

Senate Health and Human Services Committee

Sophie Walsh 271-3469

HB 1719-FN, removing Hepatitis B from the list of diseases for which immunization is required under state law.

Hearing Date: April 2, 2026

Time Opened: 1:05 p.m.

Time Closed: 2:29 p.m.

Members of the Committee Present: Senators Rochefort, Avard, Birdsell, Prentiss and Long

Members of the Committee Absent: None

Bill Analysis: This bill removes Hepatitis B from the list of diseases for which childhood immunization is required.

Sponsors:

Rep. Potenza

Rep. Barbour

Rep. DeRoy

Rep. Drago

Rep. Kofalt

Rep. McGrath

Rep. Wherry

Rep. Drew

Sen. Murphy

Who supports the bill: 173 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who opposes the bill: 389 people signed in opposition to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who is neutral on the bill: No one.

Summary of testimony presented:

Representative Kelley Potenza, Strafford – District 19

- This bill removes Hepatitis B from the list for which immunization is required under state law.
- This is based on the Advisory Committee on Immunization Practices (ACIP) recommendations and New Hampshire's longstanding practice of following those recommendations.
- Representative Potenza acknowledged that a court has attempted to put a stay on this and explained that nothing has changed at this point, looking at the Centers for Disease Control and Prevention (CDC).

- In December 2025, ACIP voted to end the universal birth dose recommendation for Hepatitis B for infants born to Hepatitis B-negative mothers, shifting to individualized risk-based decision making. This bill aligns state policy with that updated guidance.
- This immunization was created for high risk groups and shifted to infants because of the small risk to the babies of Hepatitis B-positive mothers.
- Hepatitis B is not spread through casual childhood contact. It is primarily spread through blood exposure, sexual contact, needle use, or infected mothers at birth. All pregnant women in New Hampshire are routinely screened for Hepatitis B. Therefore, the only meaningful risk to a newborn exists when a mother tests positive. In those cases, vaccination remains strongly recommended and unaffected by this bill.
- In this context, universal vaccination is a policy preference rather than a medical necessity. Many developed countries rely on prenatal screening and targeted vaccination rather than universal mandates. They do not experience higher childhood Hepatitis B infection or mortality rates.
- This legislation does not ban Hepatitis B vaccination. It preserves access, respects parental consent, and restores individualized medical decision-making consistent with evidence-based public health policy.
- Representative Potenza said she did a deep dive on the Department of Health and Human Service's (DHHS) website when the ACIP recommendations were made. She described it as unsettling, noting that all of their vaccination information links formally led to CDC sources, but once these recommendations were made, they were switched to the American Academy of Pediatrics.
- Representative Potenza told a personal story about her daughter, explaining that she never received informed consent when she had her vaccinated at birth. She has suffered since due to the Hepatitis B vaccine. She emphasized the levels of vaccine injuries and deaths that are never talked about.
- Representative Potenza referenced written testimony submitted to the Committee detailing the history of this issue. It includes a 2018 letter from DHHS saying that there was no mandated requirements in regard to Hepatitis B until 3 years old. It also includes the testimony given by DHHS at the House hearing. Representative Potenza noted that the Department testified this is highly communicable without context. She noted that no frequency data or documented cases were cited. The testimony also includes CDC website material recommending Hepatitis B vaccination for all infants, children, and adolescents under 19 years old and adults 19 through 59 years old.

Representative Lucy Weber, Cheshire District – 5

- Representative Weber stated that she is speaking in opposition to the bill.

- She explained that while some say this is not needed because pregnant women are tested and receive appropriate care, not all women have access to appropriate prenatal care. She emphasized that it is likely these infants who need that protection the most.
- There is transmission through caregivers and open wounds.
- Hepatitis B is a lifelong, life-changing, and life-shortening event.
- The 99% drop in infant infection is because of this vaccine. Over 1 billion doses have been administered since 1991.
- Representative Weber emphasized that this is a very safe vaccine that preserves quality of life.

