February 6, 2019

To: Members of the House Committee on Health Care & Wellness
From: Eric Ranger, 2004 United States Naval Academy Graduate, Washington (WA) resident of 10 years

Subj: Written Testimony for HB 1638 - 2019-20

Madam Chair and members of the committee,

I am Eric Ranger from Vancouver, WA. The following is my written testimony for the public hearing in the House Committee on Health Care & Wellness for HB 1638 - 2019-20 on vaccine preventable diseases. I am not representing other citizens or a separate group. The purpose of this testimony is to explain how, after researching the topic of vaccines for over 1,000 hours, I am still left questioning the risks and benefits of the MMR-II vaccine for my children.

I do not support HB 1638 - 2019-20, as it would recall a fundamental right of Washington parents, who seek to enroll their children in schools and state and licensed day care centers, to have legitimate personal or philosophical reasons in choosing to not vaccinate their children for measles, mumps, and rubella. As we all know, the supreme law of the U.S. protects the people's right to free speech. Hurtful, infectious, or reckless as it may be, it is only *language.* I am dumbfounded how free speech is considered sacrosanct, but a parent's hesitation for their child to have a preemptive medical procedure using a highly suspect vaccine and vaccine manufacturer, is not something universally respected and safeguarded by law with the utmost zeal. After all, such reservations shared by these parents are not baseless—not in the slightest.

The following are my personal and philosophical reservations regarding Merck's MMR-II vaccine and the act of vaccinating my children with it. Please note that white papers, of equal length and detail, without duplication of many sources, could have been provided for the other eleven vaccines on the CDC's childhood immunization schedule. I hope you will respect the time it took for a full-time working Dad with two kids under three to write this testimony, in just three days, by reading it entirely and reviewing my 186 citations (listed at the end).

1. <u>Safety science regarding the MMR-II is surprisingly sparse.</u> In 2011, the Health Resources and Services Administration (HRSA) contracted the Institute of Medicine (IOM) to conduct an assessment regarding vaccine safety.[1] The IOM Report reviewed available science with regard to the 158 most common vaccine injuries claimed to have occurred from vaccination for varicella, hepatitis B, tetanus, measles, mumps, and rubella.[2] Out of the 158 most common serious injuries reported to have been caused by the vaccines under review, the evidence supported a causal relationship for 18 of them, and rejected a causal relationship for 5 of them. For the remaining 135 vaccine-injury pairs, over 86% of those reviewed, the IOM found that the science simply had not been performed."[3] This list of vaccine-injuries includes conditions such as:

    - Encephalitis, Encephalopathy, Infantile Spasms, Afebrile Seizures, Seizures, Cerebellar Ataxia, Acute Disseminated Encephalomyelitis, Transverse Myelitis, Optic Neuritis, Neuromyelitis Optica, Multiple Sclerosis, Guillain-Barre Syndrome, Chronic Inflammatory Demyelinating Polyneuropathy, Brachial Neuritis, Amyotrophic Lateral Sclerosis, Small Fiber

Neuropathy, Chronic Urticaria, Erythema Nodosum, Systemic Lupus Erythematosus, Polyarteritis Nodosa, Psoriatic Arthritis, Reactive Arthritis, Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Arthralgia, Autoimmune Hepatitis, Stroke, Chronic Headache, Fibromyalgia, Sudden Infant Death Syndrome, Hearing Loss, Thrombocytopenia, and Immune Thrombocytopenic Purpura.[4]

The lack of clear safety data on the MMR-II vaccine was summed up in an article published in *Vaccine* in 2003 by the Cochrane Collaboration (now known as Cochrane), one of the world's most respected mainstream research organizations. The group examined twenty-two research studies done on the MMR-II vaccine and concluded that "*the design and reporting of safety outcomes in MMR-II vaccine studies, both pre- and postmarketing, are largely inadequate*."[5] I realize this statement is not saying the MMR-II vaccine is not safe. However, it is stating that the safety research could be a lot better.

2. Merck's MMR-II vaccine has questionable ingredients. For example, the MMR-II vaccine contains DNA and protein fragments from cell lines of **__aborted__** human fetuses (RA 27/3 and WI-38), as disclosed in the manufacturer's package insert. I personally have a problem with the ethics of using aborted fetuses to grow the viruses used for this vaccine. The story of the very questionable ethics and greed involved in the development of these human diploid cells is quite disturbing indeed.[6]

   From a purely scientific perspective, there are other reasons, too, for caution in this realm. Dr. Theresa Deisher at the Sound Choice Pharmaceutical Institute in Seattle, WA has been studying the effects of DNA from human embryonic cells for many years. She is an inventor on 23 issued U.S. patents, and her discoveries have led to clinical trials of FGF18 for osteoarthritis and cartilage repair, and for Factor XIII for surgical bleeding. She was the first person to discover adult cardiac-derived stem cells.[7] Dr. Deisher's research has discovered some alarming possibilities: (1) Human DNA injected into the body can trigger autoimmune reactions, and (2) same-species foreign DNA easily inserts itself into the genes of test subjects and can alter their genetic function.[8,9] Helen Ratajczak, a former senior scientist for a pharmaceutical company, published a review that also discusses this troubling phenomenon.[10]

   If a concerned parent somehow discovered their child's favorite toy was manufactured from human diploid cells, the public would be outraged, the product would be recalled, and there would likely be criminal fines or worse for the manufacturer. This would surely make headline news across the country, yet for vaccines, radio silence. This is likely due to a request from former Secretary of Health and Human Services, Kathleen Sebelius, who in a Reader's Digest interview on February 5, 2010 stated:

   > "*There are groups out there that insist that vaccines are responsible for a variety of problems despite all scientific evidence to the contrary. We have reached out to media outlets to try to get them to not give the views of these people equal weight in their reporting to what science has shown and continues to show about the safety of vaccines*."[11]

Using animals to manufacturer vaccines has resulted in some extremely large vaccine industry blunders. For example, between 1955 and 1963, tens of millions of Americans received one or more doses of a polio vaccine that was contaminated with a cancer-causing monkey virus (SV40), a simian virus found in certain types of cancerous tumors in humans.[12,13,14,15,16,17] In 1998, a national cancer database was analyzed with regard to the SV40 virus: 17% more bone cancers, 20% more brain cancers, and 178% more mesotheliomas were found in people who were exposed to SV40 tainted vaccines.[18] Similarly, a 2003 study concluded "…*that SV40 is significantly associated with some types of NHL (non-Hodgkin's lymphoma) and that lymphomas should be added to the types of human cancers associated with SV40.*"[19]

Additionally, a bacterial contaminant (*B. cereus*) that causes food poisoning and non-gastrointestinal infections in immunocompromised individuals was discovered in Merck's Hib vaccine in 2007.[20,21] As recently as 2010, another unexpected contaminant (pig virus PCV1) was found in the rotavirus vaccine.[22] After the FDA's recall of this vaccine, it was recommended at the time that everyone switch to Merck's brand, RotaTeq. Six weeks later though, it was discovered that RotaTeq had a contamination too (PCV2)--a DNA virus known to cause severe wasting, organ failure, and death in pigs.[23,24]

Merck's MMR-II vaccine is made with cow fetus serum and chick embryo proteins. It is probably unlikely that contaminants of unknown origin will be found in this vaccine. However, if a "better" MMR vaccine is released in the next two years when my daughter is entering kindergarten, why should I trust it given this track record?

3. <u>It is odd how the Department of Health & Human Services has not conducted a vaccinated vs. unvaccinated study.</u> The only scientifically valid way to answer a large portion of the questions raised regarding vaccine safety would be a long-term, properly powered and controlled study comparing the rate of all adverse events between vaccinated children and completely unvaccinated children. This is the same type of study required by HHS for every drug pre-licensure, but vaccines get a pass because of their classification as "biologics." As a parent, I find it extremely odd that HHS has never conducted such a study, even retrospectively. The information is all there in the Vaccine Safety Datalink. When vaccine makers are generating tens of billions of dollars in vaccine revenue annually, and the CDC is spending over $5 billion annually to promote and purchase vaccines, there is no excuse, financial or otherwise, for not performing this study.[25] Is HHS afraid of what they might discover?

