

**Testimony Senate Health & Welfare Committee**  
**Wednesday April 22, 2015**  
**H.98**

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Dr. Yazbak is a board-certified pediatrician with special training in infectious diseases. He has been a fellow of the American Academy of Pediatrics since 1963. He was formerly the Assistant Clinical Director of the Charles V. Chapin Hospital (Infectious Diseases), the Pediatric Director of Child Development Study at Brown University and the Director of Pediatrics at the Woonsocket Hospital in Rhode Island. He has practiced pediatrics and was a school physician in Northern Rhode Island for 34 years.

April 20, 2015

To the Honorable members of the  
Vermont Senate Health Committee  
Sen. Claire Ayer, Chair  
Sen. Virginia "Ginny" Lyons, Vice Chair  
Sen. Anthony Pollina  
Sen. Dick McCormack  
Sen. Brian Collamore, Clerk

Testimony in Support of Vermont Philosophical Exemption, Hearing April 22, 2015

Dear Honorable Senators,

My name is F. Edward Yazbak. I am licensed to practice medicine in Rhode Island and Massachusetts. I am a Fellow of the American Academy of Pediatrics (1963) and a Senior Member, Rhode Island and Massachusetts Medical Societies.

I was formerly the Assistant Clinical Director of the Charles V. Chapin Hospital in Providence, RI—the leading Infectious Disease Hospital in New England at the time. In 1960, I coordinated with the CDC and the Rhode Island DOH, the first (and last) statewide polio vaccination campaign ever held in the United States. As a school physician in Woonsocket and North Smithfield RI, I coordinated two area-wide vaccination efforts in the face of measles and meningitis outbreaks.

During my 34 years of active pediatric practice, I personally administered all my little patients' required vaccines—literally thousands of doses. I always truthfully informed parents of all risks and benefits, because it was only right to do so, and I always respected their wishes and decisions. For most of those years, I was personally medico-legally liable for serious vaccine adverse events. This unfortunately is not so now.

It is a known fact that vaccines have risks and varying degrees of effectiveness. Just last winter, we were all told that the available Influenza vaccine we had received and administered was not as effective as it should have been. The CDC provided successive and disturbing Vaccine Effectiveness (VE) reports ending with:

*“On February 26, 2015, updated interim influenza (flu) vaccine effectiveness (VE) estimates for the current 2014-2015 season were presented to the Advisory Committee on Immunization Practices (ACIP). The updated VE estimate against influenza A H3N2 viruses was **18%** (95% confidence interval (CI): 6%-29%)...”*

<http://www.cdc.gov/flu/news/updated-vaccine-effectiveness-2014-15.htm>

The Vaccine Adverse Event Reporting System (VAERS) resulted from enactment of the National Childhood Vaccine Injury Act of 1986 (NCVIA), 42 U.S.C. ( 300aa-1 et seq., as amended), which was aimed at improving childhood vaccine safety and mandated reporting of certain adverse events associated with vaccines. The NCVIA led to the creation of a unified national system to collect, manage and evaluate these adverse event

reports. The VAERS system was initiated in 1990 and is jointly managed by FDA and the Centers for Disease Control and Prevention (CDC).

Several deaths and life-threatening events have been reported to VAERS from Vermont.

The CDC and its supporters have always claimed that the benefits from the administration of vaccines far outweigh the risks of side effects, but that may have been difficult for the relatives of a 77-year-old lady from Vermont to believe. This poor woman received a dose of the near-useless 2014-2015 seasonal influenza vaccine by injection on 10/10/14 and expired. [VAERS ID 557396]

Just as shocking was the death of a 7-yr-old beautiful Vermont girl who received a dose of influenza vaccine by injection on 12/2/11 and expired on 12/6/11. [VAERS ID 444950]

Reporting on *that* flu season, the CDC stated:

*“In comparison to other seasons, the 2011-2012- season set a new record for the lowest and shortest peak of influenza-like illness. The season began late and was mild compared to most previous seasons for which surveillance data is available...Influenza-like illness (ILI) in the United States typically begins to increase in late December or early January and peaks in February most commonly. During the 2011-2012 season, ILI remained low through February and did not peak until mid-March. Also, ILI reached the baseline for only 1 week during the season. This is the first time since CDC started this kind of ILI surveillance that the percentage of patient visits for ILI was elevated for only one week of the season. In past seasons, ILI has remained above baseline for between 8 and 20 weeks, with an average of 13 weeks at or above baseline each season since this type of surveillance began in 1997-1998. In terms of ILI, this not only the shortest time at or above baseline, but it’s also the lowest ‘peak’ ever recorded.”*

<http://www.cdc.gov/flu/pastseasons/1112season.htm>

How terribly sad this revelation must have been for those Vermont parents who only wanted to “protect” their beautiful daughter after listening to scary accounts about “the flu” and its complications starting around Labor Day.

