

HB1811 rights a wrong which has long overburdened New Hampshire residents who simply wish to make their own medical risk assessments rather than rely on bureaucrats in Concord who have the audacity to claim they know what is best for their family. Opponents of this bill will claim that childhood vaccines are safe and effective, that these vaccines save lives. However, there is virtually no data supporting these claims.

In 1986, the United States Government passed the National Childhood Vaccine Act (NCVA) to both establish the Vaccine Injury Compensation Program (VICP) and to limit the liability of vaccine manufacturers. The first glaring question arising from this is why exactly was this needed? If vaccines are so safe and effective, why would manufacturers need liability protection? Prior to the NCVA, several vaccine manufacturers had already closed their doors or ceased production of childhood vaccines after losing several lawsuits. The remaining manufacturers approached the US government asking for protection to continue producing vaccines. To be held liable, the parents must prove in court that not only did the manufacturers conduct themselves improperly, but that harm arose from the improper actions. Decades ago, vaccines were still causing harm to children, only at that time, parents were able to hold the manufacturers liable.

Next, we should turn to the compensation program established by the NCVA, VICP. Since the program began in 1988, the US Department of Justice (DOJ) claims “almost 9500 people have been paid in excess of \$4.5 billion.” Yet while the DOJ claims vaccine injuries are exceedingly rare, 9500 families are still reeling from the grievous effects of childhood vaccines. It is also important to note that while the program will compensate for economic losses, the program will only pay out a maximum of \$250,000 for pain and suffering, even when death results. So while the DOJ touts \$4.5 billion in compensation, many of these families are far underpaid for the harm caused by childhood vaccines. Further, the very existence of paid claims by this program is full admittance that vaccines have caused severe injury in many cases.

Next, we turn to efficacy. I challenge anyone who opposes this bill to cite large, long lasting, placebo-controlled studies documenting the safety and efficacy of *any* childhood vaccine. Note that I am not saying just one or two lack robust science behind them, but that *all* are entirely underresearched to the point of what I would personally consider outright negligence. Let's start with the Hepatitis B vaccine often administered at birth. Two vaccines are commonly available: Recombivax HB and Engerix B. The former produced by Merck and the latter produced by GSK. Neither product was studied with a placebo control (or any control at all for that matter). And the length of the safety review after injection? Five days and four days, respectively. You cannot possibly tell me that any medical intervention like a vaccine is safe after reviewing it for five days. Or how about DTaP vaccines? Infanrix (GSK) used DTP as a control (no placebo though) and was reviewed for safety a whole 30 days after injection. This list goes on and on and on. The longer studies are around six months, like DAPTACEL (Sanofi) for DTaP. 3.9% of subjects reported at least one serious adverse event within 30 days following any dose of DAPTACEL (page 11, section 6.1 DAPTACEL package insert). And even still, six months is wholly inadequate to determine whether or not an injection designed to protect a child throughout their childhood has serious, long-lasting effects. Which begs the question: what would happen if we

did study these more comprehensively? Let's say a 5 year, placebo-controlled trial, Well, Dengvaxia (Sanofi) did just that. And what did they find? 53 deaths among the Dengvaxia subjects. Conveniently, all were deemed "unrelated to vaccination." Yet section 1 of the Dengvaxia package insert notes it is for "use in individuals 6 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas." That is quite the stipulation. I wonder how many other vaccines would have their use narrowed to only those seriously at risk of the disease if we actually studied them.

Opponents of this bill often cite decline of serious diseases to justify any potential risks (in their view) of vaccines. Yet, in 1962, the US experienced .22 deaths per 100,000 cases of measles and just a year later .19 deaths per 100,000 cases. While many may attribute the decrease of .03 deaths per 100,000 cases a victory attributed to the introduction of the measles vaccine that same year, one can look back ten years to 1953 to see measles deaths were still down around .29 per 100,000. In fact, measles deaths had been well below 1 per 100,000 for two decades prior to the introduction of the vaccine. And, in 1923, four decades prior to the introduction of the measles vaccine, measles deaths in the US were 9.6 per 100,000. So in reality, measles had been stopped as the cold-blooded killer it is often made out to be long before the vaccine ever was introduced. And while I still strongly believe any childhood death is a tragedy, the numbers simply don't bear out the opposition's claim that vaccines save lives.

Yet even if we ignored the (at best) sparse data on the efficacy of vaccines, ignore the data suggesting vaccines have not in fact stopped killer diseases in their tracks, and ignore the grievous, well-documented harm that vaccines have in fact caused (harm proven in US courts time and again), we are still left with one simple fact: the decision whether or not to vaccinate a child is a balance of risks and rewards which can only be decided by the child's parents with the advice of the child's pediatrician. Opponents of this bill will cite the need for "herd immunity". This "herd immunity" (at best a theory), would potentially only help the small minority of the population which cannot receive a given vaccine, but is also at risk of contracting the disease. It cannot be billed as "protecting all of society", the vaccine is supposed to protect any child who receives it, thus even if a disease ravages the unvaccinated, the vaccinated should be protected (though I would caution against this as the data does not support this claim). Therefore, opponents would trade the potential to protect a small minority of the population at the cost of my child's health and potential ramifications of vaccination. A cost which must be paid at each injection.

Ultimately, whether or not I choose to vaccinate my child is up to my wife and I, not you, and certainly not my neighbors, just as I am not able to mandate that they not vaccinate their child. This bill continues to recommend childhood vaccinations, the only change is to remove any mandates and protect my family from anyone who would treat us differently concerning a private medical decision. I for one am proud of our state's motto: Live Free or Die. And I stood ready to pay the ultimate price for over six years in service to this country. I only ask that now you stop standing in the way of the very freedom I pledged my life to defend.