   Such studies have been performed, but the results are not favorable for ambassadors of vaccines. A pilot comparative study found a lower incidence of two vaccine-preventable illnesses (chicken pox and pertussis) in the vaccinated cohort, with the tradeoff being a much higher incidence of chronic illnesses and neurodevelopmental disorders than the non-vaccinated cohort. Conditions like: Autism (4.2 times more), learning disabilities (5.2 times more), ADHD (4.2 times more), neurodevelopmental disorder (3.7 times more), eczema (2.9 times more), chronic illness (2.4 times more), and allergic rhinitis (30 times more).[26]

   Another study found that DTP vaccine (given in the U.S. for decades, replaced with DTaP) increases mortality in young infants 5 to 10-fold when compared to unvaccinated infants.[27]

4. MMR-II vaccine injuries and deaths occur in surprisingly high numbers. The National Vaccine Injury Compensation Program (VICP) has awarded about $4 billion (paid from a vaccine excise tax) in claims/petitions of the "vaccine court" since October 1988 due to injury or death arising from certain routine vaccinations recommended by the CDC.[28] Over 20,215 petitions have been filed with the VICP, and 17,627 petitions have been adjudicated. Of those adjudicated, 6,358 of the cases were compensable, while 11,269 were dismissed.[29]

   As of 2/5/19, the cumulative raw count of adverse events from measles, mumps, and rubella vaccines alone, in the CDC and FDA's Vaccine Adverse Event Reporting System (VAERS) was: 93,929 adverse events, 1,810 disabilities, 6,902 hospitalizations, and 463 deaths.[30,31,32] Taking these numbers and applying a correction factor, there have likely been **469,645 adverse events, 9,050 disabilities, 34,510 hospitalizations, and 2,315 deaths related to just measles, mumps, and rubella vaccines in the U.S.** The correction factor assumed that only 10% of adverse reactions are reported to VAERS, and only 50% of those reported cases are the fault of, or related to a vaccine. Both conservative estimates indeed, given that a 2007 three-year long HHS funded study by Harvard Medical School using 715,000 patients of Harvard Pilgrim Health Care found that "*fewer than 1% of vaccine adverse events are reported* [to VAERS]."[33] A U.S. House Report similarly stated: "*Former FDA Commissioner David A. Kessler has estimated that VAERS reports currently represent only a fraction of the serious adverse events*."[34] It is sad that this is the best information WA parents have as part of their risk-benefit calculation with respect to vaccines and their children.

   It is interesting that 11 illnesses from Salmonella poisoning, including two hospitalizations, was enough for the FDA's attention and The Wonderful Company's voluntary recall of its pistachios in 2016, just two months after the first nut-related Salmonella case reported in the U.S.[35] This type of quick response is standard protocol in the food industry because of food's impact on the health and safety of the population. However, no vaccine was recalled in 2016 because of elevated adverse events reported in VAERS. Apparently, 225 vaccine-related deaths in 2016 was just business as usual--no cause for concern.[36]

5. Several studies show significant risks of serious conditions following the MMR-II vaccine. These studies have revealed an elevated risk of seizures, Type 1 diabetes, and thrombocytopenia (a serious autoimmune bleeding disorder) following MMR-II or MMRV vaccination.[37,38,39,40,41,42] The MMR-II package insert lists all of these as potential adverse reactions to the vaccine on the manufacturer's package insert.[43]

   Type 1 diabetes—also called juvenile diabetes—is one of the most common and rapidly increasing autoimmune diseases in children. The U.S. has more children with type 1 diabetes than any other country in the world, with a prevalence in children and adolescents that grew by 21% from 2001 to 2009. The U.S. also has the highest number of new cases annually, well ahead of India with a population four times bigger than the U.S. From 2001 to 2015, new cases of type 1 diabetes in the U.S. increased by roughly 2% to 4% annually in those age 19 or younger (depending on the region), especially among 10 to 14 year olds.[44]

6. Encephalitis is a rare complication of natural infection from measles, as well as a potential adverse reaction to the vaccine. In reading a lot of the medical literature and listening to media coverage on the recent measles outbreak in WA state, encephalitis seems to be one of the biggest factors in the rationale for universal vaccination, despite its low risk and the MMR-II vaccine package insert listing encephalitis (inflammation of the brain) and encephalopathy (brain disease) as potential adverse reactions to the vaccine.

   Many of today's measles cases are not counted or recognized, because the sickness that comes with vaccine measles is incorrectly thought to be more innocuous than natural measles. A study found that not only do vaccinated people have live measles virus that is not cleared from the body, it is shed in urine and presumably other secretions.[45] Another study found that measles, mumps, and rubella vaccines have induced cases of acute encephalopathy that were crippling or resulted in death.[46]

   The CDC nicely displays specific rates of the complications from natural measles infection on their website. For instance, encephalitis is at "approximately" 1/1,000; death is at 1-2/1,000; and subacute sclerosing panencephalitis (SSPE) is at 8.5/1,000,000.[47,48] They also give a specific rate of a "severe allergic reaction" from the vaccine at 1 in a million doses (1/500,000 assuming everyone receives the recommended 2-dose series), but this reaction does not include events like deafness, long-term seizures, brain damage, other serious injury, or death. The CDC just uses language like "remote chance" for these events.[49] This makes it very difficult for most parents, using the CDC as their quick reference guide for vaccine safety, to perform a risk-reward calculation of any value.

   It also fascinating how "rare" vaccine adverse reactions are downplayed, but equally rare complications from infectious diseases are showcased on the CDC's website. For example, the CDC shows pictures of symptoms and complications from natural measles infection, however, pictures of any of the over 65 potential adverse reactions on the MMR-II package insert are not displayed for reference.[50]

   Of note, the rates the CDC provides for complications from natural measles infection are only among reported cases of measles, so the incidence of those severe outcomes is likely far less. Especially when using surveillance data from a time when measles was more common in the U.S. and people would not report it to their doctors. Furthermore, in more modern times with better nutrition and health care, there are not enough cases of measles for the seriously affected cohort to meaningfully present itself. This too makes calculating attributable risk of encephalitis, and other rare complications from natural measles infection, widely open to inaccuracies.[51]

   Dr. Mendelson was a licensed pediatrician and medical author for over thirty years, during a time when measles was extremely common. I highly respect his general perspective of allopathic medicine. He wrote that the 1/1,000 encephalitis risk cited by medical agencies was likely grossly inflated in the US based on his clinical experience. His experience found the incidence closer to 1/10,000.[52]

A Finnish researcher, Dr. Koskiniemi, published a paper in 1989 that found that the total encephalitis cases in Finland from wild measles infection declined between 1968 and 1987 due to the measles vaccine, which was introduced in Finland in 1982. The average incidence before the vaccine was about 10.4/100,000, and the average after about 3.6/100,000. This was clearly an extremely absolute low-risk occurrence in either case, and much closer to Dr. Mendelsohn's estimate, yet a notable victory in the case for widespread vaccination against measles nonetheless. However, the bigger picture shows a disturbing reality that is worth noting. "*Unfortunately, the decrease in the number of encephalitides has not been accompanied by a decrease in the proportion of severe cases…. Although the number of all cases per year has fallen considerably, the number of severe cases has remained static despite the high rates in 1973-1977.* ***Thus the proportion of severe cases has increased***."[53]

Dr. Koskiniemi published a paper several years later that found that "*The spectrum of encephalitis in children has changed due to vaccination programs. The incidence [of encephalitis], however,* ***appears to be about the same*** *due to increasing frequency of other associated old and new microbes.*" Nature abhors a vacuum. In any microbial environment, if you remove one occupant, another virus will take its place. The medical community has seen this in spades with other vaccines, like for *Haemophilus Influenza* and *Streptococcus pneumoniae*.[54,55] Disease pathogens that can cause encephalitis are certainly no exception. "*Life finds a way*," as Jeff Goldblum's character so wisely said in the 1993 movie *Jurassic Park*.

7. Based on Merck's documented conflicts of interest, past and present lawsuits, and the MMR-II package insert, it should be no surprise when parents in WA wish to avoid products sold by Merck. When a customer is unsatisfied with a company's product, customer service, or ethics, they can choose to not use services or purchase products sold by that company. This is true for social media platforms, companies that make paperclips, and even banks. This is not true though for Merck's customers purchasing the MMR-II vaccine. *Individual* vaccines for the three diseases are not available in the U.S., and Merck is the only maker of that specific three-disease vaccine in the U.S. If this bill becomes law, many WA state parents and customers of Merck will have to purchase their product despite objections they have to Merck's product, customer service, or ethics. A parent would be forced into having their child injected with three live-virus vaccines, a situation that nobody's immune system would have to manage in an otherwise natural setting, let alone a 1-year-old.

