BILL H.98 : TESTIMONY TO HOUSE HEALTH CARE COMMITTEE

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Honorable Members of the Vermont House Health Care Committee:

Good morning.

Thank you for the opportunity to explain to your committee why I believe that the philosophical exemption to vaccination must be maintained, and why I oppose H.98 on the grounds of science, medical ethics, and, most of all, on the grounds of fairness to Vermont families.

My name is Dr. Sandy Reider. I have been in clinical practice here in Vermont ever since my graduation from Harvard Medical School in 1971. Over the years I have watched the vaccination program grow and change, and have had the opportunity to discuss this increasingly complex topic with many young parents. For the past 3 years I have served as a medical advisor to the Vermont Coalition for Vaccine Choice.

The vaccines that are required in VT for enrollment in kindergarten are DPT, IPV, MMR, Varicella, and HepB. It may come as a surprise to some that several of these vaccines are not even intended to prevent transmission of infection, but only to protect the individual who is vaccinated .... meaning that children who are not vaccinated against these are no more a threat to others than those who have been vaccinated.

Tetanus ... not a communicable disease, toxoid neutralized the bacterial toxin.

Diphtheria .... vaccine to counteract the diphtheria bacterium's toxin, but the vaccine will not prevent infection or spread of diphtheria to others.

IPV The inactivated polio vaccine required today for school prevents paralytic complications in the vaccinated child, but not viral colonization of the intestines. As a result, a vaccinated child can harbor and transmit the wild polio virus to others just like an unvaccinated child. The oral polio vaccine, which did confer intestinal immunity and thus limited viral spread, is the vaccine credited with controlling outbreaks, not the inactivated preparation that is given to children today.

HepB ..... Hepatitis B is a blood-born virus that is not , and never has been, a public health problem among Vermont school children. Hepatitis B, like HIV, does not spread in a school setting, where children are unlikely to be engaging in promiscuous sex or IV drug use. If children who are carrying hepatitis B (or HIV) can safely attend school, what can be the justification for denying a perfectly healthy child, who has not had the required course of HepB vaccination, entry to school?

Everyone remembers the pertussis outbreak here in 2012. Naturally, this outbreak was initially blamed on the very small number of children who had not been vaccinated against the whooping cough bacterium, but once it became apparent that 90+% of reported cases of whooping cough, in Vermont and elsewhere, were, in fact, fully vaccinated, opinions had to be revised. Recent scientific studies (including one in which the VT DOH participated), have revealed that a vaccine-resistant strain has emerged which has a selective advantage in vaccinated children: that is, those who were fully vaccinated were more likely to be infected and infect contacts than unvaccinated children. Furthermore, animal primate studies showed that the acellular pertussis vaccine was not capable of preventing bacterial colonization and transmission to contacts (in other words, the vaccine induced a subclinical infection, infection without any obvious outward signs or symptoms). This is why the strategy of "cocooning" to protect very young infants (i.e., vaccinating the adults in close contact with the child) has been abandoned in Australia and elsewhere.

Bottom line, as now recognized by the CDC and our own health department, the pertussis outbreaks were due to vaccine failure. Vaccinated children, not the very few unvaccinated children, turned out to be the principle drivers behind these outbreaks.

Mandatory universal vaccination against chickenpox makes little sense .... it is nearly always a mild disease, and contracting it normally conveys long-term immunity. Only about 150 countries out of 185 in the world even make it available, and nowhere else is it mandatory. Because of primary vaccine failure and waning of vaccine induced immunity, there has been an increase of chickenpox in adults, in whom the illness can be more severe. Additionally, herpes zoster, or shingles, is, quite predictably, occurring more often, and at a younger age, since this vaccine was introduced.

When introduced in the mid-1990's it was advertised as a "convenience" vaccine, one that would save parents from having to take time off of work to care for a sick child, and one that would save the health care system money. Since it's introduction, however, it has been sold by health authorities and vaccine producers as something to be feared ... it is not, and many doctors and parents recognize this. Recall that the philosophical exemption rate doubled in Vermont , from 2.5% to 5%, when vaccinations against chickenpox and HepB were added to the required schedule in 2008.

Measles is now front and center, and the Disneyland cases are being used as an excuse to aggressively push for elimination of the PE. The vaccine itself has certainly been effective in suppressing the incidence of measles in children. There have been no reported cases of measles in Vermont for over a decade, and about 100-200 measles cases per year in the entire US for the past decade, with zero deaths. 2015, with 164 reported cases thus far, and the "Disneyland" outbreaks now officially over, is looking to be nothing out of the ordinary, contrary to the media-hyped hysteria. So, why all the fuss this year, nothing has really changed. On the other hand, in the last 10 years the vaccine court has awarded compensation for 88 deaths following MMR vaccination.

