (i.e., mumps clinical symptoms), unexplained by another more likely diagnosis in a person with a positive test for serum anti-mumps immunoglobulin M (IgM) antibody; OR a person with mumps clinical symptoms and epidemiologic linkage to another probable or confirmed case or linkage to a group/community defined by public health during an outbreak of mumps.

Suspect: Parotitis, acute salivary gland swelling, orchitis, or oophoritis unexplained by another more likely diagnosis; OR a positive IgM laboratory result with no mumps clinical symptoms (with or without epidemiological-linkage to a confirmed or probable case).

COMMENTS

The Hawaii Department of Health (HDOH) was notified regarding 3 cases of suspect mumps infection the week of March 1st–15th, 2017. The 3 cases were from the same work place. Cases were identified through reporting by health care providers and laboratory confirmed by reverse transcription polymerase chain reaction (rt-PCR) testing performed by Hawaii State Laboratories Division (SLD).

A medical advisory was distributed to healthcare providers throughout the state on March 21, 2017 alerting them of the identified cases and reminding them to report any suspected cases to HDOH. Providers were advised to consider mumps in all acutely ill persons with pain, tenderness, and swelling in one or both parotid salivary glands regardless of vaccination status. Healthcare providers were also requested to assist in preventing the spread of mumps in the community by reinforcing self-isolation (based on Hawaii State Law) for patients suspected or diagnosed with mumps infection. With the increasing number of confirmed mumps infection in individuals who had no recent travel or exposure to mainland or international visitors, additional medical advisories were distributed on April 28, May 15, and June 1, 2017. Two more medical advisories were distributed on September 21 and November 13, 2017 with the added recommendation of administering an outbreak MMR dose to all persons 10 years and above to help curtail the outbreak as well as improve protection against mumps disease and its related complications. This recommendation is supported by the US Center for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) (<https://www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm>).

A total of 1,009 outbreak related confirmed cases were identified with illness onsets of parotid gland swelling ranging from March 1, 2017 to August 16, 2018. There were 819 cases (8 per 10,000 population) from Oahu, 134 cases (7 per 10,000 population) from Hawaii, 49 cases (7 per 10,000 population) from Kauai, and 7 cases (<1 per 10,000 population) from Maui. A total of 115 specimens of confirmed cases were sent to CDC for sequencing; all were resulted as the same genotype (G).

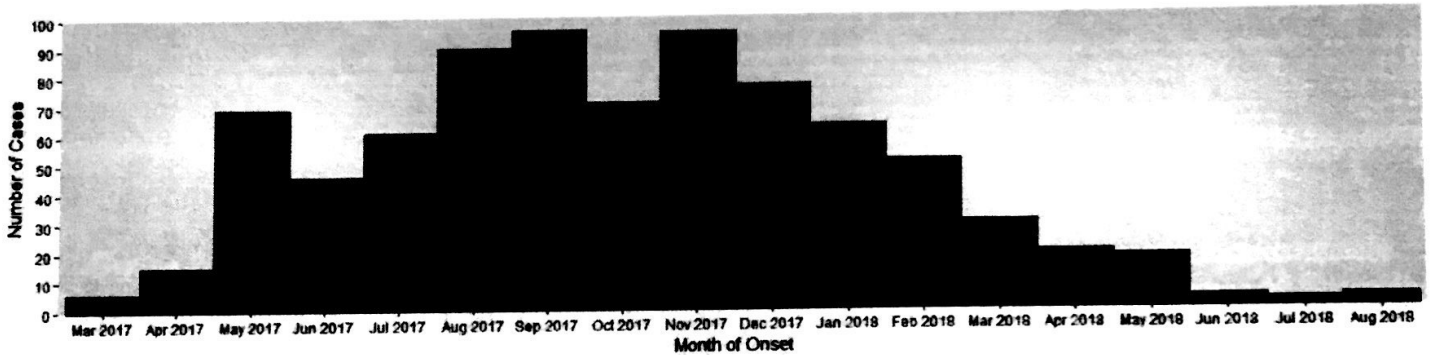
Of the 1,009 confirmed cases 576 (57%) cases were male, and the median age was 21 years (range 0–77 years) with 603 (60%) adults (18 years and older). Five (<1%) cases required hospitalization with a median length of stay of 2 days (range 1–4 days). Twenty-four (2%) cases reported orchitis, and 9 (<1%) cases reported hearing loss; there were no deaths associated with the outbreak. A total of 533 (53%) cases had a history of at least one vaccination with MMR, 104 (10%) cases had no history of being vaccinated with MMR, and 372 (37%) cases had an unknown vaccination status.

During the outbreak, HDOH Disease Outbreak Control Division (DOCD) investigated approximately 6,000 individuals, including confirmed and suspected cases as well as contacts of confirmed cases. SLD was the primary testing laboratory and tested over 4,000 specimens submitted for mumps testing.