   Merck's MMR-II vaccine, according to its package insert:

   - does not list the number of children studied, or state the use of a randomized or other placebo control group during clinical safety trials,
   - has over 65 potential adverse reactions (nearly all symptoms or complications of natural infection from the three diseases are included), which include: ****death**, brain damage, neurological damage, immune system damage, severe allergic reactions, seizures and convulsions, Guillain-Barré syndrome, sensory impairments, bowel disorders, blood disorders, and diabetes to name a few,
   - has no guarantee of performance, estimated duration of efficacy, or warranty from defect by Merck, and

- has not been evaluated for its carcinogenicity, mutagenicity, or ability to impair fertility by Merck.[56]

Additionally, Merck:

- has no liability along with vaccine ingredient suppliers, vaccine vendors, or health care administrators because of the National Childhood Vaccine Injury Act of 1986.[57]
- has a revolving door with CDC, hiring Julie Gerberding, former CDC Director where she presided over a massive expansion in the number of vaccines given to children, as president of the vaccine division of Merck, the largest "Big Pharma" company in the world and the market leader in vaccines,[58]
- had vaccine sales of $6.2 billion in 2016 alone,[59]
- spent $1.02 billion on advertising ($212.2 million on television) in 2006 alone,[60]
- spent $6.8 billion on lobbying expenditures for its pharmaceutical/health products in 2018 alone,[61]
- is being sued, along with Kaiser Permanente, in the Los Angeles Superior Court by Jennifer Robi based on theories that Merck committed fraud during its clinical trials and then failed to warn Ms. Robi, and other HPV vaccinees, about the high risks and meager benefits of Merck's HPV vaccine, Gardasil, and[62]
- is implicated in studies to have conducted clinical trials and marketing tactics that are untrustworthy.[63,64]

A congressional hearing before the Committee on Government Reform was held on June 15, 2000, to determine if "*the entire process* [of licensing and recommending vaccines] *had been polluted and the public trust has been violated.*"[65] Here were some of the Committee's findings in this congressional exposé:

- 60% of the Food & Drug Administration (FDA) advisory committee members who voted to license an ultimately defective rotavirus vaccine, and 50% of the CDC advisory committee members who voted to add that same vaccine to the recommended childhood vaccine schedule, either had financial ties to the drug company that produced the vaccine or to two other companies developing their own potentially lucrative rotavirus vaccines—Merck and SmithKline Beecham.
- The rules (related to conflict of interest policies) employed by the FDA and CDC were weak, enforcement was lackadaisical, and committee members with substantial ties to vaccine manufacturers had been allowed to participate in committee meetings.
- The CDC routinely granted waivers from conflict of interest rules to every member of the Advisory Committee on Immunization Practices (ACIP), and members who were not allowed to vote on a vaccine due to financial conflicts were still allowed to deliberate and advocate for that vaccine during meetings.
- The chairman of the ACIP (at the time) owned 600 shares of stock in Merck.

Merck is no stranger to professional misconduct as a company. For example, Merck pleaded guilty and paid $950 million in 2011 for its illegal promotion of its drug Vioxx. This fine does not include the **$4.85 billion** Merck agreed to pay in 2007 to settle 27,000 lawsuits by people who claimed they or their family members suffered injury or death after taking the drug. Knowing very well the drug was unsafe, Merck deliberately suppressed information about the risks.[66,67] Merck also made a "hit list" of doctors who criticized Vioxx, according to a Vioxx class action lawsuit in Australia, where the list contained doctors' names with the labels "neutralise", "neutralised" or "discredit" next to them.[68]

8. There are three significant whistleblowers surrounding safety and efficacy of Merck's MMR-II vaccine. One whistleblower's story was featured in the film *Vaxxed: From Cover-up to Catastrophe*. His name is Dr. William Thompson, a senior research scientist for the CDC, and in recorded phone conversations and his statement through his attorney, said that the CDC "*omitted statistically significant information*" with respect to vaccine safety science involving the MMR-II vaccine.[69,70] One of his more disturbing quotes from the conversations was, "*Oh my God. I cannot believe we did what we did. But we did*."[71] It is quite shameful indeed that Congress has not commissioned a congressional hearing and subpoenaed him yet to get to the bottom of the story.

   Two former Merck virologists, Stephen Krahling and Joan Wlockowski, filed a whistleblower lawsuit in 2010 alleging that Merck knowingly overstated effectiveness of its mumps vaccine (part of the MMR-II vaccine) in order to maintain its patent. This was done by skewing tests of the vaccine by adding animal antibodies to blood samples, thus falsifying the results in favor of the drug maker. In 2012, Alabama-based Chatom Primary Care and two individual doctors, all purchasers of the vaccine, filed a proposed antitrust class action based on the allegations in the whistleblower suit. The two suits are now being coordinated before U.S. District Judge C. Darnell Jones and Magistrate Judge Sitarski.[72]

9. Mortality rates of measles, mumps, and rubella were miniscule by the time their respective vaccines were licensed for use in the United States. Two measles vaccines were licensed in 1963, a mumps vaccine in 1967, and a rubella vaccine in 1969. From 1959 to 1963, there were a total of 10 deaths in WA state from measles, or 2 per year. From 1963 to 1967, there were a total of 2 deaths in WA state from mumps. From 1965 to 1969, there were a total of 0 deaths in WA state from rubella. For some perspective, deaths in WA state from Salmonella infection were 7, 8, and 8 for those same timeframes, respectively. Deaths in WA state from syphilis were 214, 195, and 140 for those same timeframes, respectively.[73] No death should be taken lightly. However, death from these diseases in that time was not a public health crisis in the state of Washington.

10. Measles is not as scary as the media makes it out to be, and its incidence in WA was on the decline prior to licensure of measles vaccines. The incidence of measles in WA state was on a noticeable decline from 1939 to 1963 when the first measles vaccines were licensed in the U.S. (Figure 1).[74]

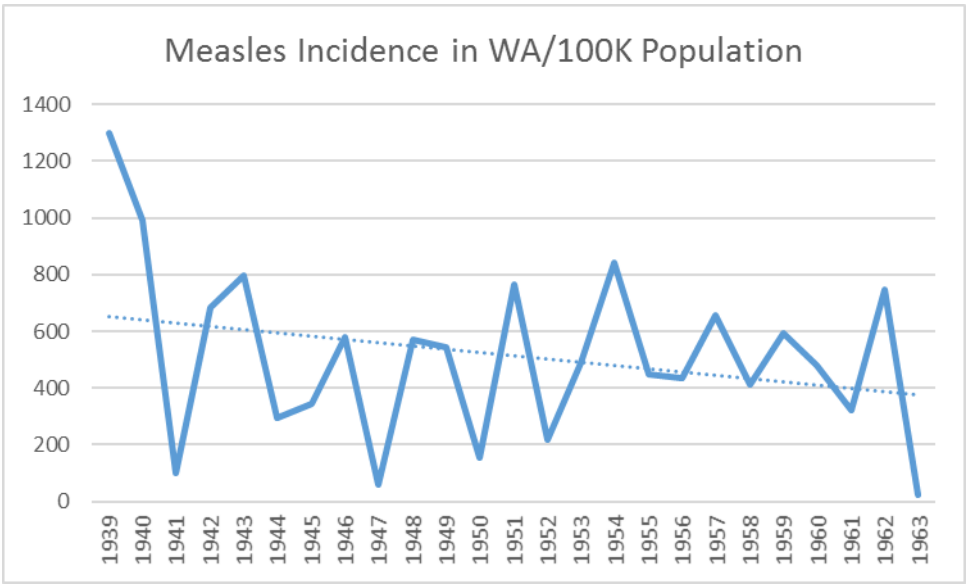

Figure 1

Moreover, the vast majority of cases of measles in developed nations involve the clinical case definition: "*an illness characterized by a generalized rash lasting ≥ 3 days, a temperature of ≥ 101˚F, and cough, coryza* [runny nose]*, or conjunctivitis* [pink eye]."[75] Do any of these symptoms sound life-threatening? Admittedly, complications from diseases always exist, with some severe, but most are very rare and occur in undeveloped, malnourished populations with limited access to healthcare and/or otherwise immunocompromised individuals. For example, child mortality due to measles is 200 to 400 times greater in malnourished children in less developed countries than those in developed ones. In addition, the efficiency of the cellular immune system is tied to the intake of dietary nutrients, including vitamin A, vitamin C, zinc, selenium, and proteins rich in vitamin B. As nutrition, hygiene, and access to healthcare improves, complications from measles diminish.[76]

Interestingly, humoral immunity (the antibody part of immunity) conferred by the vaccine does not seem to play a major role in the natural recovery from measles. This disconcerting discovery was made back in the 1960s, when scientists were surprised to see individuals with a deficit in antibody production, called agamma-globulinemia, recover from measles just as well as normal antibody producers.[77,78,79,80] As long as an individual's innate immunity is intact, which it tends to be in developing nations, they will recover from measles with no complications.