Deaths in the US from measles had declined by 98% BEFORE the vaccine was introduced in the late 1960's, and there is no telling how

much more it would have dropped even without vaccination. In the UK, by the time measles vaccination was initiated in the 1970's, measles mortality had dropped an astonishing 99.7%.

A kind of natural herd immunity prevailed before measles vaccination began. Almost all children before that had the measles and gained lifelong immunity, and mothers possessed immunity to pass on to their infants, protecting them at their most vulnerable period of development.
However, due to aggressive vaccination over the last 50 years, we now have what I would call a "vaccine-induced herd effect", not at all the same as robust, naturally-acquired herd immunity. 2-10% of those immunized do not respond to the vaccine at all, so they can be considered technically "unvaccinated". In a significant number of other "low responders", immunity wanes, so that more and more adults, in whom the disease is more dangerous, are vulnerable to contracting measles.

50% of the "Disneyland" cases were in adults, and only 18% in school children. In no schools in California did an outbreak occur, despite the few one or two schoolchildren who contracted measles in their school.

Young mothers who were vaccinated against measles as children, no longer have effective immunity to pass on to their nursing infants. As a result, the number of very young infants with measles is, as predicted, increasing, and this is a direct consequence of widespread childhood vaccination.

The CDC's goals for at least 95% MMR coverage to achieve so called herd immunity is purely aspirational and not based on solid science. In 1967 it was thought that vaccination of 68% of children would prevent spread during a measles outbreak. It did not, and so the bar has been progressively raised over the last 50 years to 75%, 80%, 83%, 85%, 90%, and now 95% coverage... no doubt we will soon be informed it should be 100%, but in even so, due to problems with the vaccine already mentioned, there will continue to be outbreaks in fully vaccinated communities, involving ever more adults and vulnerable infants.

A further complication is the well established fact that persons given vaccines containing live viruses (MMR, chickenpox, herpes zoster, flu, rotavirus) can shed vaccine virus for weeks afterwards. The oral polio vaccine was discontinued for just this reason in 2000. Cancer treatment centers, like those at Johns Hopkins and Sloan Kettering, routinely advise their immune-compromised patients to avoid persons who have been recently vaccinated with any live virus vaccine. With this in mind, it follows that an immune compromised child attending school should do the same.

It is unimaginable to contemplate the practice of medicine without the foundational ethic of the right of each patient to free and informed consent to any proposed medical treatment. The WHO guidelines clearly spell out this human right, and state that this right should only be abridged if there is a compelling state interest to do so, using the least restrictive, least liberty infringing, means available.

With overall first grade vaccination rates at or above 95% for all required vaccines and no urgent health crisis, where is the compelling interest, and is blanket elimination of the ability of parents to exercise this right the least restrictive means available to protect public health?

Giving a sick child a risky treatment (after voluntary consent) is not remotely the same as forcing a perfectly healthy child to be injected with a vaccine which carries the potential for serious adverse effects, even death. To state it succinctly, where there is risk in medicine there must be choice. If non-medical vaccine exemptions are eliminated, and parents cannot withhold consent, there is really no point at all in taking time to advise parents about the risks associated with each vaccine.

In my opinion the root of this problem lies in the simple fact that those producing, mandating, and administering vaccines bear absolutely no liability in the event of an adverse reaction. Or, to put it bluntly, since these entities bear no risk, they can, and do, brush off vaccine reactions as coincidence, reassuring parents that "vaccines are safe"... and get away with it.

It is this immunity from liability that has led to a tripling of recommended vaccines since the law was passed in 1986. This law

granting blanket liability was passed in response to an avalanche of lawsuits against vaccine producers related to severe adverse neurological effects resulting from the whole cell pertussis vaccine.

It is important to recognize that parents who choose to vaccinate their children are exercising the very same right to informed medical choice, as are those who choose an alternate schedule, or to opt out of one or more vaccinations for their child. This right, taken so for granted by physicians and patients alike, will only become more crucial as time goes on, and more vaccines, among the hundreds in development now, are added to the recommended and required schedules. For example, I have spoken to many parents who are generally in favor of vaccinations, but who are highly skeptical of the need for the HPV vaccine for their adolescent son or daughter. Parents, with their right to exercise choice are, quite literally, the last line of defense against the effort to force vaccination on all children, all the time.

In conclusion, I again ask, what is the problem? .... vaccine rates are generally high, there has been no threat to public health from measles or any other infectious disease, and, as I explained, several vaccines are either not designed to prevent spread, or are just not necessary for schoolchildren. It seems to me that what has been driving the effort to remove the PE here and around the country has been a campaign of fear, and not the facts.

I urge this committee to support the right of parents, and all Vermonters, to prior, free, and informed consent to any and all medical interventions, without threat or coercion. Coercion has no place in the relationship between doctor and patient, and will only serve to further undermine trust.

Thank you.