Representative Yury Polozov, Merrimack – District 10

- Representative Polozov stated that he is speaking in support of the bill.
- He explained that in his experience, he does not see any benefit to the health care of children to mandate this medicine.
- He referenced research papers that show vaccinated children have worse health outcomes and more chronic health conditions on average.
- Representative Polozov explained that opponents of this effort have two types of reasoning. The first acknowledges that unvaccinated kids are healthier while denying that it is related to vaccines. The second emphasizes that some research does not show any correlation between vaccination status and health outcomes. These trains of thought are missing positive proof that health outcomes with vaccines are better.
- Representative Polozov said he cannot support this mandate for his children or constituents after reviewing this data. He acknowledged that Hepatitis B can be a life shortening event, while emphasizing that some severe side effects of vaccinations can also be.

Representative Robert Wherry, Hillsborough – District 13

- Representative Wherry emphasized that this is not an anti-vaccine bill. He explained that this vaccine should be available to individuals at risk.
- Representative Wherry said he is advocating for adequate safety studies of vaccines. Such studies must be sufficiently sized to be able to statistically determine causal relationships of adverse events. They must use placebo controls and have long-term safety monitoring.
- He supports proper informed consent in which known risks are weighed against known benefits.
- Representative Wherry stated that there are issues with Hepatitis B vaccine clinical studies. They were underpowered with not enough patients. They lacked placebo control studies, and the safety follow-up did not account for long-term impacts.

- Senator Rochefort referenced the phases of U.S. Food and Drug Administration (FDA) studies and said he assumes one would not approve of a drug that completed a Phase I study for clinical use on patients.
- Representative Wherry confirmed not commercially. He explained that Phase I is primarily a safety study. Phase II begins to assess efficacy and extends the safety study. Phase III looks across a broad demographic, usually thousands of patients.
- Senator Rochefort confirmed that a drug would not be appropriate for clinical use if it only completed Phase I trials.
- Representative Wherry explained that the three phases are clinical use, and the progression is usually to get towards commercial usage. These vaccines are in commercial use and have been authorized by the FDA. The authorization process typically extends through all of those phases, but these did not.
- Senator Avard confirmed that these vaccines are being administered despite not going through all of the phases.
- Representative Wherry confirmed and said they have not been studied in detail in a clinical study assessing the causal relationships with adverse effects. He cited a paper from 2012 that completed a meta-analysis of all studies across a wide sweep of vaccines looking for casual relationships. For Hepatitis B, they were only able to identify one causal relationship because they could neither reject nor confirm the rest.
- Senator Avard asked if there have been any follow ups in the time that these vaccines have been administered.
- Representative Wherry explained that there are 4 mechanisms by which long-term safety monitoring is enabled, one of which is the Vaccine Adverse Event Reporting System (VAERS). While VAERS is tracked, it is somewhat voluntary as one must notify and report adverse events. It is not a controlled study, and the data is not sufficiently analyzed to identify correlative data.
- Senator Prentiss asked if Representative Wherry is saying that Hepatitis B vaccines only completed Phase I, or if they completed all phases.
- Representative Wherry said that they completed a limited study. For efficacy, they only measured the appearance of the titer in blood 4-6 months after administration.
- Senator Prentiss asked if the primary Hepatitis B vaccines have made it through all 3 phases.
- Representative Wherry said not with children. He explained that there have been more extensive studies with adults, and that the Center for Biologics Research will allow a reduced study for biologics due to variability.

Megan Heddy & Dr. Jonathan Ballard, Department of Health and Human Services

- Ms. Heddy stated that DHHS is in opposition to the bill.