Given this information and the current measles outbreak in Washington, health authorities could bring attention to the serious problem of malnutrition in our nation. In 2010 (the most recent year with complete figures) 2,948 people died from nutritional deficiencies. Why is there manufactured outrage over an average of 220 cases of measles (no deaths) in the United States the last 9 years, but complete silence over nearly 3,000 American deaths annually from nutritional deficiencies?[81,82]

In the latest measles outbreak in WA state, the percentage of Clark County residents infected was about 0.01%, or 1 per 10,000 (as of 2/5/19 there were 49 measles cases in Clark County,

which has a population of 474,643 as of 2017 data).[83,84] As of current reporting, none of these cases have resulted in permanent injury or death. An equal threat to public health in this region is the opioid epidemic (about 18 opioid overdoses per 100,000, or about 2 per 10,000), which is inseparably tied with the immoral behaviors and greedy interests of some pharmaceutical businesses, doctors, HMOs, and regulatory agencies.[85,86] Where is the Governor's state of emergency to combat this problem? Certainly many of those overdoses could have been prevented with proper accountability measures. It flummoxes me that for one "threat" to our community, the Governor declared a statewide emergency, yet he did not for another of similar incidence with potential ripple effects of violence and crime in WA communities. Why the double standard?

Dr. Langmuir, the "father of infectious disease epidemiology," had this to say about measles in 1962: "*This self-limiting infection of short duration, moderate severity, and low fatality has maintained a remarkably stable biological balance over the centuries*."[87] Another article in the *British Medical Journal* in 1950, written by a general practitioner of the time, found measles to be a normally mild infection, with few complications, that was over in a week. This article also said that mothers say, "*how much good the attack has done their children and how much better they are after it*."[88]

Just before the first rollout of the nationwide measles vaccine program, three leading scientists at the Public Health Service (today's CDC) made a presentation at the American Public Health Association's annual meeting. They said, "*For centuries the measles virus has maintained a remarkably stable ecological relationship with man. The clinical disease is a characteristic syndrome of notable constancy and only moderate severity. Complications are infrequent, and, with adequate medical care, fatality is rare.*"[89]

A *Brady Bunch* episode, which aired December 1969, showcases the Brady family's blasé attitude towards measles.[90] One of the children says to her siblings, "*If you have to get sick, sure can't beat the measles."* And here's the exchange when Mrs. Brady calls Mr. Brady at work to inform him that one of the kids has come down with measles:

> Mr. Brady: "*Are you sure it's the measles?*"
> Mrs. Brady: "*Well, he's certainly got all the symptoms: a slight temperature, a lot of dots, and a great big smile*."
> Mr. Brady: "*A great big smile?*"
> Mrs. Brady: "*No school for a few days.*"
> Mr. Brady: "*Say hello to my dotted son for me. Tell him I'll bring him some comic books and I'll see you later, dear.*"[91]

There are other examples of this relaxed attitude towards measles from television shows and movies of that time as well.[92] Would these scenes have made sense to an American television audience during a time when measles was much more prevalent than it is today (only 6 years after the introduction of the vaccine), if complications from measles were common? I do not think so.

11. Mumps is a relatively innocuous viral disease when experienced in childhood that usually does not require medical treatment. There is a possibility of extremely rare complications, especially in adults. In reading a lot of the medical literature, orchitis seems to be one of the biggest factors in the rationale for universal vaccination, despite the extremely low risk of complete sterility.[93,94,95,96] Mumps was most commonly an infection of children under 15 years of age in the late 1960s. In the mid-to-late 1980s, infection was more common in persons 15 years of age or older.[97] Even in the 2016-2017 WA state outbreak, the median age was 21 years old.[98] I disagree with the logic of vaccinating **all** children against this disease, especially now since we have the shift of mumps occurring in older age groups that were vaccinated with at least two doses of MMR-II and who are more susceptible to suffering severe complications. If parents are concerned about orchitis or oophoritis in their children who have not yet developed natural immunity, then they can have them vaccinated before they reach puberty to quell those concerns.

12. Rubella is usually a nonthreatening disease when contracted by children. The illness is generally so mild it escapes detection or passes for a cold. In fact, 25-50% of people infected with it will not experience any symptoms.[99] In reading a lot of the medical literature, congenital rubella syndrome (CRS), which may cause birth defects, seems to be one of the biggest factors in the rationale for universal vaccination.[100] The U.S. began keeping statistics on CRS in 1966, and in that year there were 11 reported cases. In 1967, there were just 10 cases in the U.S., with 14 cases reported in 1968. When the rubella vaccine was introduced in 1969, the CDC reported 31 cases of CRS. In 1970, CRS cases exploded to 77—**a greater than 600% increase over pre-vaccine numbers**. In 1971, there were another 68 cases.[101] These figures remained high for several years. I disagree with the logic of vaccinating ****all**** children against this disease, especially when the risk of CRS before the vaccine existed was practically nonexistent. If parents are concerned about CRS in their sexually active, pubescent children who have not yet developed natural immunity, then they can have them vaccinated before puberty to quell this concern.

13. Once common, natural childhood infections offered protection from much more deadly diseases later in life. For example, diseases such as measles and mumps, experienced in childhood, protect against many different types of cancers later in life.[102,103] In fact, numerous studies have confirmed that natural infections protect against cancer while vaccines—designed to prevent infections—increase cancer risks.[104,105,106] Several studies show that measles infections can reverse cancer, and that the virus can be used to treat it.[107,108,109] Given this fact, it is not surprising to read in the news that high concentrations of a strain of measles virus are being injected into patients by doctors at the Mayo Clinic to treat and cure cancer.[110] Similar methods are being used with polio virus for treatment of certain brain cancers.[111]

    A study showed that measles and mumps infections in childhood protect against deadly heart attacks and strokes during adulthood. These results may be explained by the "hygiene hypothesis," which proposes that infections suffered during childhood are necessary for normal development of the immune system regulating T helper cells, Th1 and Th2, which control inflammation at the arterial wall leading to atherosclerosis.[112]

14. Children < 1-year-old could be more at risk of measles in the vaccine era. In the most recent measles outbreak in WA state, the media and many parents on Facebook have expressed frustration that babies < 1-year-old are at risk due to the outbreak. The parents often shame the parents of unvaccinated children, however, the cause of their baby's vulnerability is mostly an effect of a universal measles vaccination program.

    In 1963, just before the measles vaccine was introduced, it was extremely rare for babies under one-year-old to develop measles since their mothers had previously contracted measles naturally, and developed protective antibodies that were passed on to their children through the placenta and breastmilk. These babies were usually protected from measles for the first 15 months of life. Vaccinated mothers provide lower titers with a shorter duration of protection than mothers who acquired the measles infection naturally. Babies born to measles-vaccinated mothers are susceptible to the disease during the crucial early months when measles can be especially dangerous.[113,114]

    Breastfed infants of vaccinated mothers have nearly three times the risk of measles infection than those of naturally immune mothers—even in the era of vaccination when there is supposedly less measles virus in the environment.[115] Also, infants of mothers born after 1963 are 7-1/2 times more likely to contract the disease than infants of mothers born earlier. This appears to be an unfortunate, unintended consequence of the universal measles vaccination program. Age groups previously invulnerable are now susceptible to higher rates and/or more severe morbidity and mortality.[116]

    In 2005, nearly 60% of 503 hospitalized children with measles were younger than nine months old. Furthermore, in the 2014-2015 Disneyland measles outbreak in CA, the highest incidence per 100,000 population was among infants < 1-year-old.[117] This would never have happened in 1962, before the first measles vaccines were licensed in the U.S. Let us not forget though, that thanks to their natural infections, these infants—without any vaccine—will most likely be part of the protective herd for their lifetimes. In my opinion, this should be celebrated as vaccines cannot and do not offer lifetime immunity.[118] This is admitted for several vaccines by Dr. Stanley Plotkin in a sworn deposition from January 2018 (minute marker 57:00 in Part 2 and Part 9).[119] Dr. Plotkin is the main author of *Plotkin's Vaccines: 7th Edition*, which is considered the standard reference on the subject, and is an American physician who works as a consultant to most vaccine manufacturers, including Merck. He played a crucial role in the discovery of a vaccine against rubella virus while working at Wistar Institute in Philadelphia.[120]

    So sad that millions of parents think vaccines will protect their children for a lifetime. Of note, the only collective primary source I could find that shows the ****estimated**** duration of protection for all vaccines on the CDC's childhood vaccine schedule is Dr. Plotkin's $250 book. This information, along with sources for which the estimates are based, needs to be more accessible to the public.