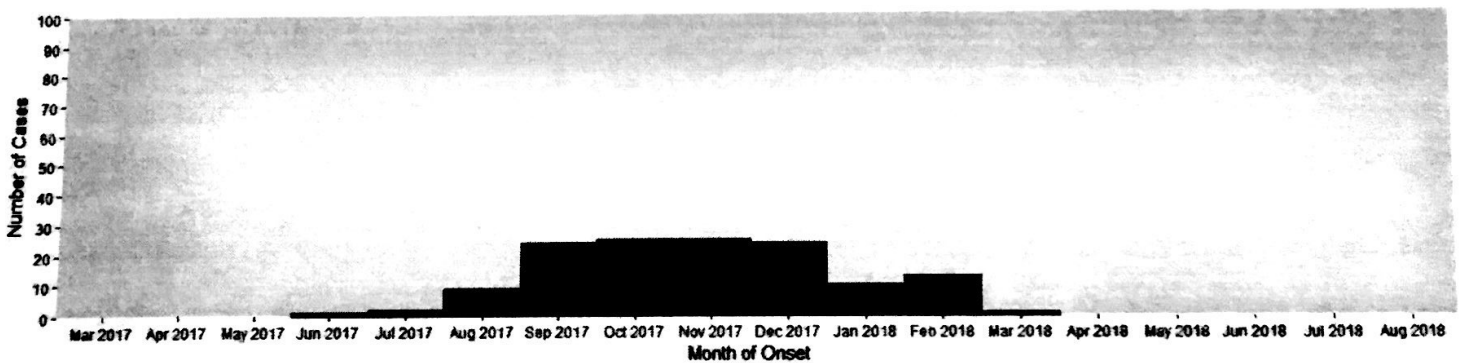
On Oct 5, 2018, two maximum incubation periods of mumps infection (i.e., 50 days) had passed with no further cases related to the outbreak identified since the last identified confirmed case's onset. The mumps outbreak investigation was therefore closed.

Epidemic curves (month of onset) by island:

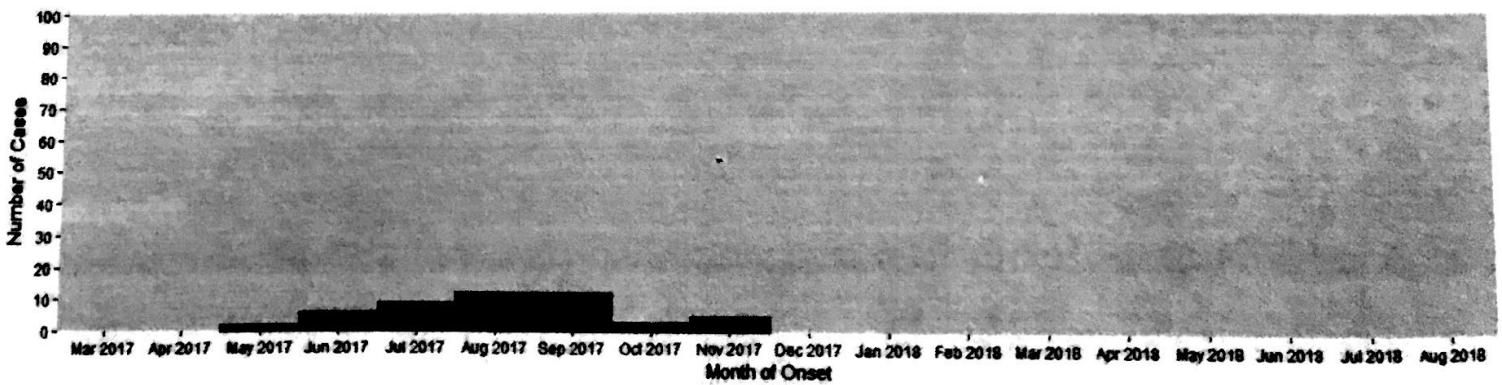
Oahu (n=819)



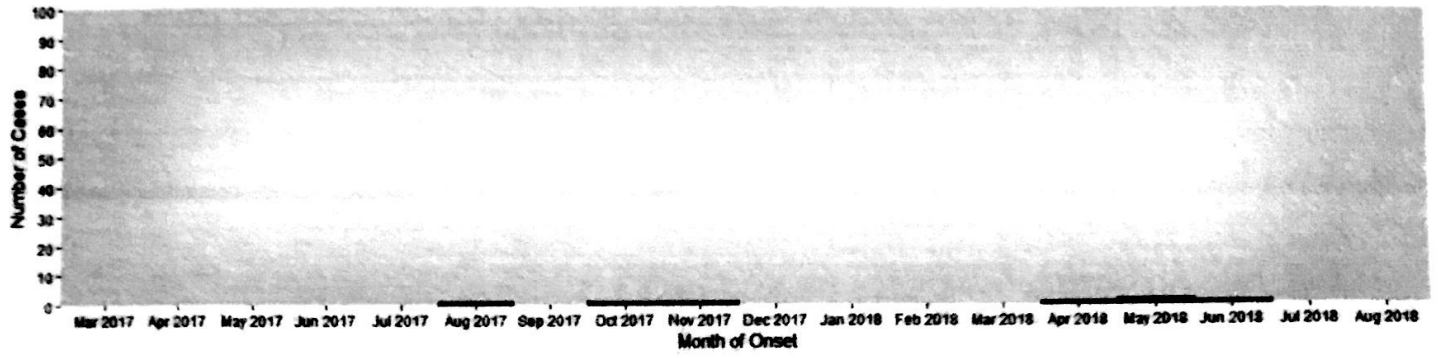
Hawaii (n=49)



