



**Public Comment for the U.S. Senate Committee on Health, Education,
Labor & Pensions 3/5/2019**

**How many coincidences have to happen before it's no longer a
coincidence?**

I request that this letter be placed into the official record for this hearing. I am very concerned with the attempt to remove state vaccine exemptions, the censorship of the truth, and the fabrications that are espoused to the American people through the media and the medical profession.

From Robin Stavola, parent of 3 children (one deceased (HOLLY) Reside in New Jersey

- Picture of our completely healthy daughter Holly Stavola
- Died at 5 years old 2/4/2000
- 9 days after her 5 yr well check up
- Compensated for death \$250,000 from the NVICP (National Vaccine Injury Compensation Program)
- Diagnosis ADEM acute disseminated encephalomyelitis
- Most other possibilities were ruled out, encephalopathy is on the Vaccine Table of Injuries
- Her case was conceded by the US Court of Federal Claims
- How many times does a coincidence occur? You cannot call all of the reported and compensated vaccine injury cases coincidences. A coincidence cannot occur over and over, thousands of times, similar incidences.
- In science, one cannot assert, “coincidence,” without first eliminating all of the alternative hypotheses; thus, presuming a vaccine injury/death is “coincidence” prior to thorough analysis is pseudo-scientific.
- Numbers don't lie, people do. You cannot use the “correlation without causation” phrase every time an adverse reaction happens after vaccination.

Dear Esteemed Senate Committee Members,

Vaccines Save Lives: What is driving preventable disease outbreaks?

1. The word “preventable” should not be attached in the phrase “vaccine preventable diseases,” as the “preventable” has not been empirically demonstrated. Outbreaks of infectious disease routinely occur in mostly and completely vaccinated populations, globally. For example, wild-type measles infections continue to occur as do vaccine strain infections.
2. Disease cycling. Pathogens in a given populations naturally wax and wane over time; see the susceptible-infected-recovered model.
3. Mankind's hubris is that he can remove pathogens from the face of the earth: it's an unrealistic and scientifically unattainable goal. You can try, but science demonstrates that strains mutate quickly. For example, too much antibiotic usage has induced the strain MRSA. The same effect

has been documented via lethal, mutant flu strains due to flu vaccines. Vaccines can never eliminate pathogens.

4. Vaccines have actually destroyed long term immunity in the population, by preventing full immune system engagement and robust, natural immunity due to temporary antibody induction.
5. Vaccines are not effective – they don't prevent outbreaks. See numerous case examples in the literature.

Reasons for exemptions to vaccination

1. A medical intervention associated with risk necessitates a right to refusal

Vaccines are a high-risk medical intervention.

Vaccination is a prophylactic medical intervention, which has resulted in about \$4 billion in compensation to individuals for vaccine injury or death

<https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-oct-2018.pdf>

Vaccine adjuvants such as aluminum variants have been proven – in numerous, robust causation studies - to cause neuropsychiatric disorders resembling autism in animals. <http://vaccinepapers.org/>

Vaccines have also been implicated in autoimmune disorders, asthma, and allergies. Here's an example: <https://www.nature.com/articles/cmi2017151>

Vaccines can be a life-altering procedure that warrant counseling with physicians on potential individual susceptibilities; not an all-encompassing mandate, ignoring the science of idiosyncratic immune systems.

2. Most vaccines are not even designed for “herd immunity,” and the only ones that are designed for communicable disease prevention have not worked, as seen in the empirical data.

Pertussis remains high, despite high vaccination coverage:

<https://www.ncbi.nlm.nih.gov/m/pubmed/24216286/>

<https://jameslyonsweiler.com/2018/12/15/for-health-officials-and-school-boards-asymptomatic-measles-infection-is-real/>

Vaccine coverage > 99% in a province of China, yet high incidence (increasing) measles, mumps, and rubella: <https://academic.oup.com/cid/article/58/9/1205/2895266>

<http://www.firstfreedoms.org/just-how-deadly-is-measles-by-dr-bob-sears.html>

<https://physiciansforinformedconsent.org/measles/>

Vaccine uptake among school-goers in the US is already very high (in most cases, >95%).

3. The medical exemption in the United States is extremely narrow.

People who have had a family member die from vaccines - like our family has - are not permitted to take a medical exemption. Those who have seen their child or children's health decline immediately or shortly after vaccination, including for example, neurological impairment or seizures, are not even capable of taking a medical exemption.

4. **The accumulated adjuvant Aluminum levels in the vaccinations are not safe to inject.**
<https://www.sciencedirect.com/science/article/pii/S0946672X17300950>

The pharmaceutical industry has an incentive to eliminate the only remaining “control” group of unvaccinated people from the population. Financial incentives are not the sole motive, given the already high uptake. There has never been a longitudinal study comparing CDC-schedule vaccinated people against unvaccinated people to see the true differences health outcomes. A retrospective comparative study could be conducted rather than a prospective study, thereby avoiding any putative ethical problems. Thank you for your time and your service to ALL people of the United States of America. There is more evidence that demonstrates the points listed in our letter here. Please feel free to contact us anytime.

Sincerely,

Robin Rebrik Stavola
and the Hope from Holly Team

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God Bless our country

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