- Hepatitis B is caused by a virus spread from person-to-person through exposure to infected blood and other bodily fluids. It is estimated to be 100 times more infectious or transmissible than HIV when someone is exposed to infected blood.
- Transmission is possible in school and child care settings through scratching, biting, cuts, or scrapes that accidentally share those bodily fluids. The virus can also survive for up to 7 days on environmental surfaces.
- Hepatitis B infection can lead to serious health impacts including liver inflammation, cirrhosis, liver failure, liver cancer, and early death.
- Approximately 90% of infected infants and 30% of children infected between the ages of 1 and 5 will develop a chronic, lifelong infection. 25% of children who do become chronically infected can die prematurely from liver cirrhosis or hepatocellular carcinoma.
- Ms. Heddy explained that this can increase the burden on the health care system and financially impact patients, the health care system, and Medicaid.
- Up to 50% of those in the U.S. living with Hepatitis B are unaware of their infection and can unknowingly spread it to others.
- This bill could also have adverse financial impacts for schools, child care agencies, and parents or guardians of sick children who may need to be excluded from school or child care to prevent an outbreak. The Department estimates that a single outbreak response can cost \$100,000 - \$350,000.
- Senator Rochefort referenced chronic infection and inquired about the cost per patient per year.
- Dr. Ballard stated that he could follow up with an answer. He explained that antiviral medications need to be taken for a lifetime with chronic Hepatitis B infection. If a patient were to have hepatocellular carcinoma, there would be additional potential surgeries and treatments involved. This represents a significant cost to Medicaid if an individual were covered by Medicaid.
- Senator Rochefort told a personal story about how his family declined the initial vaccine at birth for Hepatitis B. They were not pressured or coerced to change their decision. He asked if this choice still exists for people in New Hampshire.
- Dr. Ballard confirmed that this choice still exists in New Hampshire, noting that there are both religious and medical exemptions. Beyond that, the childhood immunization schedule gives parents a choice as well.
- Dr. Ballard referenced earlier testimony about ACIP and emphasized that the question before us today is not whether the vaccine is effective and has been through such studies. ACIP and CDC still recommend the Hepatitis B vaccine. Administrative rules references that the vaccine schedule used for school and child care entry is still the CDC's vaccine, even though there may be different clinical guidelines to clinicians about following the American Academy of Pediatrics' guidance.

- He emphasized that there are still options to provide conditional school entry in the schedule.
- Senator Rochefort explained that when his child went to school they were still unvaccinated for Hepatitis B and they were still not pressured or coerced to get the vaccination.
- Dr. Ballard emphasized that there is a choice for medical and religious exemptions, in addition to a vaccination schedule that has some flexibility and allows for conditional entry into such settings if an individual is out of compliance with schedule recommendations.
- Senator Avard asked if there was ever an outbreak in the country that required immunizations for children.
- Dr. Ballard explained that prior to 1991, there was a risk-based vaccination recommendation. In 1991 it was moved to a uniform at-birth recommendation to simplify the administration of the vaccine and allow flexibility. This has been attributed to greatly reducing the incidence of Hepatitis B among children and babies.
- Dr. Ballard thinks that if there was a large group of people unvaccinated, there would likely be outbreaks and significant financial implications for parents, employers, and the state.
- Senator Avard referenced the medical and religious exemptions and asked if there was a general conscience exemption.
- Dr. Ballard said that is not something that has been passed by the legislature.
- Senator Birdsell inquired about outbreak data both in New Hampshire and nationally prior to 1991.
- Ms. Heddy explained that before universal vaccination in 1991, it was estimated that 16,000 children under the age of 10 were infected each year with the Hepatitis B virus after birth, not including any transmission from mother to child at birth.
- Senator Birdsell asked what the current data is, and Ms. Heddy explained that the most recent public data from 2023 shows only 1 child under the age of 15 reported to have acute Hepatitis B infection.
- Senator Prentiss confirmed that parents of children have the choice of whether their child receives a vaccination or not.
- Dr. Ballard confirmed that parents have a choice. He explained that this applies for school entry and child care settings, which are not compulsory.
- Ms. Heddy emphasized that medical and religious exemptions are available to anyone who can seek them. The religious exemption is part of a form sent to the school system. A parent would have to work with a physician for a medical exemption.
- Dr. Ballard emphasized that this applies to all vaccines.

- Senator Avard asked why exemptions are needed if it is a choice.
- Dr. Ballard explained that it is a choice to get vaccinated or not, and it is an exemption to being in a school or child care setting.
- Senator Avard confirmed that there is a requirement for school entry, and Dr. Ballard confirmed. He noted that if a parent were to homeschool their child, they would not have to follow this requirement.
- Senator Birdsell referenced Senator Rochefort's story and asked how a child would be exempted if their situation did not fall within a medical or religious exemption.
- Dr. Ballard explained that in this specific situation, the vaccine immunization schedule is not requiring it at birth. It allows for immunization at a later time while remaining in compliance with the current CDC and ACIP approved schedule. He emphasized that this is in line with New Hampshire rules and statutes.
- If the intent is to address the issue around non-religious and non-medical exemptions, that would be a different issue than what is before the Committee today.

