

19 July 2018

Informed Choice WA public comment presented at the WA DOH Vaccine Advisory Committee Meeting.

Below is the full comment. The public was allowed a total of 15 minutes so an edited version of this was given by our board members.

1. Vaccines are only defined as safe on a population basis, not on an individual basis.
 - It is therefore unethical and completely out of the scope of the DOH's work to go beyond the general recommendations on vaccination and step into the middle of the doctor-patient relationship.
 - It is unethical and outside the scope of your work to teach doctors how to convince and coerce their patients instead of encouraging them to understand their patients' individual risk factors and give them the information needed to exercise fully informed consent.
 - DOH engages in activities that actually discourage doctors from prioritizing informed consent and individual risk factors.
 - DOH sponsors webinars in which presenters tell providers that vaccine inserts are just legal mumbo-jumbo with no relevant data other than how to reconstitute a vaccine.
 - The DOH website and all their informational materials contain dangerously false and misleading information as to the actual capabilities and risks of vaccines, implying on their pertussis page that newborns are protected if their mothers and siblings and grandparents are vaccinated. But the recent data show that newborns are catching pertussis from their fully vaccinated siblings and family members.
 - And now, the DOH is learning how to guide providers with presumptive scripts, nudging, and other forms of psychological manipulation, which confirms that the DOH is very actively engaged in preventing fully informed medical consent from happening at the individual level.
 - This may not be legal. We know it is not ethical.
2. Doctors receive inadequate vaccination education in medical school, and they are not taught how to personalize vaccination to minimize risk of injury. They are taught to stick to the schedule.
 - Most doctors do not know:

- That most vaccines used in the US today are not designed to prevent person-to-person transmission.
- That researchers have discovered the biological mechanisms of harm caused by Thimerosal and aluminum adjuvants.
- They don't know which food proteins are in vaccines
- That DNA fragments of human fetal cells in some vaccines can cause insertional mutagenesis.
- That Tylenol depletes glutathione and impairs mitochondria and increases risk of adverse reactions
- That antibiotics impair mitochondria and the microbiome and increase risk of adverse reactions
- That children who are mildly ill or who have been recently ill have been frequently observed to experience adverse reactions
- They do not know that allergies, asthma, eczema, and developmental disorders are signs of immune dysfunction and indicate an increased risk of adverse reactions
- That the health of the microbiome is directly connected to the health of the brain, and vaccines impact both
- That some common genetic mutations pertaining to methylation and liver function increase risk of adverse reaction
- The IOM named some of these situations in their 2012 report as conferring susceptibility. And the IOM said, quote "much work remains to be done to elucidate and to develop strategies to document the immunologic mechanisms that lead to adverse effects in individual patients." unquote
- Doctors are taught none of this.
- They are pressured by insurance companies, drug companies, CDC, DOH, and nonprofits, to vaccinate every single child completely and "on time," and if they manage to achieve this through the use of "nudging" and other forms of coercion or elimination of non-compliant families, they are celebrated by DOH with awards, and financially rewarded by various quota incentives.
- The actual health of the patients is not considered. This is not medicine, this is not "first do no harm."