The following table includes the above two tragic reports and four other equally unnecessary and unexpected deaths from Vermont.

VAERS ID	Vaccine	Lot	Age	Sex	Date/V	Death
246632	Fluzone	U1823AA	13 yr	F	10/29/05	10/30/05
419564	DTAP-IPV	AC20B172AA	5 yr	M	2/7/11	2/8/11
444950	Fluzone	UH476AD	7 yr	F	12/2/11	12/6/11
445440	TwinRix	AHABB208AA	52 yr	M	11/17/11	12/16/11
550386	Fluvirin	1412201	73 yr	M	9/22/14	9/26/14
557396	Flucellvax	014011A	77 yr	F	10/10/14	10/11/14

According to the CDC, "... VAERS is a key component in ensuring the safety of vaccines. VAERS data are used by CDC, FDA, and other organizations to monitor and study vaccine safety. CDC and FDA use VAERS data to respond to public inquiries regarding vaccine safety, and both organizations have published and presented vaccine safety studies based on VAERS data. VAERS data are also used by the Advisory Committee on Immunization Practices and the Vaccine and Related Biological Products Advisory Committee to evaluate possible adverse events after vaccinations and to develop recommendations for precautions and contraindications to vaccinations..."

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5201a1.htm>

I conducted other careful VAERS searches on April 17, 2015 (and again, my VAERS searches have been allowed in Court proceedings in the past) including the following that illustrate some of the possible unexpected and rarely discussed reactions from vaccines:

I found that there were 2456 VAERS Reports where patients died within three days of vaccination. They included 1668 (68%) reports of children < 3 years of age

[http://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&DIED=Yes&NUMDAYS\[\]=0&NUMDAYS\[\]=1&NUMDAYS\[\]=2&NUMDAYS\[\]=3](http://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&DIED=Yes&NUMDAYS[]=0&NUMDAYS[]=1&NUMDAYS[]=2&NUMDAYS[]=3)

There were two Vermont VAERS Reports of infants under the age of 3 months who expired the day after they were vaccinated [**VAERS ID 62089 and 279405**]

[http://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&DIED=Yes&NUMDAYS\[\]=0&NUMDAYS\[\]=1&STATE\[\]=VT&WhichAge=range&LOWAGE=0.1&HIGHAGE=0.3](http://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&DIED=Yes&NUMDAYS[]=0&NUMDAYS[]=1&STATE[]=VT&WhichAge=range&LOWAGE=0.1&HIGHAGE=0.3)

**VAERS ID 62089:** This 2-month-old baby girl received a dose of DPT lot 3E51112 and Hib lot M675KN + OPV on 4/18/94 and died on 4/19/94.

DPT lot 3E51112 was listed in ninety seven (97) reports to VAERS that included *another infant death report from CT (VI 63766)*, in addition to twelve reports of convulsions (VI 59392, 61369, 63778, 65866, 65869, 66143, 66296, 66723, 66818, 67427, 71149, 75003).  
<http://www.medalerts.org/vaersdb/findfield.php?EVENTS=ON&VAXLOT=3E51112>

HiB lot M675KN was listed in sixty (60) reports to VAERS that included 10 reports of seizures (VI 61987, 62967, 63033, 63190, 63974, 65719, 66527, 66990, 70527, 77565)

**VAERS ID 279405:** This 2-month old baby girl received a dose of PEDIARIX® lot AC21B074AA that was listed in 52 reports to VAERS *including three other infant death reports from Florida, VI 268093; Arizona, VI 272859; and California, VI 274046.*  
<http://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAXLOT=AC21B074AA>

The infant also received a dose of Hib lot UF021AA that resulted in four reports to VAERS (VI: 277177, 279405, 282256 and 303618). Three of those four reports were from Vermont.

VAERS findings cannot and should not be ignored. It was because of the repeated reports of VIPP (Vaccine Induced Paralytic Polio) following the administration of Oral Polio Vaccine (OPV) that the FDA and CDC decided to discontinue the use of that vaccine and to resume the use of the original injectable polio vaccine.

Similarly, when VAERS reports of intussusception following the administration of RotaShield® started arriving in increasing numbers, the *manufacturer* asked physicians to stop using it and later the CDC and FDA decided to withdraw it from the market.

**Juxtaposing the risks as presented in the aforementioned searches with the rates of exemptions in Vermont and the overall health of Vermonters, it would seem that there is no cause for embarking on the drastic action of removing parental rights to medical choice.**

The following table compares official CDC–reported vaccination exemptions among kindergarten students in four selected states during school year 2012-2013.