Dr. Patricia Edwards, American Academy of Pediatrics

- Dr. Edwards explained that Hepatitis B was historically a significant public health issue. In 1982, there was approximately 20,000 cases in children nationwide, including an estimated 1,000 cases in New Hampshire.
- The introduction of the universal Hepatitis B vaccine for newborns dramatically changed this issue. By 2009, the total number of childhood cases nationwide had dropped to 14.
- Dr. Edwards explained that as vaccine skepticism has increased, childhood Hepatitis B cases have risen again to approximately 1,200 cases nationally by 2017.
- There are substantial financial implications. Chronic Hepatitis B infection requires lifelong management, with medication costs ranging from \$1,000 to \$3,000 per month. This can add up to hundreds of thousands of dollars in lifetime costs, not including hospitalizations or treatment for complications.
- The cost of prevention is minimal. A single dose of a Hepatitis B vaccine can cost as little \$40, with the three-dose series ranging from \$120 to \$400.
- Ending or limiting access to this vaccine is medically unsound and fiscally irresponsible.
- Dr. Edwards explained that she often vaccinates babies for Hepatitis B in her office as a pediatrician, since many children are not vaccinated at birth.

Dr. Frances Lim-Liberty, American Academy of Pediatrics

- Dr. Lim-Liberty stated that she is speaking in opposition to the bill.

- In her role as a pediatric endocrinologist, she cares for children and adolescents with chronic conditions that may render them immunocompromised.
- Many patients face significant barriers to care. She regularly sees adolescents and young adults needing Hepatitis B vaccination due to not being immunized earlier in life. These patients often cannot easily access vaccines due to cost, coverage gaps, and logistical barriers. This can result in delays to starting school, work, or service.
- Routine childhood immunizations work. Hepatitis B vaccination has reduced new infections in kids in the United States by more than 95%, protecting against a virus that can cause lifelong disease.
- Removing this vaccination from the list of required immunizations will increase the number of children who miss early vaccination and shift the burden onto adolescents and young adults, who are the least able to catch up.
- Dr. Lim-Liberty referenced a New Hampshire Journal article, reporting that 91% of poll respondents say New Hampshire families should have easy access to childhood vaccines.
- Senator Avard asked if Dr. Lim-Liberty has seen any adverse effects from the early childhood Hepatitis B vaccination.
- Dr. Lim-Liberty said she has not in her clinical experience.
- Senator Rochefort asked for an estimate of how many vaccinations Dr. Lim-Liberty has administered or ordered.
- Dr. Lim-Liberty explained that as a sub-specialist, she does not routinely administer vaccines. When she sees that some patients have not had the vaccination or are no longer immunized, she asks them to go to their primary care provider for the vaccine. She is often told by her patients that they do not have a primary care provider.

Dr. Julie Kim, American Academy of Pediatrics

- Dr. Kim emphasized that the Hepatitis B vaccination has been a successful strategy to reduce the number of children infected from 16,000 per year to less than 100 per year.
- The Hepatitis B immunization is an anti-cancer immunization, as Hepatitis B causes cancer. As a pediatric oncologist, Dr. Kim has cared for children with liver cancers. She emphasized that this is an agonizing process for both children and families.
- Senator Avard asked if there is a benefit to waiting a year or two for immunization, rather than immediately at birth.
- Dr. Kim explained that some mothers may not realize they are infected with Hepatitis B, so it is important to immunize at birth to protect the child. Even if the mother is aware, there is a possibility that they may not be able to access appropriate care and treatment.

Dr. Louie Olive

- Dr. Olive stated that he is speaking in opposition to the bill.
- He said this legislative goal seems to serve no purpose other than to undermine vaccine infrastructure and ultimately make the state less healthy.
- In his role as a family physician, Dr. Olive's primary interest is in prevention.
- Hepatitis B continues to be a public health issue in the country, with an estimated 1,000 new preventable cases each year.
- Recommending universal vaccination is a critical safety net that protects infants in New Hampshire.
- Maintaining the vaccine on the required list helps support health goals of fewer infections, reduced cancer rates, and fewer deaths.
- Dr. Olive emphasized that medications are not administered to patients without a discussion. Risks, benefits, side effects, and potential complications are all reviewed. While all medicines have some risk, vaccines are one of the safest medicines recommended.
- Senator Rochefort referenced relative risk and asked if Dr. Olive has data on the amount of vaccines administered and reported adverse events.
- Dr. Olive explained that most data comes from VAERS. From 2005-2015 in about 20,000 reports, about 6.5% classified as a serious reaction. He noted that this is passive surveillance data, emphasizing that adverse effects are more likely to be reported.
- Senator Rochefort asked what percentage of Dr. Olive's patients have some sort of side effects from antibiotics.
- Dr. Olive said it is significantly higher compared to vaccines. He estimated approximately 10%.