3. Unquestioned top-down recommendations by the ACIP are failing us.

- ACIP recommendations are often made in the absence of adequate safety data, and sometimes in the absence of any data at all.
- For example, we have the recent recommendations of Shingrix and HepB to the general public in the absence of any studies of those vaccines and their brand new adjuvants co-administered with other adjuvanted vaccines.
- The very contraindications we mentioned earlier—a child being mildly ill, a child on antibiotics, or antipyretics, or even in the hospital at the time of surgery in the presence of anesthesia—these are situations which the ACIP calls “missed opportunities to administer recommended vaccines.”
- For many vaccination situations in ACIPs General Guidelines, there is no safety data at all, and in fact, there is ample medical evidence that those very situations put a child at increased risk of adverse reactions.
- Informed consumers read widely and deeply the statements made by the CDC and ACIP and follow through, reading supporting citations—if they exist—to discover that the statements are unfounded.
- For instance, in their 2011 General Guidelines, ACIP states: “The safety and efficacy of vaccinating persons who have mild illnesses have been documented.”
 - Their 4 citations include just one 1988 study that looked at safety, and that was for a single measles vaccine in 518 children in Rwanda.
 - One study is from 1985 and looked at the seroconversion rates of 595 undernourished Haitian infants when given the single measles vaccines.
 - The third citation is to a 1992 conference abstract about the serologic response to the measles vaccine among ill children.
 - The fourth citation was a 1993 study that has nothing to do with safety but was to determine the proportion of preschool-aged patients attending emergency departments who might be eligible for measles vaccination.
 - These citations do not provide any insight into vaccinating American children with a mild or moderate illness, who are likely taking antipyretics such as Tylenol, with today’s adjuvanted vaccines, multi-valent vaccines,

or up to 9 vaccines in a single visit. If the CDC were to do a retrospective study of OUR children, they would know that vaccinating in the presence of illness comes with a high degree of risk of severe adverse reaction.

4. Vaccine injuries aren't rare—they are simply not counted.

- VAERS is a passive reporting system and collects just 1% of adverse events, as acknowledged by the CDC. VSD covers about 3% of the population, and CDC rarely allows independent researcher access.
- Parents witness their child spiral into autism following vaccination, read on the CDC website that “vaccines” in the plural don't cause autism, then read the citations to learn that out of all the vaccines their child has received, the CDC has only studied one vaccine (the MMR) and one ingredient (thimerosal) in terms of a potential association with autism, and only with epidemiological studies, which, as you know, are incapable of determining causation, especially in a susceptible subgroup.
- Former CDC director Julie Gerberding admitted on CNN that a child with a mitochondrial disorder may have an adverse reaction to vaccination that leads to autism symptoms, and parents look at their own autistic child who regressed, who was vaccinated while on antibiotics for an earache and given Tylenol for a mild fever—both conditions in which ACIP claims, without evidence, that it is safe to vaccinate—and both conditions that temporarily impair mitochondria.
- Parents recall the hours, the days, of their child screaming post-vaccination, and the calls to their pediatrician who dismissed their concerns.
- They recall the head-banging, the high fever, the loss of language. "No connection to the round of vaccines," the pediatrician says, "Thousands of studies show vaccines don't cause autism."
- But the pediatrician has not done the research to know that those studies are inadequate to claim what they claim, and if the HHS had done the oversight work they were legally required to do, they would have flagged all those studies and demanded that appropriate ones be done.
- This is why “hesitancy” exists. It's not just autism. It's allergies, asthma, gastrointestinal disorders, autoimmune disorders, developmental disorders. Scrape the surface of the CDC claims of safety and you find they rest on insufficient or non-existent data.

- In a 2015 CDC White Paper, doctors **Stanley Plotkin, Edgar Marcuse, and Walter Orenstein** and others served as Subject Matter Experts. We're providing you with portions of that paper today.
 - You might not believe us when we say vaccines have not been properly tested for safety for many very serious adverse outcomes.
 - But in this White Paper, Plotkin, Marcuse, Orenstein and two other Subject Matter Experts reviewed adverse outcomes identified by the IOM, "focusing on biologic plausibility, relevance to the entire immunization schedule, and feasibility to study in the VSD."
 - Plotkin and the other Subject Matter Experts agreed that 43 adverse outcomes in relation to the entire vaccine schedule were relevant to study.
 - The list includes allergy, asthma, autism spectrum disorders, Crohn's disease, meningitis, and learning, communication, and developmental disorders.
5. The 1986 National Childhood Vaccine Injury Act mandated that population groups susceptible to vaccine injury be identified and protected. That has not happened. The opposite has happened.
- Individual vaccine-risk denial is systemic and bolstered by public health agency promotions that celebrate 95% on-time vaccination rates.
 - Where is the data that says 95% of all children can safely be vaccinated according to the current CDC schedule?
 - Such high numbers cannot take into consideration delaying of vaccination during common childhood illnesses or other situations that make vaccination temporarily contraindicated—which should include when taking antibiotics or Tylenol — let alone respecting each child's unique genetic, health, and environmental circumstances, the always-evolving science on human immunity and health, the emerging science on the neurotoxicity of aluminum adjuvants, the long-term consequences of vaccination programs, or medical freedom choices.
6. The policy of misinforming the public about the true capabilities, risks and unknowns must end.
- In 2016, Dr. Opel, Dr. Marcuse, Dr. Duchin, and others wrote that: quote - "policies eliminating non-medical exemptions from all vaccines are scientifically and ethically problematic."