Kauai (n=49)



Maui (n=7)



LATE

HB-2459-HD-1

Submitted on: 2/12/2020 4:00:40 PM
Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Childs	Individual	Support	No

Comments:

In support of HB 2459

It is very interesting that both opponents, and proponents of this bill, along with the World Health Organization (WHO), Centers for Disease Control (CDC), and all professional health organizations and institutions agree with each other on the core concept in management of infectious disease; the use of Universal Precautions.

The absolute core concept of universal precautions is isolation of the infectious agent.

Isolation uses physical barriers like quarantine in addition to masks, gowns, and gloves. Universal Precautions are already used in all potential contamination situations whether it be in hospitals or schools or public places.

Furthermore, the WHO, CDC, professional health organizations, and institutions, all agree on the effectiveness of the use of quarantine / isolation.

Forced Vaccination is an irreversible act that the Department of Health is mandating.

Therefore, under the current circumstances, whereby some measures regarding those proposed in this bill cannot be easily or immediately resolved to the agreement of both sides, it appears that the adoption of quarantine / isolation is the most effective mutually agreed upon measure to control contagion and should be adopted in a manner that is agreeable to all parties.

The HAR administrative rule to become effective in July is also a blatant example of administrative double standard exposing conflicts of interest that are self-contradictory in terms of constitutionally guaranteed rights (article 14) and sets a dangerous precedent such as was used by Germany in 1935 for similar "Health" related "measures".

Hawaii cannot morally and in good conscience be "pro-choice" on abortion, and now enact new laws that are "anti-choice" on vaccination by forcing vaccine injections. This is the equivalent of forced abortions or enforced pregnancy!

You cannot have it both ways!

Regardless, this is the same double standard that we see every day in politics and it should not be allowed to infect our community decisions as applied to science and health.

All of these conflicts can be resolved at present by adopting the standard WHO and CDC universal precaution of quarantine and isolation that can be monitored by the Department of Health

Regarding HPV vaccine:

There is no precedent in Hawaii of medical mandates with pre-teens and teenagers for sexually transmitted diseases. HIV virus is also sexually transmitted, and there is no medical mandate regarding teens and pre-teens for sexual transmission of HIV.

Cancer or oropharyngeal cancer is extremely rare in teens. There is no reason to mandate HPV vaccine for something this rare before the age of 30 at least.

Conversion of existing HPV infection after later vaccination in adults is stated in the HPV product literature !

Therefore, there is no logical reason that the Contagious Disease Committee has to add this vaccine to the list of mandated vaccines in Teens and pre-teens.

HB-2459-HD-1

Submitted on: 2/12/2020 4:21:17 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
daniela	Individual	Support	No

Comments:

Aloha,

I'm submitting testimony in support of this bill. My support is primarily dependant upon the following recommendation: that the original bill language be restored.

Mahalo for your consideration and time,

Daniela M.G

HB-2459-HD-1

Submitted on: 2/12/2020 5:34:04 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
scott higa	Individual	Support	Yes

Comments:

ï»¿

To The Honorable Members of The Health Committee,
My name is Scott Higa. I strongly support HB 2459.

I was once for vaccines. I was informed babies required vaccinations for better health, so my wife and I did that. Before we knew it, our world turned upside down, inside out. It was hard times trying to get a grasp of what was happening because it didn't all unfold over night. But after looking at it for over twenty years, we will say that vaccines are not for everyone.

The adjuvants and antigens used in the vaccines are not well tolerated by one and all. My wife also suffered hypothyroid conditions and systemic yeast infection which were found to have passed on in utero. Both these conditions are common but undiagnosed in many young women of child bearing age today.

Now that we have experienced life as parents of a vaccine injured child, we must stand up to tell you its not ok. You are basically telling us with more and more of these vaccine mandate bills that it doesn't matter who falls.

The bills are targeting children now but the pharmaceutical giants are looking to following it up with mandating adult vaccines. Its too financially lucrative especially with a law that states no vaccine manufacturer is liable no matter what, injury or death.

It's not ok. You're suppose to be upholding laws to protect, not some but all of us. And unfortunately not everyone is the same and the vaccines won't work alike in everyone.

A public health measure should be something that is flexible and works for everyone but it appears that the health authorities are stuck on this one

system of vaccinating away everything. Don't turn a deaf ear to what we tell you. Our son was vaccine injured and we know vaccines are not ok for all.

There must be medical freedom. I strongly support HB 2459.

Thank you.