Dr. Maria Braley, Elliot Hospital

- Dr. Braley stated that she is speaking in opposition to the bill.
- As a family physician in primary care, keeping patients healthy before disease occurs is a focus. The Hepatitis B vaccine is the cornerstone of this work.
- If a baby contracts Hepatitis B, up to 90% will develop chronic infection, often with no symptoms until there is serious liver injury.
- Giving the first dose of this vaccine at birth protects infants during a critical window when risks may not yet be identified. Delaying or making this vaccine optional removes a key layer of protection when infants are most vulnerable.
- New Hampshire childhood vaccination rates are generally strong, but there is already variability in Hepatitis B birth dose uptake, particularly outside hospital settings.

- Removing this requirement sends the message that this vaccine is optional or less important. Parents look to school requirements as a signal of what is necessary to protect their children,
- Major medical organizations continue to support Hepatitis B vaccination in childhood. Physicians rely on evidence-based guidelines, established standards of care, and proven prevention strategies.
- This bill places statutory policy at odds with best clinical practice, making it more difficult for physicians to deliver consistent care.
- The Hepatitis B vaccine is one of the most extensively studied vaccines in routine use with continuous surveillance.
- This bill is part of a broader legislative trend to roll back immunization requirements. Removing one vaccine at a time undermines the framework of immunization policy.

Dr. Christine Arsnaw, American Academy of Pediatrics

- Dr. Arsnaw stated that she administers these vaccines routinely as a family practice pediatrician. She is speaking on opposition to the bill.
- Prior to 1991, there were about 10,000 perinatal cases of Hepatitis B annually. Since the widespread introduction of the birth dose, we are now seeing perinatal cases in the single digits.
- Dr. Arsnaw regularly has conversations with families without vaccines. They see the school vaccine requirement schedule as the most important vaccines.
- Dr. Arsnaw emphasized it is important to have the path of least resistance be the one that protects the most people.
- Dr. Arsnaw referenced concerns about side effects and assured the Committee that newborns are watched closely by their parents and providers. She has used VAERS personally when a child had a seizure near the time of receiving a vaccination, even though she did not suspect that it was related.
- Dr. Arsnaw explained that taking a vaccine off the school vaccine requirement schedule does, in effect, say the vaccine is unimportant. She emphasized that this is important to be aware of, given how parents view the school vaccine requirement schedule.
- Senator Rochefort asked how many vaccines Dr. Arsnaw gives each year, and Dr. Arsnaw estimated hundreds or thousands.
- Senator Rochefort asked how many VAERS entries Dr. Arsnaw has made, and she responded only 1 in her 7 years of primary care. She noted that an entry would not be made if there is a clear alternate reason.
- Senator Rochefort asked if Dr. Arsnaw tries to convince or pressure parents to change their mind when they decline a vaccine for their child, and she confirmed that she does not. She emphasized that she wants to protect the child and has discussions with families about it. She told a story about a particular family who

she discusses the same vaccine with every year, emphasizing that it is a cordial conversation that ends with her wishing them a good field hockey season.

- Senator Rochefort referenced Dr. Arsnow's story and asked if that family's vaccine status is not affecting their ability to participate and go to school. Dr. Arsnow confirmed that is correct in this particular case.

Kate Frey and Trina Ingelfinger, New Futures

- Ms. Frey stated that New Futures is speaking from a public health and child care perspective.
- The attempt to remove the Hepatitis B vaccine from the schedule creates a 'death by a thousand cuts' approach that could lead to the removal of other vaccines.
- Ms. Ingelfinger noted that the state could potentially be disqualified from receiving approximately \$40 million in federal child care development funds. Under federal regulations, child care providers must follow immunization requirements incorporating the recommendations of the state's public health agency. The removal of this vaccine from the schedule would run counter to our Division of Public Health.
- Ms. Frey referenced the aforementioned New Hampshire Journal poll and stated that when asked about Hepatitis B requirements, only 23% of those surveyed supported eliminating the vaccine and 58% opposed doing so.