- Since you know that it is unscientific and unethical to remove all exemptions, then you know that it is unscientific and unethical to coerce people.
- Misinformation harms children, and it creates an angry and ignorant public that thinks that vaccines can do all sorts of things that they can't.
- You already know that the DTaP, the inactivated polio vaccine, the flu vaccines and the HepB vaccine are not really capable of preventing person to person transmission, or are not intended for diseases that are easily spread in public spaces.
- Hopefully you have read about what the Mayo Clinic's Gregory Poland has described as the "Measles Paradox," that measles has become a disease of highly vaccinated populations and that the currently used MMR is not working to sufficiently prevent outbreaks even in highly vaccinated populations.
- Yet you continue with misleading public messaging that all vaccines are safe for virtually everyone and that we "take our vaccines to protect others."
- This public messaging encourages the denigration and marginalization of anyone who has actually looked into the studies and the data.
- You need to know that every time you allow this kind of misleading public messaging and every time you try to coerce a parent who hasn't yet done the research, but who ends up with an injured child and feels betrayed by the pediatrician, you are undermining faith in public health.
- The reason you have to work so hard to convince the vaccine hesitant is because you are relying solely on authority and not on data that can hold up upon close scrutiny.
- We don't need to convince anyone of anything.
- We only need to show the inadequate, poorly designed, underpowered, and fraudulent studies that don't support the claims and recommendations that the CDC makes.
- We only need to point out the overwhelming new science - all ignored by the CDC - that speaks to the mechanisms of vaccine injury.
- If you told the full story of vaccination, we, as a group, Informed Choice WA, wouldn't need to exist.
- But you appear to be only interested in minimizing the perception of risk, not in minimizing the actual risk of vaccination for individual patients.

7. Vaccine hesitancy is not a problem with the consumer, it is a problem with the vaccine program.
- It is not a problem with messaging or communication, it is a problem with vaccine safety science and the fact that new scientific discoveries about the immune system—such as UVA’s discovery that the brain is directly connected to the immune system through lymphatic vessels previously thought not to exist, and the new studies on aluminum toxicity—have rendered the current vaccine paradigm untenable.
 - With vaccines as your primary tools, you can’t be honest, transparent, or realistic or anything the public would need in order to trust public health.
 - Please join us, and please join the doctors who have restored so many of our families to health.
 - Public health is at its best when doing things that benefit 100% of the population, such as ensuring clean water, healthy school environments, and healthy food.
 - Sacrificing some in the name of public health is unacceptable and unnecessary.
 - The vaccine industry has expanded and overstepped to the extent that it has reached the point of diminishing returns, and, like the issues we are now facing with the overuse of antibiotics, the vaccine paradigm will need to be reexamined.
 - New science has moved beyond the out-of-date vaccine policies, and the public is learning that truth.
 - You must begin to incorporate the new science on epigenetics, the immune system, autoimmunity, and aluminum toxicity into vaccine policy.
 - Please stop accepting the collateral damage and unintended consequences that the vaccine program has created, and join us in conversation, along with the doctors and scientists we work with, in creating and maintaining true sustainable health.