Respectfully,

Scott Higa

Wailuku, Maui

HB-2459-HD-1

Submitted on: 2/12/2020 5:53:38 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
gretchen	Individual	Support	No

Comments:

Please have the DOH do more research on the HPV mandate and remove restrictions on the medical exemption.
thank you so much.

HB-2459-HD-1

Submitted on: 2/12/2020 6:59:46 PM

Testimony for JUD on 2/13/2020 2:05:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
Marcy Koltun-Crilly	Individual	Support	No

Comments:

I Support HB2459 HOWEVER, I want it changed back to the original bill rather than the amendment made to create a study. That being said, if you choose not to amend it, then you MUST ADD amendment language that would SUSPEND IMPLEMENTATION of The NEW HAR 11-157 rules until that study is completed.

There are 15 states that have allowed conscientious exemptions to vaccines for a long time so it is not like we are doing something unheard of. The rates of vaccination are still very high in those states and the sky has not fallen. If you do not pass this bill or the new rules are implemented, you will find many people and families will suddenly find religion turning the religious exemption into another case of "Don't Ask, Don't Tell."

There is absolutely no excuse to require vaccines for diseases that can not be caught at school, never mind kicking them out for missing one dose.

In past years the CDC repeatedly blamed "anti-vaxxers" for outbreaks of Whooping Cough. You still hear this "misinformation" but not as much since the CDC's own research showed that the outbreaks are now occurring are almost entirely, and in some cases exclusively, in fully vaccinated children. In the last 10 years, there have been from 15,000 to almost 50,000 cases a year of Pertussis (Whooping cough) Theses are numbers that have not been seen since before 1960 and that increase was part of the reason the campaign to blame unvaccinated kids and the lobby to increase school mandates for all states started. But The CDC was wrong. Their own research showed that vaccination did not prevent colonization or spread of the disease, just the symptoms and that the vaccine wears off much faster than thought. Thus, children vaccinated for Pertussis are more likely to be a concern as they can be asymptomatic carriers and there is no warning that they are. So why the cry that unvaccinated children are a danger to others? They are not sick just because they are unvaccinated but if they do get sick, at least they can be identified right away and be kept home unlike vaccinated children who are carriers. Yet it is the vaccinated children that are allowed to go to school.

This is just one example of the issues with one vaccine but there are many others. The point is that the CDC is frequently wrong and can put kids at risk. Their very justification for mandating some vaccines turned out to be wrong. Mumps is yet another example. If the government is going to be making laws that force healthy children to be injected

against their parents and sometimes even their doctor's wishes, they better be 100 percent sure of what they are doing and they should be willing to be accountable if they are wrong. Right now that is not the case and the children and parents that may be harmed are on their own to deal with it.

Please respect the people of Hawaii by not voting for forced medical procedures. I say this with all due respect but if you allow these new rules to stand, there will be a huge uproar and there will be even less trust in both the government and in healthcare providers. When people's children have been injured they will NOT just forget or let it go. You all know this. And those numbers are growing, Read these testimonials, these people are not making this up. While some people may have fears of their unvaccinated immunocompromised child catching a so-called "vaccine-preventable disease", you don't see the testimonials of that actually happening. If vaccine injuries are so rare, why are you reading all these testimonials from people who actually had it happened. Most from people who believed in all vaccines. They are not making this up. As an RN I used to believe people were crazy for not wanting every vaccine and I was one of the first people to get the new, at the time, Hep B vaccine back in the 1980s. After many years, research and experiences later, I now know that all vaccines are NOT safe and effective and that the benefits versus risks MUST be evaluated for every individual vaccine for each individual person and during each individual situation.

Mahalo

Marcy Koltun-Crilley RN

Kihei, Hi

HB-2459-HD-1

Submitted on: 2/12/2020 8:48:45 PM

Testimony for JUD on 2/13/2020 2:05:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
Jenny Malloy	Individual	Support	No

Comments:

From: Jenny Malloy, Napili, HI

Submitted on: February 12, 2020

Testimony in support of HB2459 HB1 Relating to Medical Autonomy.

I support the further inquiry and study on the HPV Vaccine Mandates as well as removal of restrictions on Medical Exemptions. I support this bill as an informed mother, teacher, and citizen of Napili, Hawaii. Where there is risk, there must be choice and new, stricter vaccine mandates strip citizens of their right to bodily autonomy. Please consider my testimony to move this bill forward. Thank you for your time.

HB-2459-HD-1

Submitted on: 2/12/2020 9:21:55 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Nikki Delse	Individual	Support	No

Comments:

I strongly support HB2459 and would like to see the new vaccination mandates be suspended until further studies have been completed. There is enough risk to health that these vaccinations should be a choice for parents to make for their children. Thank you.

HB-2459-HD-1

Submitted on: 2/12/2020 10:53:13 PM

Testimony for JUD on 2/13/2020 2:05:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
Alec Wong-Miyasato	Individual	Support	No

Comments:

I strongly insist that you change the wording of the bill back to the original wording.