Melissa Blasek, RebuildNH

- Ms. Blasek stated that this bill ends the requirement for the Hepatitis B vaccine to attend school and daycare. It is currently mandated for both of those things.
- Doctors can still recommend and provide the Hepatitis B vaccine at any time to any patient. Vaccines will still be widely available.
- DHHS does not need for a vaccine to be mandated to purchase and promote it. This bill does not change any access or medical recommendations.

Alyson Fava, New Hampshire Families for Vaccines

- Ms. Fava stated that she is speaking in opposition to the bill.
- Hepatitis B is a silent, long-term infection that often is not diagnosed until years after exposure.
- Routine Hepatitis B vaccination has been extraordinarily effective.
- Eliminating this requirement would increase the risk of undetected transmission, particularly among infants and children in households with unvaccinated adults.
- Prevention through vaccination is far safer and more effective than treating chronic infection later.

Dr. Meryl Nass, Door to Freedom

- Dr. Nass explained that a mother may not be in the frame of mind to carefully consider if she wants her newborn to have this vaccination within 12 hours of birth. She recalled the birth of her first child and emphasized there is no way she would have been able to give it good thought.
- There are about 3.9 million babies born annually in the United States. Of those, about 1 million do not receive the birth dose of the Hepatitis B vaccine. Yet, there are only 20 known perinatal cases of acute Hepatitis B nationwide.
- When this vaccine is administered to a newborn, we cannot tell if there is injury because we do not know what the baby would have been like.
- There was a nationwide program in France to vaccinate everybody when this was developed in the 1980's. The program stopped when half the country was vaccinated because there were so many neurological cases similar to multiple sclerosis.
- The CDC estimates that less than half a percent of all births occur to Hepatitis B positive mothers. In New Hampshire, only 1% of mothers are not screened.
- The birth dose of the vaccine only provides 25% protection. An infant must be treated with a Hepatitis B Immune Globulin in order to be actually protected. She emphasized that the universal birth dose provides a false sense of safety, as a baby needs the Immune Globulin if their mother is positive for Hepatitis B.
- She emphasized that is necessary to ensure that everybody is screened.

Carmella Potenza

- Ms. Potenza explained that she was vaccine-injured by the Hepatitis B immunization she was given at birth.
- For as long as she can remember, she has had issues with anxiety, nervousness, and eating. She also struggled with these issues as a baby.
- She emphasized that there is a cost for the people who suffer from Hepatitis B vaccination injuries. Her family has paid approximately \$200,000 out-of-pocket by the time she was 15 years old on various providers.
- Since then, she has developed Rumination Syndrome. After misdiagnoses and being transferred among facilities, the cost is now over \$3 million through insurance. Her parents have paid well over \$125,000 out-of-pocket.

Larisa Trexler

- Ms. Trexler stated that she is speaking in support of the bill as a registered nurse.
- She explained that prior testimony conflicts with the official record of Hepatitis B in children of zero prior to 1991.
- She questioned how an outbreak would be determined if 50% of those infected are unaware of their infection.

- Evidence shows any possible vaccine immunity wanes within 9 years.
- She questioned if anyone remembers Hepatitis B outbreaks in schools prior to 1991 and wondered if it was truly so prevalent.
- Ms. Trexler explained that she decided to delay her daughter's vaccination at birth, knowing the risks. The nurse administered it anyway, and her daughter is still dealing with liver impairment at 14 years old.
- Ms. Trexler emphasized that we should be looking at the cost of vaccine injuries.

Dr. Gary York

- Dr. York stated that he is a retired physician.
- He emphasized the issue of safety. Of every childhood vaccine on the recommended schedule, none of them have undergone the golden standard of testing for saline placebo.
- He acknowledged that there is a dilemma with the ethics of testing with saline versus a potentially effective drug. He emphasized that the default conclusion of that dilemma should not be to still say these are safe and effective. The onus is on proving the safety of these vaccines.
- Dr. York explained that there is no ability in this country to have a vaccine safety research association. Any studies on Hepatitis B have been inadequate.
- Dr. York referenced VAERS and explained that it is not a way to follow any kind of research, as results are underreported and undependable.
- Dr. York referenced indications for procedures. If he were a pediatrician in New Hampshire and had a newborn patient, he would have to think about factors and circumstances to decide if he would want to administer the vaccine. He noted that the vaccine contains mercury.