15. Outbreaks of measles are predicted to get worse. This despite extremely high rates of MMR-II vaccination in the U.S. According to a study in the *American Journal of Epidemiology* from 1984, "*Although the first measles battle, that of eliminating indigenous measles in the United States has been virtually won, the war is not over…despite short-term success in eliminating the*

disease, long-range projects demonstrate that the proportion of susceptibles in the year 2050 may be greater than in the prevaccine era." This study was based on a one-dose model, and did not even consider the potential effect of waning vaccine-inducted immunity, making that 2050 date quite conservative indeed.[121]

Another study from the *Proceedings of the Royal Society B: Biological Sciences* in 2009 examined the two-dose vaccine and concluded, "*…the dynamic consequences of the interaction between vaccination, waning immunity and boosting are far more striking. For high levels of vaccination (greater than 80%) and moderate levels of waning immunity (great than 30 years), large-scale epidemic cycles can be induced*." The authors continued with a prediction, "*…that, after a long disease-free period, the introduction of infection will lead to far larger epidemics than that predicted by standard models…large-scale epidemics can arise with the first substantial epidemic not arising until 52 years after the vaccination programme was begun*."[122]

16. Even if this bill becomes law, vaccinated and unvaccinated Washingtonians will still get measles. Even after the 2014-2015 measles outbreak at Disneyland in CA, and the subsequent passage of CA's strict vaccine law, SB 277, in June 2015, vaccination rates in public schools for MMR-II increased < 5% (as of 2017-2018 vaccination rates in the state).[123,124] This means that a third of those previously unvaccinated remained so even after SB 277 became effective.

    Peer-reviewed research has proven that parents, like myself, have a high socioeconomic status, respect science and are good at researching it, and are highly educated.[125,126] Such parents always have options. They will not be bullied into submission with draconian laws like this proposed one. However, many other parents will have no choice but to sign their name on the dotted line of the informed consent form for their child's vaccines because their personal and philosophical views are not respected by the state. This despite the fact that they may not be informed, but are merely "jumping through hoops" to get their child educated. When a state or nation's laws compel this type of behavior, it does not take much imagination to detect the fascist undertones that could emerge.

    Of note, California had 15 cases of measles in 2017, and several more in 2018.[127] from January 1 to 31, 2019, California is one of the ten states to report cases of measles.[128]

17. I agree with Dr. Paul Offit: most doctors and parents are not informed when it comes to vaccines and how they work. Dr. Offit is a pediatrician specializing in infectious diseases and an expert on vaccines, immunology, and virology. He is the co-inventor of the rotavirus vaccine, and is one of the vaccine industry's most strident ambassadors. He is the Maurice R. Hilleman Professor of Vaccinology, professor of Pediatrics at the Perelman School of Medicine at the University of Pennsylvania and the director of the Vaccine Education Center at the Children's Hospital of Philadelphia. He has been a member of the CDC's Advisory Committee on Immunization Practices, and is an author of several books on vaccines. If anyone were to know if doctors were informed on vaccines, Dr. Offit would be that person. In a 2011 interview with the Mütter Museum of the College of Physicians of Philadelphia, he opined:

    "*Vaccinations aren't easy. This isn't an easy thing to do. We ask a lot of our citizens, to get as many as 26 inoculations in the first few years of life, and five shots at one time. It's hard to do*

*that, especially given that vaccination is a **violent act**. I mean you pin the child down. You give them this biological agent **against their will**. The biological agent generally isn't understood well by the parent, and to some extent **not understood all that well by the physician**. You know, I'm not sure we do a great job at educating physicians about what vaccines are, and exactly how they work*."[129]

In 2018, he also shared a similar opinion in an interview with Dr. Zubin Damania, a UCSF/Stanford trained internal medicine physician. It is worth noting that Dr. Damania agreed with Dr. Offit's assessment.[130]

"*What you really should do, if you want to have an informed opinion about the Varicella* [chickenpox] *vaccine, read the roughly 300 articles that have been published on the Varicella vaccine, which would require an expertise on microbiology, virology, and epidemiology, and statistics, which most people don't have, and frankly, **most doctors don't have***."

The informed consent for immunization form on the Kennewick School District's website will be used as the example for the remainder of this discussion. Below are snippets from this form and my comments.[131]

"*I release*…[local vaccine vendor]…*and its subsidiaries, affiliates, officers, directors, employees, and agents from all liability, including acts of omission or commission, resulting or arising from my receipt of this vaccination*." What a convenient contract for those entities. In other words, if your son suffers from encephalopathy as a result of this vaccine, is inconsolably crying in the middle of the night, and has a 105°F fever or worse, do not expect these people to come to his bedside (at a minimum). No, these people will be comfortably asleep in their beds without a care in the world with respect to your family, now or in the future.

"*I have voluntarily chosen to receive the vaccination*." If a parent has no means to move or educate their child beyond public schooling, and the law requires their child to be vaccinated for MMR-II, is this still considered a voluntary decision?

"*I have been counseled about potential side effects after vaccination, when they may occur, and when and where I should seek treatment*." See below.

"*I have read, or have had to read to me, the Vaccine Information Statement(s) ("VIS") provided for the vaccine(s) to be administered. I have had the opportunity to ask questions about the vaccine(s), and all my questions have been answered to my satisfaction. I understand the benefits and risks of the vaccine(s).*" See below.

I have so many unanswered questions with respect to vaccines, there is no way I could ever sign such a consent form. I also feel that the risks of vaccination, and when they occur specifically, are largely unknown **by anyone**. This is after 3-1/2 years and over 1,000 hours of deliberate, intensive, and exhaustive research into vaccines, which includes:

- reading over 10 books on the subject,
- reading scientific published peer-reviewed research, IOM Reports, Cochrane Collaboration Systematic Reviews,

- extensively exploring the NIH, FDA, and CDC websites,
- exploring the VAERS database,
- discussions with several pediatricians, other medical doctors, and nurses,
- email exchanges with Ph.D. research scientists, medical journalists, and nurses, and
- reviewing dozens of hours of documentaries, depositions, interviews, medical conferences, and lectures written, featured, and presented by doctors of medicine, doctors of osteopathic medicine, Ph.D. research scientists, medical journalists, and former editors of prestigious medical journals.

Unless the verbiage changes on the informed consent paperwork for immunization, I cannot in good conscience sign my name giving authorization. Most parents who sign their name have probably given moments to researching the topic. This would have been the case for me if my wife had been pregnant 10 years ago when I was 26. For me at that time, vaccines were a no-brainer; the right thing to do. However, certain things occurred in my life for which I am eternally grateful, which sparked my questioning attitude on this subject.

Instead of making the MMR-II vaccine a requirement to attend public school, I would **recommend requiring parental attendance at a state-sponsored vaccine class.** This would be a class like driver's education to get a driver's license, or a first-time homebuyer course, or a first-time parent baby care course administered by many HMOs. This would establish a baseline for the state, and the state would ensure that parents are doing some part to educate themselves on the risks and benefits of vaccination, versus the state making this assumption from a signed informed consent form.

18. Two doses of an archaic vaccine and high vaccination rates appear to be insufficient to achieve the elusive herd immunity. Many mumps outbreaks occur in highly-vaccinated populations, in most cases, where persons with a history of at least two MMR-II doses are the infected. The 2016-2017 mumps outbreak in Washington was no exception.[132,133,134] It is also important to note that in many outbreaks of measles, large percentages of the cases occur in people who are fully vaccinated against the disease. For example, in 1988, 69% of all school-aged children in the U.S. who contracted measles were adequately vaccinated.[135] In 1995, 56% of all measles cases in the U.S. occurred in people who were previously vaccinated.[136] In 2011, there was a large measles epidemic in Quebec, Canada. Passive surveillance identified 725 cases. Vaccination rates were very high—97% of children received one MMR-II dose by 28 months of age and 90% had received two doses. Also, the index patient was vaccinated in childhood.[137]

    There are several plausible reasons to explain why people fully vaccinated with MMR-II are still susceptible to contracting mumps and measles.

    - People who are fully vaccinated against measles can spread the diseases to other people who are also fully vaccinated against measles.[138]
    - Some vaccinated people will not respond to the two dose MMR-II vaccine. One study found that 2-10% do not develop protective antibody levels for measles.[139]

- Some people's vaccine-induced immunity wanes over time. One study found that 8.9% to 19% of vaccinated individuals were seronegative for measles 4 to 11 years after the second MMR-II shot.[140]

- Loss of immunity over time can permit subclinical (asymptomatic) infections that could spread the three diseases to other people.[141]

- Out of fear, parents vaccinate their babies < 1-year-old. However, this age group does not respond well to the vaccine, and there is a high risk of a lack of seropositive antibody levels following reimmunization (according to two studies listed on the MMR-II package insert).[142,143]

- Exogenous boosting is not common anymore since circulation of the natural measles virus is so rare.

Historically and today, the answer to this conundrum has been more shots, or a different type of vaccine. Dr. Gregory Poland stated in 2012 that, "…*our current tool for prevention has limitations that increasingly look to be significant enough that sustained elimination, much less eradication, are unlikely. Perhaps it is time to consider, in earnest, the development of the next generation of measles vaccines*."[144] Conveniently for Dr. Poland, a great deal of his income is based on the work surrounding the development of that new vaccine.