LATE

HB-2459-HD-1

Submitted on: 2/12/2020 11:18:35 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Kwik	Individual	Support	No

Comments:

Aloha, my name is Michelle Kwik. I have worked as a Pediatric/Neonatal/Public Health Nurse for more than 30 years. I worked in California as a District Nurse for 13 of these years. I was in charge of 9,000 students immunization records as well as the children. As a nurse I was a witness to 1 toddler who directly after his immunization went into a coma and once awake he was diagnosed on the spectrum with severe learning disabilities. I diagnosed a child within 24 hours of the flu shot with petechia; this is caused by the immune system attacking itself and can be fatal in some cases. The child was fine but was not allowed any more immunizations. I also had a student who after the chicken pox virus, he converted to being a Type I diabetic. Having the virus caused his body to attack his pancreas. He was probably genetically prone to Type I diabetes. I had a student who after the flu got petechia and required strong doses of steroids for almost a year so his immune system did not attack itself and bleed out. One parent lost a very healthy 23 year old son within 48 hours of a flu shot, his body reacted by attacking itself and he bled out. My point being every person has a different immune system, not all systems are created equally. We have no idea which person will react to an immunization negatively and which will react to an illness negatively. There is no doctor and no research that can answer that question. Parents are their children's number one defense and they have a right to say yes or no to an immunization. No one knows their child better than a parent and they need to make that decision despite how difficult it can be. Also, immunizations these days contain more aluminum than what the WHO finds safe for children, they are also composed of a genetic material from a fetus who has many markers for cancer and mental illness according to the newest research from Italy as well as studies posted by Kennedy. Parents need to know exactly what is going into their child, they need to be educated, immunizations need to be made much purer in form despite the cost, and parents need to have a choice what is in the best interest of their own child. Pharmaceutical companies make immunizations for a profit, they make them so they last a long time with their additives and they do not keep strong statistics on their adverse reactions. If there is an outbreak students not immunized need to stay home. Some immunizations are given routinely because of a risk in the population. Example because people who used needles/drugs have the risk of Hep B, all babies are given the Hep B vaccine. As a nurse I have never gotten the Hep B vaccine. It is caused by blood entering our system from an infected person. A very large majority of children are not at all at risk. It is crazy to demand children to get this immunization. When I had to get an MMR as a young adult because the old immunization did not create a long term

immunity, and to work in the hospital I was required, my body responded by getting the measles rash and having a few weeks of arthritis. My nursing instructor wanted me to attend my clinical rotation in the Pediatric ICU even though if a child that was compromised had been exposed to the rash they could have gotten sick. I stayed home. After the Pertussis vaccine I had the symptoms of pertussis for 6 months with a constant tight cough and I was unable to go into any air conditioned rooms, the wind, rooms with fans blowing, etc.. Each of us is created differently. Parents need to decide what is in the best interest of their children. Mahalo for your time and for supporting our families. Kindly, Michelle Kwik

LATE

HB-2459-HD-1

Submitted on: 2/12/2020 11:23:04 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Cris Gibbons	Individual	Support	No

Comments:

HB-2459-HD-1

Submitted on: 2/12/2020 11:28:23 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Craft RN	Individual	Support	No

Comments:

Thanks you for all the work you do on behalf of the people of Hawaii.

Regarding the human papillomavirus vaccine I would like to know if the benefits outweigh the risk, and I would like to know what those risks are.

I have been a nurse for more than 27 years, one thing I have learned is to listen to what my patients and their families tell me. Similar families are trying to tell you something - consider what they have to say, they may be right.

Aloha,

Joan

SHARAYAH BURNHAM

Wife | Mother | Friend

February 12, 2020

Judicial Committee

Hawaii State Capital
415 South Beretania St.
Honolulu, HI 96813

LATE

Dear Judicial Committee:

I STRONGLY support HB2459.

I also STRONGLY urge the DOH to inquire into HPV mandates, do a study, and remove the restrictions on medical exemptions.

I also STRONGLY require the amendments made to HAR 11-157 be suspended until the working group study is completed on HB2459.

Sincerely,

Sharayah Burnham

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 6:14:43 AM
Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
jess bianchi	Individual	Support	No

Comments:

I strongly support HB 2459. Where there is a risk, there must be a choice. With over \$4,000,000,000 paid to vaccine injured families, it is clear that a one size fits all mandatory vaccine schedule is not safe. In the recent World Health Organization Vaccine Summit they discuss their growing concern of the vaccine schedule that there needs to be more safety studies. I am not "pro or anti" vaccinations. I am pro medical freedom. Once we hand over this god given right we lose our voice as individuals.

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 6:21:50 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Julie Patry	Individual	Support	No

Comments:

Aloha,

I would like to express my SUPPORT for HB2459 and Medical Autonomy. I am concerned about the changes made to the bill and want to urge the committee to consider adding language to SUSPEND implementation of the new HAR 11-157 requirements. These requirements were ill conceived and could have devastating effects on the health of our children and multiple legal implications for the state.

