

Testimony for Hearing VT Senate Bill S.87 – April 2015

Testimony for Hearing on VT Senate Bill, S.87, April 2015

From: Elizabeth Garfield, 395 Deer Valley Rd, Townshend, VT 05353

I urge you to investigate and discuss fully the implications of S.87 regarding removal of the “philosophical” option from parental consent for vaccination exemption.

On the face of it this is an innocuous bill that will save medical dollars and perhaps save children from certain contagious diseases. It is understandable that most physicians and public health officials are unaware of potential serious health risks for certain individuals, especially children who have compromised immune systems. Neurology disorders such as PANDAS or Gardasil occur in these susceptible children, as well as other serious disabilities. Although the number affected is relatively small, in the thousands across the U.S., the damage is often devastating as the brain blood-barrier is breached and the brain autoimmune systems begin to attack its own cells. My grandson suffered this result and after three years of extensive treatment, total plasma replacement and more at Stanford U. Hospital he is making a slow recovery. What follows is the scientific evidence that I know you are looking for.

The National Childhood Vaccine Injury Act of 1986 (Public Law 99-660) created The National Vaccine Injury Compensation Program. (VICP) which covers 9 vaccines including Measles, mumps, rubella). The table can be accessed at www.HRSA.gov/vaccinecompensation/vaccinetable.html

Herewith a copy: **§100.3 Vaccine injury table.** (a) In accordance with section 312(b) of the National Childhood Vaccine Injury Act of 1986, title III of Pub. L. 99-660, 100 Stat. 3779 (42 U.S.C. 300aa-1 note) and section 2114(c) of the Public Health Service Act (42 U.S.C. 300aa-14(c)), the following is a table of vaccines, the injuries, disabilities, illnesses, conditions, and deaths resulting from the administration of such vaccines, and the time period in which the first symptom or manifestation of onset or of the significant aggravation of such injuries, disabilities, illnesses, conditions, and deaths is to occur after vaccine administration for purposes of receiving compensation under the Program.

III. Measles, mumps, and rubella vaccine or any of its components (e.g., MMR, MR, M, R)	A. Anaphylaxis or anaphylactic shock	4 hours.
	B. Encephalopathy (or encephalitis)	5-15 days (not less than 5 days and not more than 15 days).
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	Not applicable.
IV. Vaccines containing rubella virus (e.g., MMR, MR, R)	A. Chronic arthritis	7-42 days.
	B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	Not applicable.
V. Vaccines containing	A. Thrombocytopenic purpura	7-30 days.

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measles virus (e.g., MMR, MR, M)		
	B. Vaccine-Strain Measles Viral Infection in an immunodeficient recipient	6 months.
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	Not applicable

Institute of Medicine (IOM) established 1970, non-profit organization formed to *ask and answer the nation’s most pressing questions about health and health care.*

Many of the [studies](#) that the IOM undertakes begin as specific mandates from Congress; still others are requested by federal agencies and independent organizations. While our expert, consensus committees are vital to our advisory role, the IOM also convenes a series of forums, roundtables, and standing committees, as well as other [activities](#), to facilitate discussion, discovery, and critical, cross-disciplinary thinking.

IOM -Report on Adverse Effects of Vaccines: Evidence and Causality (Aug. 2009)

Diseases that were once the cause of many outbreaks, common causes of loss of health and life, are now rarely seen, because they have been prevented by vaccines. However, vaccines can in rare cases themselves cause illness. A rare potential for harm can loom large when people no longer experience or fear the targeted disease. In this regard, the public opinion of vaccines can be a victim of their success. The Institute of Medicine (IOM) was charged by Congress when it enacted the National Childhood Vaccine Injury Act in 1986 with reviewing the literature regarding the adverse events associated with vaccines covered by the program, a charge which the IOM has addressed 11 times in the past 25 years. Following in this tradition, the task of this committee was to assess dispassionately the scientific evidence about whether eight different vaccines cause adverse events (AE), a total of 158 vaccine-AE pairs, the largest study undertaken to date, and the first comprehensive review since 1994.