Declining or lower vaccination rates have certainly been used by the media and the government as the only or main reason to defend the MMR-II vaccine's performance, or lack thereof. However, vaccine coverage rates in the United States have stayed remarkably stable since 1994. **Thus, if measles cases are "on the rise," it cannot be blamed on decreasing vaccination rates**.[145]

A reevaluation of the MMR-II vaccine's failure to perform in outbreaks is seriously overdue. If minimum required threshold levels are still wrong, as they have been since the beginning when health officials were confident they could eradicate measles by 1967, then any critical thinker must logically doubt the validity of such models, and/or question whether herd immunity for these diseases is possible given current vaccines, vaccine strategies, and extremely high vaccination rates.[146]

19. <u>The U.S. herd is not healthy, despite extremely high vaccination rates.</u> In fact, the state which has the "worst overall health in the nation," Mississippi, also has the nation's highest childhood vaccination rate of 99.4%.[147] Here are some alarming statistics with respect to the health of our nation (listed below). I wish the committee's time could be spent tackling these issues versus minor, innocuous outbreaks of measles in our state. Keep in mind, the government has no definitive answer for causes of these conditions, and vaccines have been implicated in the medical literature for many, especially following the huge expansion of the CDC's childhood immunization schedule starting in the 1980s.

- The U.S. has the **worst infant mortality rate** among developed nations despite being the most vaccinated.[148]
- In 2005, the U.S. rate of Sudden Infant Death Syndrome ranked 2nd highest among thirteen other developed countries.[149,150]
- The U.S. leads all industrialized nations in the rates of death of infants on the first day of life.[151]
- The maternal death-rate in the U.S., as reported in the *Lancet*, is approximately 26 per 100,000 pregnancies.[152]
- 1 in 6 U.S. children has a learning or behavioral disorder.[153] 1 in 9 U.S. children has attention deficit hyperactivity disorder.[154]
- 13% of children in the U.S. in public schools receive special education.[155]
- Half of U.S adolescents have suffered from a mental, emotional, or behavioral disorder.[156]
- **Over half** of U.S. children suffer from a chronic disease.[157]
- Between 1975 and 2014, rates for cancers of the liver and intrahepatic bile duct, thyroid, leukemia, melanoma of the skin, and myeloma were on the rise by at least 1% per year. This is an **increase of at least 40%** in these types of cancers over that 40-year period.[158]
- Childhood cancer incidence between 1975 and 2015 **increased by 48%**.[159]
- The prevalence of food allergies in U.S children **increased by 50%** between 1997 and 2011.[160] Fifteen million people in the U.S. are estimated to suffer with food allergies, including nearly 6 million under the age of 18.[161]
- Nearly forty million people in the U.S. are estimated to have been diagnosed with Asthma within their lifetime. Rates of asthma have increased by an annual average of about 3% since 1997.[162]
- Transient tic disorder or provisional tic disorder affects up to 10% of children during early school years.[163,164]
- 5% of children have febrile seizures at some point during their childhood.[165] Seizure and convulsion are possible adverse reaction listed on many vaccine package inserts, including Merck's MMR-II.[166]
- A study predicts that in our modern society, children nowadays are expected to live less healthy and shorter lives than their parents.[167]
- U.S. children are **70% more likely to die** before adulthood than children in other rich countries.[168]
- Estimates range between 23.5 million and 50 million sufferers of autoimmune diseases in the U.S.[169,170,171]

- Prevalence of Type 1 diabetes grew by 21% between 2001 and 2009.[172] Diabetes mellitus is a potential adverse reaction listed on several vaccine package inserts, including Merck's MMR-II.[173]
- Ear infections have become the most common childhood illness for infants and young children.[174] Ear infection (otitis media) is a possible adverse reaction listed on many vaccine package inserts, including Merck's MMR-II.[175]
- The prevalence of obesity in infancy and childhood has more than tripled since the late 1970s.[176]
- Up to 10% of U.S. children have obstructive sleep apnea.[177]
- Sperm counts among men in the West have ****more than halved**** in the past forty years and are currently falling by an average of 1.4% per year.[178]
- 1 in 3 seniors dies with Alzheimer's or another form of dementia. Between 2000 and 2015, deaths from Alzheimer's increased 123%.[179]
- The incidence of shingles has risen 39% between 1992 and 2010.[180,181]

In conclusion, aside from fewer cases of measles, mumps, and rubella, the legacy of 1963 with respect to our society's future health is not good. Parents now are faced with a choice of which to fear most: measles, mumps, and rubella, or the potential adverse events from the over 50 injections on the current CDC childhood immunization schedule, and the tidal wave of illnesses and diseases that were extremely rare or nonexistent in 1960s, especially in children, and for which we have little to no understanding of their etiology, pathogenesis, or pathophysiology.[182,183]

Health authorities and the media need to stop manufacturing inordinate concern over a relatively small number of measles cases, and instead focus on epidemics of diabetes, autoimmune, and neurological disorders that have been scientifically linked to vaccinations and are affecting our communities much more explicitly.[184,185,186]

Please do not have a knee-jerk reaction to the latest small, innocuous measles outbreak in WA. There has never been a more critical time to understand the much broader context of this topic than now--the stakes have never been so high. A questioning attitude has never been so important to the future of our great state and nation.

Please <u>vote</u> NO on HB 1638 - 2019-20, and protect WA parents' right to make decisions regarding vaccines for their children, and for the current right of legal and undocumented children <u>alike</u> to receive public funded K-12 education—fully or partially unvaccinated as they may be.

Respectfully Submitted,

Eric Ranger

Eric Ranger, MEM

[1] https://www.nap.edu/read/13164/chapter/2#2

[2] https://www.nap.edu/read/13164/chapter/2#2

[3] https://www.nap.edu/read/13164/chapter/2#3

[4] https://www.nap.edu/read/13164/chapter/2#3

[5] Jefferson T., et al. "Unintended events following immunization with MMR-II: a systematic review." *Vaccine* 2003; 21(25-26): 3954-3960.

[6] https://www.wsj.com/articles/the-human-cost-of-a-life-saving-vaccine-1487366342

[7] https://soundchoice.org/about-us/

[8] https://soundchoice.org/wp-content/uploads/2012/08/DNA_Contaminants_in_Vaccines_Can_Integrate_Into_Childrens_Genes.pdf

[9] https://academicjournals.org/article/article1411048618_Deisher%20et%20al.pdf

[10] Ratajczak, H.V. "Theoretical aspects of autism: causes—a review." *Journal of Immunotoxicology* 2011 Jan-Mar; 8(1): 68-79.

[11] http://www.rd.com/health/h1n1-the-report-card/

[12] https://wwwnc.cdc.gov/eid/article/3/2/97-0227_article

[13] https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html

[14] https://www.cancer.org/cancer/cancer-causes/infectious-agents/infections-that-can-lead-to-cancer/viruses.html

[15] http://www.nytimes.com/2002/10/23/us/study-is-unsure-on-tainted-polio-vaccine-s-cancer-role.html

[16] http://www.sfgate.com/health/article/Rogue-virus-in-the-vaccine-Early-polio-vaccine-2899957.php

[17] https://www.ncbi.nlm.nih.gov/pubmed/10472327

[18] Carlsen, W. "Rogue virus in the vaccine: Early polio vaccine harbored virus now feared to cause cancer in humans." *San Francisco Chronicle* (July 15, 2001):7. Research by Susan Fisher, epidemiologist, Loyola University Medical Center.

[19] https://www.ncbi.nlm.nih.gov/pubmed/15202523

[20] https://www.cdc.gov/vaccinesafety/concerns/history/hib-recall.html

[21] https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html

[22] https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html

[23] Sears , Robert W., M.D., F.A.A.P. "Vaccine Ingredients." *The Vaccine Book—Making the Right Decision for Your Child 2nd Edition*. New York: Little, Brown and Company, 2011. 230 and 231. Print.

[24] https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html

[25] https://www.hhs.gov/sites/default/files/fy2017-budget-in-brief.pdf

[26] https://www.oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php

[27] https://childrenshealthdefense.org/news/dtp-vaccine-increases-mortality-in-young-infants-5-to-10-fold-compared-to-unvaccinated-infants/

[28] https://www.hrsa.gov/vaccine-compensation/about/index.html

[29] https://www.hrsa.gov/vaccine-compensation/data/index.html

[30] https://medalerts.org/vaersdb/findfield.php

[31] https://medalerts.org/vaersdb/findfield.php

[32] https://medalerts.org/vaersdb/findfield.php

[33] https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

[34] https://www.congress.gov/106/crpt/hrpt977/CRPT-106hrpt977.pdf

[35] http://www.foodsafetynews.com/2016/10/fda-warns-wonderful-co-about-pistachio-processing-plant/#.WKNG028rJEa

[36] https://medalerts.org/vaersdb/findfield.php

[37] Vestergaard M, Hviid A, et al. "MMR-II vaccination and febrile seizures: evaluation of susceptible subgroups and long-term prognosis." *JAMA* 2004 Jul 21; 292(3): 351-57.