1. HPV should be removed from the required vaccinations for school attendance considering this is not a disease that can be transmitted in schools and this vaccine has multiple concerns with safety and efficacy. I listened to an amazing podcast with a leading researching on aluminum last night stating why we should NEVER be injecting aluminum into our bodies. <https://anchor.fm/thevaccineconversation/episodes/Ep--89---Saving-Humanity-From-Aluminum-An-In-Depth-Interview-With-Dr--Christopher-Exley-ealoqa/a-a1dn5vl>. You can go directly to Dr. Exley's website for more information about his research on

aluminum. <https://www.keele.ac.uk/aluminium/groupmembers/chrisexley/publications/>

2. The new medical exemption required by the DOH is medical malpractice. The ME does not consider important family histories, such as my own history with a sister who had a severe vaccine reaction and eventually death. Nor does it acknowledge hundreds of known adverse events listed in the vaccine manufacture's package inserts. Doctors must be allowed to do their job when advising a patient on their medical care, not the DOH with no specific knowledge of the patient.

3. The new religious exemption rule language creates an all or none situation for patients/students, which violates are First Amendment Rights.

5. As a healthcare professional, I continue to be amazed at the lack of concern about healthcare privacy violations when related to vaccine mandates. Requiring public schools to report PII (personally identifiable information) is a violation of FERPA.

I support medical autonomy and the original intent of this bill. Please rectify these concerns and move forward on this important topic for the health and well being of our state and our children.

Julie Patry

HB-2459-HD-1

Submitted on: 2/13/2020 6:28:55 AM

Testimony for JUD on 2/13/2020 2:05:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
nathan patry	Individual	Support	No

Comments:

Aloha,

I would like to express my support of HB 2459 and medical autonomy. I would uge the committee to ADD amendment language that would SUSPEND IMPLEMENTATION OF NEW HAR 11-157 until a safety study of the entire ACIP schedule is completed. There are many issues with HAR 11-157, such as FERPA violations, ME wording concerns, RE wording First Amendment violations, and possible health implications of continuing to add multiple vaccines to the schedule that are widely recognized as ineffective and unsafe. For the safety and well being of our state and our children, I urge you to support HB 2459 and make appropriate amendments.

Thank you,

Nathan Patry

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 6:29:53 AM
Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Edghill	Individual	Support	No

Comments:

The bloated US vaccination schedule has never been studied for synergistic safety. Nearly 18% of American children now have a developmental disability (autism, ADHD, speech delay, etc) according to the Centers for Disease Control. Millions of parent worldwide can tell the same story--we took our healthy children to their pediatrician where they recieved as many as 8 shots in a single appointment and watched our children's health decline. We families who has all witnessed our children develop chronic, lifelong illnesses, seizures, autism, or even death following vaccinations are data points, too and our experiences should not be dismissed as mere "coincidences". Researchers will not--or CANNOT--ask why families have similar experiences because vaccines are a sacred cow of medicine and massive pharmaceutical profits. Our children's health--and our own--should not be for sale. Parents should be the only ones making these medical decisions for their children.

HB-2459-HD-1

Submitted on: 2/13/2020 6:54:43 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Malia Mau	Individual	Support	No

Comments:

I strongly support HB2459. Where there is a risk there must be a choice. I have family members who were injured by vaccines. They have 3 children, the first two were fully vaccinated and have serious injuries and the third was not and is fine. I do not believe there is a one size fits all model when it comes to vaccinations. Everybody's body will react differently. Why are the manufacturers of the vaccines not held liable if there is an injury and yet the vaccine list keeps increasing. And because they are not liable it is tax dollars that pay for the injuries which has been over \$4 billion so far. Please support this bill.

HB-2459-HD-1

Submitted on: 2/13/2020 8:02:38 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
lauren cohen	Individual	Support	No

Comments:

I strongly support HB2459! I believe every individual has there right to medical freedom and what they choose to do with there body.

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 8:13:27 AM
Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brittney Valverde	Individual	Support	No

Comments:

Thank you for taking time today to hear us out. I believe that we as human beings should continue to have the choice to make an educated decision of what we choose to put in our bodies and our children's bodies. I am not pro vaccination or anti vaccination. I am pro CHOICE. We need to all have the freedom to decide what goes into our bodies and protect the sovereignty we were all born into. This is very very important to me. My daughter is 6 years old. She is healthy and a beautiful light in this world. I want to protect her in the best of my ability and by supporting this bill you will help me in doing so as well. At least give us a choice!

Much aloha,

Brittney

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 9:10:03 AM
Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
emily richardson	Individual	Support	No

Comments:

I strongly support this bill. As a mother and wellness professional I believe it is our right to make informed medical decisions in the best interest of our children.

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 9:49:03 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Rivera	Individual	Support	Yes

Comments:

HB-2459-HD-1

Submitted on: 2/13/2020 9:53:56 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Cassandra Korte	Individual	Support	No

Comments:

I strongly support this bill. No medical procedure is one size fits all and cannot be mandated across the board. As listed on vaccine inserts, there is risk of several serious adverse effects including DEATH and it is wrong to force this treatment upon people. DOH needs to complete further testing to prove safety and efficacy before enforcing any mandates.