State	ME (%)	Non-Medical Exemptions (%)				Total (%)	IMR. /1000
		RE	PE	Total (%)			
California	923 (0.2%)	X	14,921	14,921 (2.8%)		15,845 (3.0%)	4.6
Illinois	2017 (1.2%)	8,082	X	8,082 (4.8 %)		10,009 (6.1%)	6.5
Vermont	30 (0.4%)	14	371	385 (5.7%)		415 (6.1%)	4.6
Mississippi	23 (0.0%)	X	X	X (0.0%)		23 (0.0%)	9.1

Exemptions: ME (Medical) – RE (Religious)- PE (Philosophical) – X Not allowed  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6230a3.htm#Tab1>

In addition to Vermont and California, I have included Illinois where almost all medical associations and societies, in addition to the American Academy of Pediatrics, have their headquarters and where philosophical exemptions are not allowed. Interestingly, Illinois happens to have the second highest percentage of medical exemptions in the nation. California does not allow religious exemptions.

I also included Mississippi, the state with very few medical exemptions and no religious or philosophical exemptions. Mississippi has the nation’s highest pediatric vaccination rates. Lastly I included in the last column, the Infant Mortality Rates (IMR) of the four states because “*IMR remains an important indicator of health for whole populations, reflecting the intuition that structural factors affecting the health of entire populations have an impact on the mortality rate of infants.*” <http://jech.bmj.com/content/57/5/344.long>

Mississippi happens to unfortunately have the nation’s highest infant mortality rate.  
<http://tinyurl.com/k5y66dr>

The Infant Mortality Rate in both California and Vermont is minimally higher than that of Massachusetts’ (4.2/1000 live births), the lowest IMR in the nation, and quite a bit lower than the Infant Mortality Rates of Illinois and Mississippi. More impressively, the Infant

Mortality Rate in Vermont decreased by 50% since 1990 from 9.2 to 4.6 deaths per 1,000 live births. <http://www.americashealthrankings.org/VT#sthash.KyFAMIRU.dpuf>

The number of recommended pediatric vaccinations has increased steadily over the years. In 1983, the CDC recommended eleven doses of seven pediatric vaccines (<http://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg>). In 2014, the recommended pediatric schedule reached 31 doses of 14 vaccines by age 4 (<http://www.cdc.gov/vaccines/schedules/downloads/past/2014-child.pdf>)

The first pentavalent vaccine was added to the schedule in 2003 and a hexavalent vaccine is in final trials and expected to be licensed soon.

There is every reason to believe that new pediatric vaccines will be introduced and encouraged as time goes by for the following reasons:

- The vaccine manufacturers have financial influence and zero liability regarding the vaccines they produce (unlike the drug divisions of the same companies)
- All physicians on the Advisory Committees and those administering the vaccines are completely “immune” from civil litigation (and have been since 1980)
- Unlike other US Government branches, the CDC actually promotes and regulates vaccines. In addition, former CDC employees are allowed to work for vaccine manufacturers after a 12-month wait.

I respectfully ask the Senate to consider the following questions and answers:

Is Vermont a “healthy” state? Absolutely

What is the overall health ranking of Vermont in 2014? It is the second healthiest state according to Americas Health Rankings (<http://www.americashealthrankings.org/VT>).

Has a Vermont child died of vaccine-preventable disease lately? No.

Are Vermont vaccination rates terrible? No. According to the Vermont Immunization Program 2014 Annual Report, vaccination rates in kindergarten and first grade in school year 2013–2014 are as follows:

Vaccine	DTaP	Polio	MMR	Hep B	Varicella
Kindergarten	92%	92%	91%	94%	89%
First grade	96%	96%	96%	96%	94%

[http://healthvermont.gov/hc/imm/documents/annual\\_report\\_2014.pdf](http://healthvermont.gov/hc/imm/documents/annual_report_2014.pdf)

In closing, I am sorry I cannot testify in person at this time because of health reasons.

There were 399 philosophical exemptions for kindergarteners in Vermont in school year 2013-14. Does it really make sense to go through all this at this time to force fewer than 400 parents to submission in your beautiful state? I respectfully don't think so.

There is no law in the United States and Vermont that limits the ability of parents to make decisions for their minor children regarding religion, finances, education, health, diet, sports, activities, appearance, clothing and everything else.

I beg you, don't change that now specially when, as I have clearly demonstrated, your own Department of Health is confirming such remarkable and enviable vaccination statistics among your First Grade students in Vermont.

Respectfully submitted,

A handwritten signature in black ink that reads "F. Edward Yazbak MD". The signature is written in a cursive style with a small flourish at the end.

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**F. Edward Yazbak MD, FAAP**

I have no conflict of interest to report. FEY April 20, 2015