[38] Klein NP, Fireman B, et al. "Measles-mumps-rubella-varicella combination vaccine and the risk of febrile seizures." *Pediatrics* 2010 Jul; 126(1): e1-8.

[39] Classen JB. "Risks of vaccine-induced diabetes in children with a family history of Type 1 diabetes." *Open Pediatr Med J* 2008; 2: 7-10.

[40] Otten A, Helmke K, et al. "Mumps, mumps vaccination, islet cell anti-bodies and the first manifestation of diabetes mellitus type I." *Behring Inst Mitt* 1984 Jul; (75):83-88.

[41] Rinaldi M, Perricone C, et al. "Immune thrombocytopaenic purpura: an autoimmune cross-link between infections and vaccines." *Lupus* 2014 May; 23(6): 554-67.

[42] Black C, Kaye, JA, Jick H. "MMR-II vaccine and idiopathic thrombocytopaenic purpura." *Br J Clin Pharmacol* 2003 Jan; 55(1): 107-11.

[43] https://www.merck.com/product/usa/pi_circulars/m/MMR-II_ii/MMR-II_ii_pi.pdf

[44] https://www.nvic.org/vaccines-and-diseases/Diabetes/juvenilediabetes.aspx

[45] https://www.ncbi.nlm.nih.gov/pubmed/10494235

[46] https://www.ncbi.nlm.nih.gov/pubmed/9481001

[47] https://www.cdc.gov/measles/hcp/index.html

[48] https://www.cdc.gov/mmwr/preview/mmwrhtml/00001185.htm

[49] https://www.cdc.gov/vaccines/hcp/vis/vis-statements/MMR-II.html

[50] https://www.cdc.gov/measles/about/photos.html

[51] (https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html

[52] Mendelsohn, Robert S., M.D. *How to Raise a Healthy Child…In Spite of Your Doctor*. New York: The Random House Publishing Group, 1984. 237. Print.

[53] https://www.ncbi.nlm.nih.gov/pubmed/?term=2563011: the severity of those encephalitis cases had increased

[54] Adam HJ, Richarson SE, et al. "Changing epidemiology of invasive *Haemophilus influenza* in Ontario, Canada: evidence for herd effects and strain replacement due to Hib vaccination." *Vaccine* 2010 May 28; 28(24): 4073-78.

[55] Mehtälä J, Antonio M, et al. "Competition between Streptococcus pneumoniae strains: implications for vaccine-induced replacement in colonization and disease." *Epidemiology* 2013 Jul; 24(4): 522-29.

[56] https://www.merck.com/product/usa/pi_circulars/m/MMR-II_ii/MMR-II_ii_pi.pdf

[57] https://www.hrsa.gov/vaccinecompensation/about/titlexxiphsvaccines1517.pdf

[58] https://www.reuters.com/article/us-merck-gerberding/former-cdc-head-lands-vaccine-job-at-merck-idUSTRE5BK2K520091221

[59] http://s21.q4cdn.com/488056881/files/doc_financials/2017/Q4/MRK-USQ_Transcript_2017-02-02.pdf

[60] http://www.fiercepharma.com/special-report/merck-top-13-advertising-budgets

[61] https://www.opensecrets.org/lobby/clientsum.php?id=D000000275&year=2018

[62] https://childrenshealthdefense.org/news/court-hears-gardasil-science-and-moves-forward/

[63] https://www.ncbi.nlm.nih.gov/pubmed/23061593

[64] https://www.ncbi.nlm.nih.gov/pubmed/?term=pharmaceutical+companies%27+role+in+state+vaccination+policy making

[65] https://www.govinfo.gov/content/pkg/CHRG-106hhrg73042/html/CHRG-106hhrg73042.htm

[66] https://www.forbes.com/sites/larryhusten/2011/11/22/merck-pleads-guilty-and-pays-950-million-for-illegal-promotion-of-vioxx/#9a9022e20f4e

[67] https://www.nytimes.com/2007/11/09/business/09merck.html

[68] https://www.cbsnews.com/news/merck-created-hit-list-to-destroy-neutralize-or-discredit-dissenting-doctors/

[69] https://www.focusforhealth.org/dr-brian-hooker-statement-william-thompson/

[70] https://www.rescuepost.com/files/william-thompson-statement-27-august-2014-3.pdf

[71] Barry, Kevin Esq. *Vaccine Whistleblower—Exposing Autism Research Fraud at the CDC*. New York: Skyhorse Publishing, 2015. Print.

[72] https://www.reuters.com/article/health-vaccine/merck-accused-of-stonewalling-in-mumps-vaccine-antitrust-lawsuit-idUSL1N0YQ0W820150604

[73] https://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport1920-1982.pdf

[74] https://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport1920-1982.pdf

[75] https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a1.htm

[76] https://www.ncbi.nlm.nih.gov/pubmed/3554780

[77] Casadevall A., et al. "A Reappraisal of Humoral Immunity Based on Mechanisms of Antibody Mediated Protection Against Intracellular pathogens." Advances in Immunology 2006; Vol. 91: pp. 1-44.

[78] Permar, Sally R., et al. "Limited Contribution of Humoral Immunity to the Clearance of Measles Viremia in Rhesus Monkeys." *Journal of Infectious Diseases* 2004, Vol. 190, No. 5, p. 998.

[79] "Measles as an Index of Immunological Function." *The Lancet* Sep 14 1968, p. 611.

[8080] Lachmann, P.J. "Immunopathology of Measles." *Proceedings Royal Society of Medicine* Nov 1974, Vol. 67, p. 1120.

[81] CDC. National Vital Statistics Reports 2013 May 8; 61(4): Table 10.

[82] https://www.cdc.gov/measles/cases-outbreaks.html

[83] https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles/MeaslesOutbreak

[84] https://www.google.com/search?q=clark+county,+washington+population&stick=H4sIAAAAAAAAAOPgUeLQz9U3SDGsqNDSyk620s_JT04syczP0y8uAdLFJZnJiTnxRanpQCGrgvyC0hywbBejGRdcoxA5GpOzM5JJ0biIVTk5J7EoWyE5vzSvpFJHoTyxOCMzL70kP08BoQoAIwmQk9AAAAA&sa=X&ved=2ahUKEwjzk5mM1qXgAhXHwFQKHa1pCzcQth8wAXoECAcQAw

[85] https://www.washingtonpost.com/opinions/who-is-to-blame-for-the-opioid-epidemic/2017/03/29/834c0024-14be-11e7-833c-503e1f6394c9_story.html?noredirect=on&utm_term=.d4692e8f2f15

[86] https://www.physiciansweekly.com/calling-responsible-parties-to-task-for-their-role-in-the-opioid-epidemic/

[87] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1522578/?page=1

[88] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1992477/pdf/brmedj02957-0102.pdf

[89] Spencer, David J., et al. "Epidemiological Basis for Eradication of Measles in 1967." *Public Health Reports* 82, no. 3 (1967): 253-256.

[90] https://www.imdb.com/title/tt0531101/

[91] https://youtu.be/o7zwNZOg8mE

[92] https://www.youtube.com/watch?v=mDb0ZS3vB9g

[93] https://www.cdc.gov/mumps/about/signs-symptoms.html

[94] https://www.cdc.gov/mumps/about/complications.html

[95] Mendelsohn, Robert S., M.D. *How to Raise a Healthy Child…In Spite of Your Doctor*. New York: The Random House Publishing Group, 1984. 234-35. Print.

[96] https://www.hhs.gov/sites/default/files/Smith_16x9_Update%20on%20Mumps%20Outbreak%2C%20Arkansas-remediated.pdf

[97] https://www.cdc.gov/mmwr/preview/mmwrhtml/00001351.htm

[98] https://www.doh.wa.gov/Portals/1/Documents/8200/October%20VACmumps%20updateDeBolt.pdf

[99] https://www.cdc.gov/rubella/about/symptoms.html

[100] https://www.cdc.gov/rubella/about/complications.html

[101] https://www.cdc.gov/mmwr/preview/mmwrhtml/00050719.htm

[102] Albonico HU, Bräker HU, Hüsler J. "Febrile infectious childhood diseases in the history of cancer patients and matched controls." *Med Hypotheses* 1998 Oct; 51(4): 315-20

[103] Montella M, Maso LD, et al. "Do childhood diseases affect NHL and HL risk? A case-control study from northern and southern Italy." *Leuk Res* 2006 Aug; 30(8): 917-22.