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 10:00:26 AM
Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Peggy McArdle	Individual	Support	No

Comments:

Aloha. I fully support HB2459. I am especially concerned about mandating the HPV vaccine to preteens, since this virus is not communicable in the classroom setting. A UK study has found that 44% of girls vaccinated with the HPV vaccine early on have developed cervical cancer later. Regular Pap smears appear to be more effective. Lawsuits continue with this HPV vaccine and the parents and students have a Right to Informed Consent before these injections are mandated in their person. Mahalo.

HB-2459-HD-1

Submitted on: 2/13/2020 10:20:06 AM

Testimony for JUD on 2/13/2020 2:05:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
ashlyn	Individual	Support	Yes

Comments:

I strongly support HB2459! I believe that we should have the right over our own bodies to decide what should be put into it. This bill will give us the right and not be manadated upon force. Theres so many people that I know of who is vaccine injured or death caused by vaccines. My own son after his two month shots had a really bad reaction. My son immediatly after broke out in a really bad rash all over his body. His skin was so red and raw, constant shedding of his skin, clear puss coming out of every crease, yeast infection on his neck and diaper area and bleeding. This was by far the worst thing I have ever had to experience. Already having a newborn is hard in the beginning but now imagine a sleepless fussy baby that'll cry constantly because of the discomfort and pain their experiencing after vaccines that i thought was safe and effective. The fact that what i was experiencing was "normal" in his doctors eyes and simply was told that he'll grow out of it really aggravated me. Believe me, this was and is still my reality and not his doctors. If you have children of your own, you truly want to do everything you can to protect them especially against something that caused so much harm to them the first time. So please open your mind and hearts on this bill, this is for everyone who was ever injured or died from vaccines,where there is harm we should have a choice. I also ask to suspend an acting on HAR 11-157 on July 01 of this year and take all restrictions off the medical exemption and return the bill to its original language.

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 10:23:57 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
kim kaili	Individual	Support	No

Comments:

To whom it may concern,

My son was vaccinated per pediatrician recommendation with Meningococcal conjugate (MCV) , Trumemba (meningococcal B) , and the flu shot. Immediately after receiving the vaccines he experienced extreme vaccine site pain and swelling, extreme headache, lethargy, skin sensitivity, it then progressed to photosensitive eyes with constant irregular eye movements. He was hospitalized for six days. Doctors all told us that our son is faking it and his symptoms are in his head. He went in walking unassisted and now has to use a walker at home and a staff when walking outside. It is very hard for Keola to stay positive, before all this happened he was attending school, learning to drive, going to Jij Jitsu, and hanging out with his friends. It has been five months since his injury first started. He is still unable to go to school and has a hospital home tutor provided by the school. He had to drop all of his AP classes and is only able to keep three classes. I strongly support bill HB2459. We need to be able to have a choice what we put in our children's bodies and our own. Please pass this bill so other children won't get vaccine injured. There needs to be more research into the validity of vaccines and their ability to prevent disease instead of the government using us as guinea pigs. Thank you for your time.

Kim Kaili

HB-2459-HD-1

Submitted on: 2/13/2020 10:54:00 AM

Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
zachary	Individual	Support	Yes

Comments:

I'm 23 years vaccine injured . If I have kids someday I want to have the right to decide which vaccines to give and not to give. I have many friends after getting the HPV are now having problems getting pregnant. My mom got us vaccinated but not the Flu shot or the HPV. It should be the parents choice. When I get sick during the Flu season it's only a couple of days. If there is a Risk there must be a choice

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 11:11:26 AM
Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ted Kacandes	Individual	Support	No

Comments:

I strongly support HB2459. We urge that the DOH conduct a study relating to medical authorized exemptions from mandatory vaccinations, including the department of health's current procedure for vaccination exemptions - Conscentious and religious expemtion to vaccination for children and adults.

LATE

HB-2459-HD-1

Submitted on: 2/13/2020 12:47:31 PM
Testimony for JUD on 2/13/2020 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Pat Beekman	Individual	Support	Yes

Comments:

I strongly support HB 2459 MEDICAL AUTONOMY concerning vaccine choice. I even more strongly support returning it to its original language.

Adverse reactions to vaccines are vastly underreported. My doctors didn't report my encephalitis (brain inflammation) from the mumps, measles and rubella (MMR) vaccine to the Centers for Disease Control (CDC) or the authorities. The encephalitis caused paralysis and brain function deterioration. Even after I recovered from the paralysis, I thought the brain damage, which was serious, would be permanent. I was lucky, I did recover. Hawaii Senator Randall Ruderman (Big Island) said the same thing about his wife's adverse reaction to the flu vaccine at the rally at the capitol that took place on Tuesday, January 21, 2020. Mrs. Ruderman's doctors also did not report her swollen arm and catching the flu for the first time in her life to the authorities.

When I called the Centers for Disease Control (CDC) after my MMR episode, the doctor in charge of the MMR program did not even ask for my name after I gave him the details of my encephalitis from the MMR. CDC, Big Pharma's best buddy, doesn't want to hear it and I'm surmising that doctors don't want to have to put a lot of time into a non-paying lawsuit and away from the patients who need them.