The committee had a herculean task, requiring long and thoughtful discussions of our approach to analyzing the studies culled from more than 12,000 peer-reviewed articles in order to reach our conclusions, which are spelled out in the chapters that follow.

In 2009 the IOM entered into a contract with the Health Resources and Services Administration (HRSA) ⁴ to convene a committee of experts to review the epidemiologic, clinical, and biological evidence regarding adverse health events associated with specific vaccines covered by the VICP. The committee was composed of individuals with expertise in pediatrics, internal medicine, neurology, immunology, immunotoxicology, neurobiol-ogy, rheumatology, epidemiology, biostatistics, and law.

The vaccines to be reviewed included varicella zoster vaccine; influenza vaccines;⁵ hepatitis B vaccine; human papillomavirus vaccine (HPV); tetanus toxoid–containing vaccines other than those containing the whole cell pertussis component; measles, mumps, and rubella vaccines; hepatitis A vaccine; and meningococcal vaccines. It is expected that the report will provide the scientific basis for review and adjudication of claims of vaccine injury by the VICP.

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The committee synthesized the body of evidence of each type (epidemiologic or mechanistic) and assigned a “weight-of-evidence” for each. These weights-of-evidence represent the committee’s assessment of the quality and quantity of evidence. The two weight-of-evidence assessments contributed to the third assessment, a conclusion about the causal relationship.

FOOTNOTE: The measles-mumps-rubella; human papillomavirus; and diphtheria toxoid-, tetanus toxoid-, and acellular pertussis-containing vaccines have been abbreviated in the following ways: MMR; HPV; and DT, TT, and aP containing.

^a The committee attributes causation to the measles component of the vaccine.

^b Although not originally charged to the committee by the sponsor, the committee considered this adverse event in its review of the literature.

^c The committee attributes causation to the rubella component of the vaccine.

^d The committee attributes causation to two particular vaccines used in three particular years in Canada.

You can find more evidence of possible harm to individuals with genetically weakened immune systems, but my time in this hearing does not allow for more source presentation. I believe that the present philosophical exemption law permits the VT Dept. of Health to ban children from attending public schools when the Dept. considers there is present danger or epidemic. That provision gives balance to the act. Remember, too, that parents can accept any vaccination offered and should consult with their doctor. The medical exemption is not necessarily accurate for compromised immunity systems and the result after the vaccination is given can be hallucinations, tics and other damage that may be permanent.

Ross Douthat wrote in the NY Times Feb. 4, 2015 re this issue: “These are people who have direct, immediate, personal experiences that make them anywhere from skeptical to terrified of giving their kids certain vaccines.

“The kind of decisions made in these dark valleys can be proven wrong on the basis of careful studies with control groups and averages and means (no, homeopathic remedies don’t seem to work, no, vaccines don’t play any statistically-apparent role in autism, and so forth). But the people who make them already know that they themselves, their children or their families are somehow always the exception rather than the rule, so they always have a rebuttal: *This may look wrong in your data, but for me/us/them, your data can’t say what’s right...*

“My sense has been that the pro-vaccination consensus is powerful enough, and rates of noncompliance/opting-out low enough, that a free society can afford to allow people with these kind of highly-abnormal experiences to chart their own course ... and even, who knows, to eventually find real answers to their own dilemmas that modern medicine hasn’t discovered or somehow overlooks. The case for vaccination is as solid as anything, but it’s still a certainty that *some* element of the current medical consensus will turn out to be mistaken or incomplete.”

Elizabeth Garfield - My background: Vermont resident since 1970. Retired high school teacher. Served 15 years on Townshend Planning Commission. My father was a medical doctor in Kansas City, Mo, who was prominent in promoting public health, particularly for children. I have generally held the belief that vaccinations were important and did not adversely affect children. I now believe the vaccines are toxic to certain susceptible groups of children and that the federal government and the drug companies are not willing to conduct the kind of studies that would resolve this issue because of fear that the public will turn against vaccinations. Please do not pass S.87.