[104] West RO. "Epidemiologic study of malignancies of the ovaries." *Cancer* 1966; 19: 1001-07.

[105] Newhouse ML, Pearson RM, et al. "A case control study of carcinoma of the ovary." *Br J Prev Soc Med* 1977 Sep; 31(3): 148-53.

[106] Kölmel KF, Gefeller O, et al. "Febrile infections and malignant melanoma: results of a case-control study." *Melanoma Res* 1992; 2(3): 207-11.

[107] Donnelly OG, Errington-Mais F, et al. "Measles virus causes immunogenic cell death in human melanoma." *Gene Ther* 2013 Jan; 20(1): 7-15.

[108] Russell SJ, Peng KW. "Measles virus for cancer therapy." *Curr Top Microbiol Immunol* 2009; 330: 213-41.

[109] Touchefeu Y, Schnick U, Harrington KJ. "Measles virus: a future therapeutic agent in oncology?" *Med Sci (Paris)* 2012 Apr; 28(4): 388-94.

[110] https://connect.mayoclinic.org/page/hematology/newsfeed/measles-virus-as-a-cancer-fighter-2a2ee5/

[111] https://www.cnn.com/2018/06/26/health/brain-cancer-poliovirus-study/index.html

[112] Kubota Y, Iso H, et al., "Association of measles and mumps with cardiovascular disease: the Japan Collaborative Cohort (JACC) study." *Altherosclerosis* 2015 Jun 18; 241(2): 682-86.

[113] https://www.ncbi.nlm.nih.gov/pubmed/?term=3701511

[114] https://virologyj.biomedcentral.com/articles/10.1186/1743-422X-7-87

[115] Papania M., et al., "Increased Susceptibility to Measles in Infants in the United States," *Pediatrics*, vol. 1045, no. 5, e59, November 1999, pp. 1-6

[116] CDC. "Babies of vaccinated moms more susceptible to measles." *Pediatrics* Nov 1999.

[117] https://www.hhs.gov/sites/default/files/nvpo/nvac/meetings/pastmeetings/2015/2014-2015_california_measles_outbreak.pdf

[118] http://www.immune.org.nz/vaccines/efficiency-effectiveness

[119] https://www.youtube.com/watch?v=oAkAXkazVlo&list=PL1YEOqhXrSRdkrPjjyf4InpquMkIZ84n2&index=2

[120] https://en.wikipedia.org/wiki/Stanley_Plotkin

[121] https://www.ncbi.nlm.nih.gov/pubmed/?term=6741921

[122] https://www.ncbi.nlm.nih.gov/pubmed/?term=19324753

[123] https://www.latimes.com/local/lanow/la-me-ln-california-vaccination-20170412-story.html

[124] https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/2017-2018KindergartenSummaryReport.pdf

[125] https://www.ncbi.nlm.nih.gov/pubmed/17194865

[126] https://www.ncbi.nlm.nih.gov/pubmed/15231927

[127] https://www.sacbee.com/entertainment/living/health-fitness/article216933070.html

[128] https://www.cdc.gov/measles/cases-outbreaks.html

[129] https://www.youtube.com/watch?v=AiK7IRKN9Jg

[130] https://www.youtube.com/watch?v=cYrEJLfgDXY

[131] https://www.ksd.org/channels/district/documents/Informed-Consent-for-Immunization-WASHINGTON-2017_FINAL.pdf

[132] https://www.cdc.gov/mmwr/volumes/66/wr/mm6647a5.htm?s_cid=mm6647a5_w

[133] https://www.jwatch.org/fw112535/2017/02/09/washington-state-mumps-outbreak-affecting-vaccinated-kids

[134] https://www.cdc.gov/mumps/pubs-resources/outbreak-articles.html

[135] CDC. Measles. MMWR 1989; 38: 329-30.

[136] Gold, E. "Current progress in measles eradication in the U.S." *Infect Med* 1997; 14(4): 297-310.

[137] De Serres G, Markowsk F, et al. "Largest measles epidemic in North America in a decade—Quebec, Canada, 2011: contribution of susceptibility, serendipity, and superseading events." *J Infect Dis* 2013 Mar 15; 207(6): 990-98.

[138] Rosen JB, Rota JS, et al. "Outbreak of measles among persons with prior evidence of immunity, New York City, 2011." *Clin Infect Dis* 2014 May; 58(9): 1205-10.

[139] https://www.ncbi.nlm.nih.gov/pubmed/?term=22196079

[140] https://www.ncbi.nlm.nih.gov/pubmed/?term=9087472

[141] Trier H, Rønne T. "Duration of immunity and occurrence of secondary vaccine failure following vaccination against measles, mumps, and rubella." *Ugeskr Laeger* 1992 Jul 13; 154(29): 2008-13. [Danish]

[142] https://jamanetwork.com/journals/jama/article-abstract/415219

[143] http://pediatrics.aappublications.org/content/69/3/332?download=true

[144] https://www.ncbi.nlm.nih.gov/pubmed/?term=22196079

[145] https://www.statista.com/statistics/385577/MMR-II-vaccination-rate-among-us-children-aged-19-35-months/

[146] Spencer, David J., et al. "Epidemiological Basis for Eradication of Measles in 1967." *Public Health Reports* 82, no. 3 (1967): 253-256.

[147] https://www.thedailybeast.com/the-unhealthiest-state-in-america-has-the-best-vaccination-rate

[148] https://www.ncbi.nlm.nih.gov/pubmed/21543527

[149] https://www.ncemch.org/suid-sids/statistics/

[150] https://www.ncbi.nlm.nih.gov/pubmed/15602672

[151] https://www.cbsnews.com/news/us-has-highest-first-day-infant-mortality-out-of-industrialized-world-group-reports/

[152] https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31470-2.pdf

[153] https://www.cdc.gov/ncbddd/developmentaldisabilities/features/birthdefects-dd-keyfindings.html

[154] https://www.cdc.gov/ncbddd/adhd/data.html

[155] https://nces.ed.gov/programs/coe/indicator_cgg.asp

[156] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2946114/

[157] https://www.sciencedirect.com/science/article/pii/S1876285910002500

[158] https://progressreport.cancer.gov/diagnosis/incidence

[159] https://curesearch.org/Incidence-Rates-Over-Time

[160] https://www.foodallergy.org/life-with-food-allergies/food-allergy-101/facts-and-statistics

[161] https://www.foodallergy.org/life-with-food-allergies/food-allergy-101/facts-and-statistics

[162] https://www.lung.org/assets/documents/research/asthma-trend-report.pdf

[163] https://www.medicalnewstoday.com/articles/317950.php

[164] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4199012/

[165] https://www.emedicinehealth.com/seizures_in_children/article_em.htm

[166] https://www.merck.com/product/usa/pi_circulars/m/MMR-II_ii/MMR-II_ii_pi.pdf

[167] https://www.nejm.org/doi/full/10.1056/NEJMsr043743#t=article

[168] https://www.vox.com/health-care/2018/1/8/16863656/childhood-mortality-united-states

[169] https://www.aarda.org/news-information/statistics/

[170] https://www.niehs.nih.gov/health/topics/conditions/autoimmune/index.cfm

[171] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5607155/

[172] https://www.nvic.org/vaccines-and-diseases/Diabetes/juvenilediabetes.aspx

[173] https://www.merck.com/product/usa/pi_circulars/m/MMR-II_ii/MMR-II_ii_pi.pdf

[174] https://www.bergerhenryent.com/why-do-children-have-so-many-ear-infections/

[175] https://www.merck.com/product/usa/pi_circulars/m/MMR-II_ii/MMR-II_ii_pi.pdf

[176] https://www.cdc.gov/nchs/data/hestat/obesity_child_11_12/obesity_child_11_12.htm

[177] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5683624/

[178] https://www.theguardian.com/science/2017/jul/29/infertility-crisis-sperm-counts-halved

[179] https://www.alz.org/alzheimers-dementia/facts-figures

[180] https://www.cdc.gov/shingles/surveillance.html

[181] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4363126/

[182] https://childrenshealthdefense.org/ebook-sign-up/

[183] https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

[184] https://www.ncbi.nlm.nih.gov/pubmed/?term=clustering+of+cases+of+insulin+dependent+diabetes+occurring+three+years

[185] https://www.ncbi.nlm.nih.gov/pubmed/?term=predicting+post-vaccination+autoimmunity%3A+who+might+be+at+risk

[186] https://www.jstage.jst.go.jp/article/internalmedicine/54/15/54_54.4644/_article