If government can force people to take foreign substances directly into their bloodstream against their will, then that country is not a free country. It's a dictatorship of the worst sort. It should be basic that vaccinations are done by choice. If people want to be protected from contagious diseases and they think vaccinations are the way to go, there's nothing to prevent them from taking all the vaccinations they want.

I did not only have an adverse reaction to the MMR (mumps, measles, rubella) vaccine. I contracted the flu the last three times I took a flu shot. They were full-blown cases, not just mild reactions. As you can see, I'm a former believer in vaccines.

Another shot that I immediately almost passed out from was a vitamin B shot, given to me almost 50 years ago in my doctor's office. I was in my 20's and suffering from a lack of energy.

A high school classmate of mine died a couple of years ago after he received a shot in his doctor's office. I don't believe it was a vaccination, apparently it was a shot to boost his energy. The family had time to gather around for his death a few hours later.

People regularly tell me, such as when I refused shots for my half brother, who was under my legal guardianship because of his Down syndrome, that they don't take vaccines either: the shots make them sick. This included health workers and an RN. But they don't speak up otherwise because they don't want to get into an argument or be looked upon as a step below the Neanderthals.

When I was a child, neurologically impaired individuals were rare. Now I see them all the time. It's disturbing to see so many who are nowhere near fulfilling the God-given abilities they once had.

I never heard of autism until around 1990 when a friend of mine in Tokyo, an investment banker, said both of his children were autistic. We were at his house at the time, so I could see them. Their parents did not know the cause. They were leaning towards thinking it was a hereditary condition, since both children were involved, even though the parents knew of no other cases in either of their families.

Consider this. In recent years,

- 1 in 5 children have neurodevelopmental disorders
- 1 in 10 have ADHD
- 1 in 11 have asthma
- 1 in 20 under the age of 5 have seizures

This is according to a private talk I heard by Lawrence Palevsky, M.D., pediatrician. He was also a speaker at the capitol rally the next day. Further, according to a local kindergarten teacher, over 50 percent of children these days have chronic medical conditions. This is believable because of the children who I see around me. The number of obviously dysfunctional children that I just happen to run across has been increasing dramatically. The staggering number of cases would have been unthinkable in the decades before vaccines became so numerous. The number of vaccinations on the mandatory list for students is now up to 72, according to reports. A Hawaii Dept. of Health spokesman recently said that Hawaii was among the most-vaccinated states in the country. The number of shots was perhaps around six, if that much, when I was in school in Hawaii. Today, even newborns get the HepB vaccine. At birth! Recommended for all of them. Do parents know what's in that shot? Or are they just taking the word of their physician, who probably doesn't know either, and the CDC, a revolving door with Big Pharma?

Formaldehyde, mercury and aluminum are or have been regularly put into vaccines. What sane person would voluntarily take those toxic substances into their bodies, especially directly into their bloodstream? For those reading this who didn't know those were found in vaccines, you might want to check it out before taking all those shots the doctors keep urging on you (at least mine do!) or allowing the children in your family to take them. You may change your mind about your shot if you read the insert first.

I'm not saying that vaccines are the only cause of our keikis' widespread medical troubles, but on the other hand, the number of vaccines administered to children has been going up dramatically, while the number of sick children has also been skyrocketing. It has to be seriously considered as a cause, but the only studies on that are by Big Pharma, the very people who are profiting handsomely from their vaccines and the illnesses stemming from them.

I have posted a video of the January 21 vaccine rally on YouTube.

For your convenience:

Trailer for No Mandatory Vaccines Rally at the Capitol (2 min 24 sec):
<https://youtu.be/rAHb3mWg1zs>

Full video (1 hr 36 min): <https://www.youtube.com/watch?v=r78qbqR0WeM> Rep. Dale Kobayashi (Manoa) gives his full testimony starting at 31 min 10 sec. He talks about his encephalitis from the smallpox vaccine. He is followed by Sen. Russell Ruderman (Puna, Big Island), starting at 37 min 45 sec. Noelani Naumu, Kauai mother of three vaccine-injured children and cousin of Rep. James Tokioka (Lihue, Kauai), is at 41 min 3 sec. and Robert F. Kennedy, Jr. is at 1 hr 8 min 39 sec. The raw video of the rally had 375 views when I took it down to swap it for this edited version (I removed footage that had nothing to do with vaccines.)

And, for a closer look at the measles epidemic in Samoa that is frequently mentioned lately as a reason for mandatory vaccines, the following has information that we didn't get in the papers:

<https://www.youtube.com/watch?v=jJD7jN0bOeE> (1 hr 51 min 40 sec) It's long, but check these segments out if nothing else: 14 min 45 sec; 25 min 32 sec

HB-2459-HD-1

Submitted on: 2/13/2020 1:07:19 PM

Testimony for JUD on 2/13/2020 2:05:00 PM

LATE

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

Comments:

I strongly support this bill and reinstatement of conscientious exemption.